Washington, D.C., USA, 30 September-4 October 2013

CD52.R14 (Eng.) ORIGINAL: ENGLISH

RESOLUTION

CD52.R14

EVIDENCE-BASED POLICY-MAKING FOR NATIONAL IMMUNIZATION PROGRAMS

THE 52nd DIRECTING COUNCIL,

Having considered the document *Evidence-based Policy-making for National Immunization Programs* (Document CD52/9);

Recognizing the increasing need for governments to have strong evidence bases for their resource allocation decisions in order to ensure positive, equitable, and sustainable health results;

Recalling the commitment of all Member States and stakeholders to bolster national capacities for evidence-based immunization decision-making documented in the Global Vaccine Action Plan endorsed by the Sixty-fifth World Health Assembly;

Aware of ongoing efforts to institutionalize evidence-based decision-making in public health, as stated in Resolution CSP28.R9, and acknowledging the existing capacity in several countries to foster a broader scale-up of these efforts;

Noting the need for Member States to prepare and plan for evaluating the adoption of vaccines in the pipeline that may come at a substantially higher cost than traditional vaccines, while maintaining other achievements in immunization,

RESOLVES:

- 1. To urge Member States, as appropriate within their particular context, to:
- (a) take note of the policy approaches described in *Evidence-based Policy-making for National Immunization Programs*, in order to, in collaboration with the Pan American Sanitary Bureau and other relevant stakeholders, consider:
 - i. promoting the formal establishment of and strengthening existing National Immunization Technical Advisory Groups or regional policy bodies that serve the same purpose, as is the case of the Caribbean Advisory Committee, which provides recommendations for the whole subregion;
 - ii. grounding immunization policy-making in a broad national evidence base comprising the technical, programmatic, financial, and social criteria necessary to make informed decisions;
 - iii. developing technical working groups, where a need is identified, to synthesize and/or generate locally derived evidence to inform the decision-making process;
 - iv. promoting the implementation of activities to harmonize the planning and costing processes of the national immunization programs, forging strong links between the use of cost information in budgeting, in planning, and in decision-making;
 - v. sharing these experiences to evaluate other health interventions within the health technology assessment framework;
- (b) seek measures to formalize these policy approaches by:
 - i. enacting legal or administrative frameworks to formalize national or subregional technical advisory committees on immunization;
 - ii. promoting the availability of sufficient resources to support data collection and synthesis and use of evidence in the decision-making process for immunization.
- 2. To urge the Director to:
- (a) continue providing institutional support to Member States to strengthen capacities for the generation and use of evidence in their national immunization decision-making processes through the regional immunization program's ProVac Initiative;

- (b) foster the participation of Member States in the ProVac Network of Centers of Excellence;
- (c) promote among Member States the harmonization of national program planning and costing processes, taking into consideration the specific aspects of each country;
- (d) support resource mobilization efforts to allow the regional immunization program to continue the efforts of the ProVac Initiative;
- (e) provide regional policy advice and facilitate dialogue to strengthen governance and policy coherence and prevent undue influence from real or potential conflicts of interest.

(Ninth meeting, 4 October 2013)