

SAGE EVALUATION FINDINGS AND RECOMMENDATIONS

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FINDINGS AND RECOMMENDATIONS ORGANISED IN 14 THEMATIC AREAS

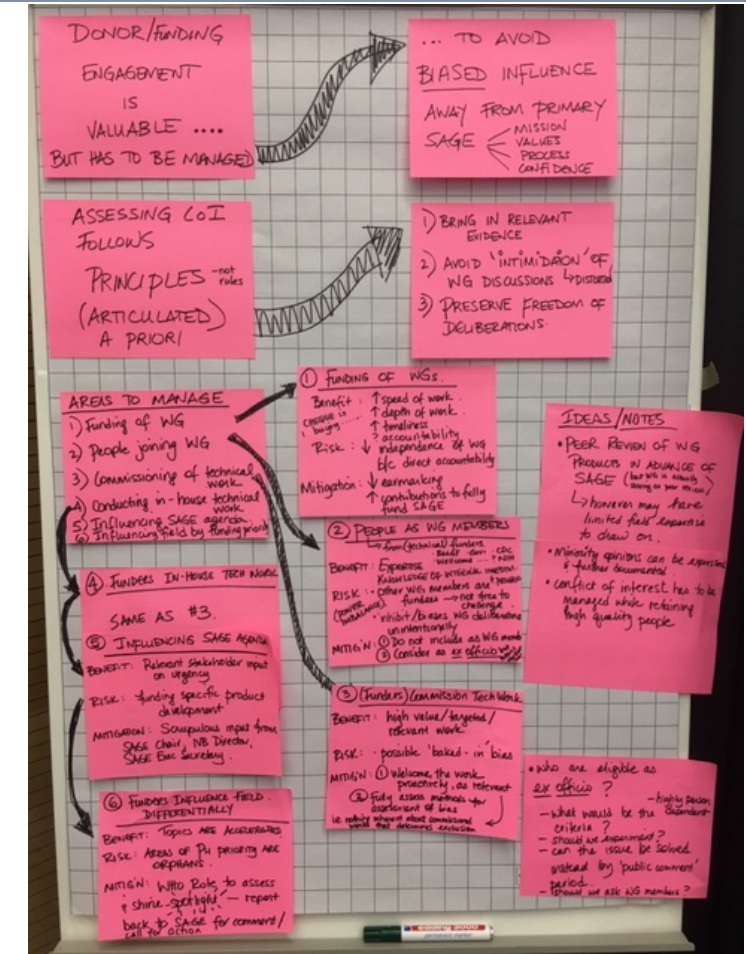
SAGE'S ROLE IN IMMUNIZATION

- Goals, mandate, mission and scope
- SAGE in the next decade
- Research and development
- SAGE and other WHO immunization advisory groups
- Principles of SAGE's work with regions and countries
- SAGE – RITAG – NITAG policy making chain
- Relations with global stakeholders

SAGE'S FUNCTIONING

- Membership and chair selection
- Agenda setting
- Decision-making and Working Group processes
- Meeting setup and modus operandi
- Management of Conflict of Interest
- Dissemination and communication of output
- SAGE secretariat role and resources

MAJOR FINDINGS AND PRELIMINARY RECOMMENDATIONS



I – GOALS, MANDATE, MISSION AND SCOPE

- SAGE extremely valuable, well-respected and playing a critical role for global immunization across key stakeholders.
- Strong in providing evidence-based recommendations even for complex issues.
- Scope of work and mission need revisiting in light of evolving global immunization space.
- Synthesis and balance required between scientific advice on vaccines and immunization, and policy guidance on programmatic issues.

FINDINGS

1. WHO IVB to modify the **mission statement** of SAGE.
2. WHO IVB to modify SAGE's **objectives**.

RECOMMENDATIONS

2 – SAGE IN THE NEXT DECADE

- SAGE can accommodate future immunization challenges; but some adaptation in its modus operandi needed to address emerging needs and trends.
- SAGE will need to consider integration of immunization with other primary health care programs, SDGs and UHC.
- The role of SAGE in translating and monitoring GVAP to be aligned with the post-2020 global vaccines and immunization strategy

FINDINGS

3. SAGE to ensure **emerging systemic issues in the context of the SDGs** are taken into account in its work of making evidence-based recommendations.

RECOMMENDATIONS

3 – RESEARCH AND DEVELOPMENT

- SAGE is not a committee advising on vaccine R&D, however, it often identifies knowledge gaps emanating from upstream vaccine-related and from program-related research.

FINDINGS

4. SAGE to establish mechanisms to **identify knowledge gaps** requiring further upstream vaccine and operational research.

RECOMMENDATIONS

4 - SAGE AND OTHER WHO IMMUNIZATION ADVISORY GROUPS

- Limited clarity about other WHO immunization advisory bodies' mandates and functions as well as their positioning in relation to the SAGE decision-making processes.
- Possible overlap of roles and responsibilities among the advisory groups and more guidance needed on how SAGE could benefit more from their work.

FINDINGS

5. WHO IVB to ensure **complementary mandates, functions, roles and responsibilities** of all WHO immunization advisory groups.

RECOMMENDATIONS

5 - PRINCIPLES OF SAGE'S WORK WITH REGIONS AND COUNTRIES

- SAGE not systematic in considering regional and country needs, and in ensuring that its focus extends to all countries.
- Countries will increasingly require guidance for decision-making rather than off-the-shelf sweeping recommendations.
- Important for SAGE to synthesize best practices in delivery of vaccines and address challenges with 'implementability' of recommendation, through a functional feedback loop from countries.

FINDINGS

6. WHO IVB with Regional Offices to **strengthen existing channels or develop new ones** to ensure appropriate consideration of regional and country needs.

RECOMMENDATIONS

6 – SAGE-RITAG-NITAG POLICY MAKING CHAIN

- Relations between SAGE, RITAGs and NITAGS key to SAGE success; but could be rendered more functional with more effective bi-directional engagement and information sharing across the three levels.
- Limited region-specific questions taken up at SAGE, and SAGE output not always taken up in RITAG deliberations.
- SAGE and RITAG members' cross-participation in meetings not well used to align committees' agenda and deliberations.

FINDINGS

7. WHO IVB to define **framework** describing **roles, responsibilities and linkages** with RITAGs and NITAGs.
8. WHO IVB and Regional Offices to set up an institutional **mechanism or platform** for country-specific questions and feedback.
9. Regional Offices and RITAGS to include a **standing agenda item** for discussion of SAGE recommendations in RITAG and EPI managers meetings.

RECOMMENDATIONS

7 - RELATIONS WITH GLOBAL STAKEHOLDERS

- SAGE's role well-known in the global immunization community and reach of its engagement with stakeholders considered a key strength.
- Need for clarification of the role of key technical partners and of the modalities and extent of their contributions.
- Potential risk of disproportionate direct or indirect influence exerted by some stakeholders and by WHO focal points.

FINDINGS

10. WHO IVB to define **rules of engagement with stakeholders** and individual subject matter experts.
11. SAGE to engage in regular **dialogue with immunization stakeholders**.

RECOMMENDATIONS

8 - MEMBERSHIP AND CHAIR SELECTION

- Fundamental areas of expertise needed for SAGE operations well covered; need for some additional competencies and skills, but not necessarily requiring an extension of SAGE.
- Need for stronger representation of implementers and NGOs and CSOs, particularly from LICs & LMICs, while maintaining the greatest technical expertise.
- Very high workload of the chair and currently ill-defined role of the vice-chair.

FINDINGS

12. SAGE to ensure **access to all relevant expertise.**
13. WHO IVB to establish **ToR for SAGE chair and vice-chair.**

RECOMMENDATIONS

9 - AGENDA SETTING

- Agenda topics appear adequate and relevant; agenda setting seen as not fully transparent and not resulting from a thorough approach to prioritization.
- Large part of SAGE meetings spent on sessions 'for information' and reports.
- SAGE sessions often very long, and presentations sometimes not clear or harmonized.

FINDINGS

14. WHO IVB to ensure **interaction with Regional Offices, RITAGs and NITAGs** for identification of topics for the SAGE agenda.
15. WHO IVB to consider establishing a **Steering Committee** for prioritization of agenda topics.
16. SAGE to focus agenda on '**for decision**' and '**for discussion**' items.

RECOMMENDATIONS

I 0 - DECISION-MAKING AND WORKING GROUP PROCESSES

- Consensus-based process of decision-making seen as optimal; but decision-making criteria not always fully transparent.
- Working Groups a key feature in SAGE decision-making but process of setting them up could be improved.
- GRADE and EtR framework adequate; questions raised about suitability for assessment of observational studies.
- SAGE's recommendations considered timely; but more regular update of the position papers solicited to remain current on evolving vaccine developments.

FINDINGS

17. SAGE to communicate more clearly **decision-making criteria** used.

18. WHO IVB to shorten **lead times for establishment of WGs** and update their **Operating Procedures**.

19. WHO IVB to assure WG establishment and functioning done **independently of donor / funder support**.

20. SAGE to **timely revise and update position papers**.

RECOMMENDATIONS

II - MEETING SETUP AND MODUS OPERANDI

- SAGE modus operandi works well; but space for more robust discussion to be created.
- Limited proactive regional participation.
- Advocacy efforts may occur during meetings and SAGE members should be shielded from any potential lobbying.
- Communication technology in use not appropriate to enable good preparation of SAGE members or to promote quality member interaction.
- No process for immediate evaluation and feedback on SAGE meetings.

FINDINGS

21. SAGE Sect. to ensure **appropriate preparation** of meetings and curation of topics and presentations.
22. SAGE Sect. to establish **longer briefing sessions** outside of SAGE meetings.
23. Chair to encourage **participation of all members**.
24. SAGE Sect. to establish process of immediate **assessment of meetings**.
25. SAGE to use **state-of-the-art communication and IT technologies**.
26. WHO IVB to consider holding a web-based **3rd SAGE meeting** per year.

RECOMMENDATIONS

I2 – MANAGEMENT OF CONFLICT OF INTEREST

- Although conflict of interest management considered appropriate, some revisions suggested.
- Precise definition of what constitutes a Conflict of Interest deserving special attention to uphold SAGE independence; need for extending scope of Conflict of Interest beyond simple financial interests.
- At the same time, caution voiced against too strict a Conflict of Interest management.

FINDINGS

27. WHO IVB to **refine scope of what constitutes a conflict of interest** according to WHO policies, including interests beyond industry relationships, and upgrade the process for Col management.

RECOMMENDATIONS

I3 - DISSEMINATION AND COMMUNICATION OF OUTPUT

- Need for improvement of dissemination of SAGE output.
- WER and Vaccine publications, SAGE meeting notes well known in the immunization field. Position papers and detailed background documents considered highly valuable but less well-known.
- Outputs considered not easily 'digestible' by many practitioners: need for a constituency-tailored approach.
- WHO website and use of social media insufficient.

FINDINGS

28. WHO IVB to explore additional **communication channels** in collaboration with Regional Offices and RITAGS.

29. WHO IVB to broaden its engagement with multiple stakeholders, and ensure the **appropriate tailoring of communication messages and tools** according to target audience.

RECOMMENDATIONS

I 4 - SAGE SECRETARIAT ROLE AND RESOURCES

- Currently available financial resources for SAGE Secretariat and Working Groups inadequate and - as only partly coming from WHO core funding – potentially rendering SAGE vulnerable.
- Call for an increase in size of the SAGE Secretariat in the context of further refinement of SAGE's roles and modus operandi.

FINDINGS

30. WHO IVB to perform **assessment of resources required** to implement proposed recommendations and to ensure a sufficiently staffed SAGE secretariat to facilitate necessary processes.

31. WHO IVB to ensure that SAGE, Working Groups and SAGE Secretariat resources come from **WHO core funding**.

RECOMMENDATIONS



EAGSE:

- Anna Lena Lopez
- Bruce Gellin
- Ezzeddine Mohsni
- Fred Binka
- Hanna Nohynek (chair)
- Kathryn Edwards
- Lisa Cairns (*not in picture*)
- Narendra Arora

Supported by MMGH Consulting:

- Carsten Mantel
- Stefano Malvolti

THANKS FOR YOUR ATTENTION

BACKUP

DETAILED FINDINGS

FINDINGS EMERGING FROM THE VARIOUS PHASES OF THE EVALUATION

| 01 – Goals, mandate, mission and scope | 02 – SAGE in the next decade | 03 – Research & development |
|---|--|--|
| <ul style="list-style-type: none"> • SAGE extremely valuable, well-respected and playing a critical role for global immunization across key stakeholders. • Strong in providing evidence-based recommendations even for complex issues. • Scope of work and mission need revisiting in light of evolving global immunization space. • Synthesis and balance required between scientific advice on vaccines and immunization, and policy guidance on programmatic issues. | <ul style="list-style-type: none"> • SAGE can accommodate future immunization challenges; but some adaptation in its modus operandi needed to address emerging needs and trends. • SAGE will need to consider integration of immunization with other primary health care programmes, SDGs and UHC. • The role of SAGE in translating and monitoring the GVAP to be aligned with the post-2020 global vaccines and immunization strategy. | <ul style="list-style-type: none"> • SAGE is not a committee advising on vaccine R&D, however, it often identifies knowledge gaps emanating from upstream vaccine-related and from program-related research. |

FINDINGS EMERGING FROM THE VARIOUS PHASES OF THE EVALUATION (2)

| 4 - SAGE and other WHO immunization advisory groups | 5 - Principles of SAGE's work with regions and countries | 6 – SAGE-RITAG-NITAG policy making chain |
|--|--|--|
| <ul style="list-style-type: none"> Limited clarity about other WHO immunization advisory bodies' mandates and functions as well as their positioning in relation to the SAGE decision-making processes. Possible overlap of roles and responsibilities of the ACs themselves and more guidance needed on how SAGE could benefit more from their work. | <ul style="list-style-type: none"> SAGE is not systematic in considering regional and country needs, and in ensuring that its focus extends to all countries. Countries will increasingly require guidance for decision-making rather than off-the-shelf sweeping recommendations. Important for SAGE to synthesize best practices in delivery of vaccines and address challenges with 'implementability' of its recommendation, through a functional feedback loop from countries. | <ul style="list-style-type: none"> Relations between SAGE, RITAGs and NITAGS key to SAGE success; but could be rendered more functional with more effective bi-directional engagement and information sharing across the three levels. Limited region-specific questions taken up at SAGE, and SAGE output not always taken up in RITAG deliberations. SAGE and RITAG members' cross-participation in meetings not well used to align committees' agenda and deliberations. |

FINDINGS EMERGING FROM THE VARIOUS PHASES OF THE EVALUATION (3)

| 7 - Relations with global stakeholders | 8 - Membership and chair selection | 9 - Agenda setting |
|---|--|--|
| <ul style="list-style-type: none"> SAGE's role well-known in the global immunization community and reach of its engagement with stakeholders considered a key strength. Need for clarification of the role of key technical partners and of the modalities and extent of their contributions. Potential risk of disproportionate direct or indirect influence exerted by some stakeholders and by WHO focal points. | <ul style="list-style-type: none"> Fundamental areas of expertise needed for SAGE operations well covered; with need for some additional skills and competencies, not necessarily requiring an extension of SAGE. Need for stronger representation of implementers and NGOs and CSOs, particularly from LICs & LMICs, while maintaining the greatest technical expertise. Very high workload of the chair and currently ill-defined role of the vice-chair. | <ul style="list-style-type: none"> Agenda topics appear adequate and relevant; agenda setting not seen as fully transparent and not resulting from a thorough approach to prioritization. Large part of SAGE meetings spent on sessions 'for information' and reports. SAGE sessions are often very long, and presentations sometimes not clear or harmonized. |

FINDINGS EMERGING FROM THE VARIOUS PHASES OF THE EVALUATION (4)

I 0 - Decision-making and Working Group processes

- Current **consensus-based SAGE process** of decision-making seen as optimal; but **decision-making criteria** not always fully transparent.
- **Working Groups** a key feature in SAGE decision-making; process of setting them up could still be improved.
- **GRADE** and EtR framework adequate; questions raised about suitability for assessment of observational studies.
- SAGE's recommendations considered timely; but more regular **update of the position papers** solicited to remain current on evolving vaccine developments.

I 1 - Meeting setup and modus operandi

- SAGE modus operandi works well, allowing opportunities for **wide stakeholder participation**; but space for more robust discussion to be created.
- Limited proactive **regional participation**.
- Concerns voiced that **advocacy efforts** may occur during meetings and that SAGE members should be shielded from any such lobbying.
- The **communication technology** in use deemed not appropriate to enable good preparation of SAGE members or to promote quality member interaction.
- Suggestions made for an **evaluation process for SAGE meetings** providing immediate feedback.

FINDINGS EMERGING FROM THE VARIOUS PHASES OF THE EVALUATION (5)

| 12 - Conflict of interest management | 13 - Dissemination & communication of output | 14 - SAGE secretariat role and resources |
|--|---|--|
| <ul style="list-style-type: none"> Although conflict of interest management considered appropriate, some revisions suggested. Precise definition of what constitutes a Col seen an area deserving special attention to uphold SAGE independence; need for extending the scope of Col beyond simple financial interests. At the same time, caution voiced against too strict a Col management. | <ul style="list-style-type: none"> Need for improvement of dissemination of SAGE output. WER and Vaccine publications, SAGE meeting notes well known in the immunization field. Position papers and detailed background documents considered highly valuable but less well-known. Outputs considered not easily 'digestible' by many practitioners: a constituency-tailored approach suggested. An improved WHO website and smarter use of social media could be beneficial. | <ul style="list-style-type: none"> Currently available financial resources for SAGE Secretariat and WGs inadequate and - as only partly coming from WHO core funding – potentially rendering SAGE vulnerable. Call for an increase in size of the SAGE Secretariat in the context of further refinement of SAGE's roles and modus operandi. |

BACKUP

DETAILED RECOMMENDATIONS

BASED ON THE FINDINGS EAGSE DEFINED A SET OF RECOMMENDATIONS

| 01 – Goals, mandate, mission and scope | 02 – SAGE in the next decade | 03 – Research & development |
|--|--|--|
| <ol style="list-style-type: none"> 1. WHO IVB to modify the mission statement to more clearly reflect the primary goals and scope of SAGE as part of the broader WHO Programme of Work and the global post-2020 immunization strategy. 2. WHO IVB to modify SAGE's objectives for enhanced focus and clarity with specific reference to key emerging themes. | <ol style="list-style-type: none"> 3. SAGE to ensure that emerging systemic issues in the context of the SDGs are taken into account in its work of making evidence-based recommendations. | <ol style="list-style-type: none"> 4. SAGE to establish mechanisms to ensure the identification of knowledge gaps requiring further upstream vaccine and operational research. |

BASED ON THE FINDINGS EAGSE DEFINED A SET OF RECOMMENDATIONS (2)

| 4 - SAGE and other WHO immunization advisory groups | 5 - Principles of SAGE's work with regions and countries | 6 – SAGE-RITAG-NITAG policy making chain |
|--|---|--|
| <p>5. WHO IVB to ensure complementary mandates, functions, roles and responsibilities of all WHO immunization advisory groups as well as their contribution to the SAGE process of evidence-review for recommendations.</p> | <p>6. WHO IVB in collaboration with ROs to strengthen existing channels or develop new ones to ensure appropriate consideration of regional and country needs in defining the SAGE agenda and in formulating SAGE guidance, including those of low, middle- and high-income countries.</p> | <p>7. WHO IVB in collaboration with ROs to define a framework describing roles, responsibilities and linkages between SAGE, RITAGs and NITAGs.</p> <p>8. WHO IVB with ROs to set up an institutional mechanism or platform for country-specific questions to be posed to SAGE and feedback on implementability of recommendations.</p> <p>9. WHO IVB to encourage ROs and RITAGS to include a standing agenda item for discussion of SAGE recommendations in RITAG and EPI managers meetings</p> |

BASED ON THE FINDINGS EAGSE DEFINED A SET OF RECOMMENDATIONS (3)

| 7 - Relations with global stakeholders | 8 - Membership and chair selection | 9 - Agenda setting |
|---|---|---|
| <p>10. WHO IVB to define rules of engagement with stakeholders and individual subject matter experts, including ‘inner circle’ and WHO focal points.</p> <p>11. SAGE to engage in regular dialogue with immunization stakeholders to have a current understanding of their priorities, plans, and challenges.</p> | <p>12. SAGE to ensure access to all relevant expertise in its decision-making process in light of the enlarged scope of the immunization agenda.</p> <p>13. WHO IVB to establish TOR for SAGE chair and vice-chair to address the issue of high work load and the need to delegate some of the chair’s tasks.</p> | <p>14. WHO IVB to ensure interaction with ROs and RITAGs for identification of topics for SAGE agenda in close consultation with NITAGs and country offices.</p> <p>15. WHO IVB to consider establishing a Steering Committee for the collection, triaging and prioritization of agenda topics.</p> <p>16. SAGE to focus its agenda on ‘for decision’ and ‘for discussion’ items and to reduce the time spent on ‘for information’ sessions.</p> |

BASED ON THE FINDINGS EAGSE DEFINED A SET OF RECOMMENDATIONS (4)

I 0 - Decision-making and Working Group processes

- 17. SAGE to communicate more clearly **decision-making criteria** used for development of recommendations and to publish GRADE and EtR tables.
- 18. WHO IVB to shorten **lead times for establishment of Working Groups** and update their **SOPs**.
- 19. WHO IVB to assure that the establishment and functioning of WGs is done **independently of donor and funder support**.
- 20. SAGE to establish a process for the **timely revision of and update to its position papers** in case of minor policy changes.

I 1 - Meeting setup and modus operandi

- 21. SAGE Secretariat to ensure **appropriate preparation** of meetings and curation of topics and presentations.
- 22. SAGE Secretariat to establish **longer briefing sessions outside of SAGE meetings** allowing for in-depth review of complex issues.
- 23. SAGE chair to proactively **encourage participation** of all SAGE members in plenary discussions.
- 24. SAGE Secretariat to establish a **procedure to assess meeting agenda and process**.
- 25. SAGE Secretariat to explore and pilot utilization of **state-of-the-art communication and IT technologies** for SAGE and its Working Groups.
- 26. WHO IVB to explore holding a web-based **3rd SAGE meeting** per year.

BASED ON THE FINDINGS EAGSE DEFINED A SET OF RECOMMENDATIONS (5)

| 12 - Conflict of interest management | 13 - Dissemination & communication of output | 14 - SAGE secretariat role and resources |
|---|--|---|
| <p>27. WHO IVB to refine scope of what constitutes a conflict of interest according to WHO policies, including interests beyond industry relationships, and upgrade the process for Col management</p> | <p>28. WHO IVB to explore additional communication channels in collaboration with ROs and RITAGS.</p> <p>29. WHO IVB to broaden its engagement and communication with multiple stakeholders, and ensure the appropriate tailoring of communication messages and tools according to target audiences.</p> | <p>30. WHO IVB to perform an assessment of the resources required to implement proposed recommendations and to ensure a sufficiently staffed SAGE secretariat to facilitate necessary processes.</p> <p>31. WHO IVB to ensure that SAGE, SAGE Working Groups and SAGE Secretariat resources come from WHO core funding.</p> |