Abridged Theory of Change

For the National Immunization Technical Advisory Group Support Hub (NISH)

A Strategic Framework for Strengthening NITAGs in Africa

About This Document

This abridged version presents the key pillars and envisioned learning outcomes that guide our efforts to enhance the effectiveness, agility, relevance, and impact of National Immunization Technical Advisory Groups (NITAGs).

The overarching goal is for all countries in Africa to have strong, sustained National Immunization Programmes (NIPs) supported by technical input from NITAGs, ensuring optimal, effective use of vaccines and universal coverage through a life-course approach.

Publication Details

Date of Publication: January 2025
Version: Abridged Edition

Further Information

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NISH Theory of Change- summarized version

The National Immunization Technical Advisory Group Support Hub (NISH) in collaboration with representatives from the World Health Organization (WHO), the Task Force for Global Health (TFGH), Welcome Trust, NITAGs in Africa and UNICEF participated in a co-creation process to develop an overarching Theory of Change (ToC) on support provided to NITAGs in Africa.

NITAGs play a crucial role in providing evidence-informed recommendations on vaccines and immunization to their respective Ministries of Health (MoH). Recognizing the importance of NITAGs, the NISH, in collaboration with its partners is committed to enhancing the effectiveness, agility, relevance, and impact of national immunization programmes in the African region and beyond. This document presents an abridged version of the ToC and the envisioned learning for each pillar of change.

The overarching goal for partners supporting NITAGs is that: *All countries in Africa have strong, sustained National Immunization Programmes (NIPs) supported by technical input from NITAGs to achieve optimal, effective use of existing and new vaccines and universal coverage through life course approach*.

The ToC for the NITAG support consists of four pillars that lead to this shared goal namely: Capacity development; access to evidence and products; coordination and support; emerging lessons and good practice as depicted in Figure 1 below.

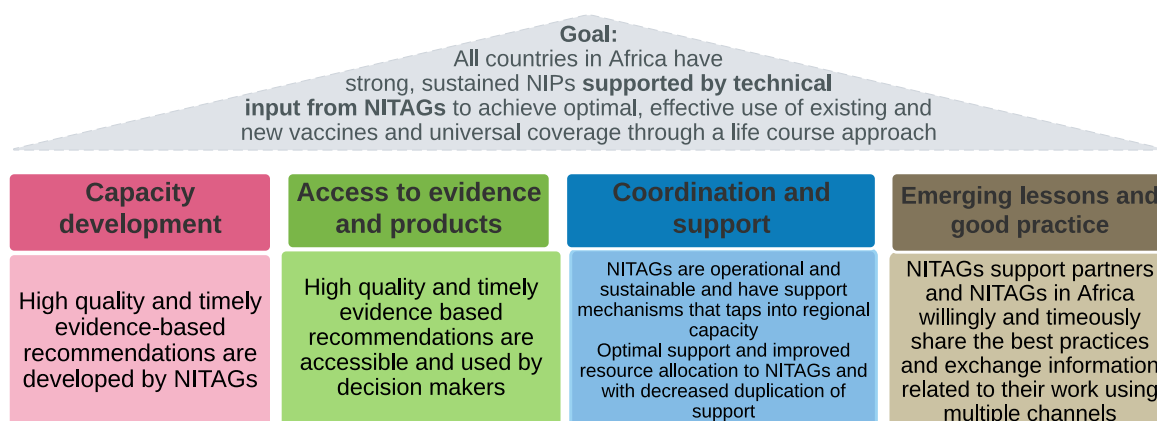| **Goal:** All countries in Africa have strong, sustained NIPs **supported by technical input from NITAGs** to achieve optimal, effective use of existing and new vaccines and universal coverage through a life course approach			
Capacity development	**Access to evidence and products**	**Coordination and support**	**Emerging lessons and good practice**
High quality and timely evidence-based recommendations are developed by NITAGs	High quality and timely evidence based recommendations are accessible and used by decision makers	NITAGs are operational and sustainable and have support mechanisms that taps into regional capacity Optimal support and improved resource allocation to NITAGs and with decreased duplication of support	NITAGs support partners and NITAGs in Africa willingly and timeously share the best practices and exchange information related to their work using multiple channels

Figure 1: Four pillars that informed the NITAGs support ToC

1. Capacity Development Pillar

This pillar aims to expand capacity of NITAGs so they can make evidence-based recommendations. The expected outcomes include:

Immediate outcomes: The immediate outcomes of these interventions are that NITAGs have access to relevant and timely information to support the recommendation process which contributes to sufficient expertise within the NITAGs to aid the development of recommendations. In addition, strong links are formed between NITAGs and the ministries (of health, education, finance) thus helping them appreciate the value of NITAGs; and NITAGs are also suitably linked to institutions and partners (such as WHO, UNICEF, academia, and local stakeholders for immunization implementation) that can provide necessary and relevant support, and tailored networking is built within NITAGs at regional

level.

Intermediate outcomes: The immediate outcomes will lead to NITAGs functioning effectively, with clear roles, responsibilities, and processes for decision-making; and they will have strong, functional and supportive relationships with relevant government departments and function in an environment free of political interference. Furthermore, the NITAG and the Secretariat will also apply the EtR process and framework to policy questions, thus linking them to relevant global, regional, and national policies.

Long-term outcomes: The combination of these changes will contribute towards high quality and timely evidence-based recommendations being developed by NITAGs.

To achieve the above outcomes, the interventions implemented will include training on Evidence to Recommendation(EtR)[1] and vaccinology, NITAG operations and facilitation of knowledge exchange and networking amongst NITAGs to share best practices as well as skills transfer. The underlying assumptions are that; firstly, the funding will be available for training partners on NITAG operations and secondly, the networking events will be undertaken between partners and NITAGs.

A key learning question for this pillar is **how effectively do training and capacity-building interventions improve the decision-making processes of NITAGs?**

2. Access to Evidence and Products pillar

This pillar aims to ensure that NITAG members have access to global and locally relevant evidence to inform their decision making. The expected outcomes include:

Immediate outcomes: With the training, research and mapping of local evidence, the immediate outcomes will be enhanced capacity of NITAGs to identify and access the relevant global, regional and local evidence. In addition, engaged donors and pharmaceutical companies will fund and promote NITAG (initiated/requested) studies to generate local evidence. Furthermore, there will be improved end-to-end engagements between evidence producers and evidence users at local levels.

Intermediate outcomes: The immediate outcomes will lead to NITAGs having improved access to tools and resources for NITAGs when making evidence-based recommendations; and enhanced capacity to consolidate and synthesize evidence for use and policy making during the recommendation making process. This, in turn, will lead to improved utilisation of local evidence by NITAGs when making recommendations.

Long term outcomes: In the long term, this will result in high quality and timely evidence-based recommendations being accessible and used by decision makers.

The interventions that will shape the above outcomes are grouped under three main categories namely: training of NITAG members; workshops and postgraduate opportunities for stakeholders; and mapping of local evidence and research. These interventions will equip NITAGs to recognize the value of evidence to recommendation tools and be willing to make more use of them. Also, they will further develop evidence-search skills needed to find relevant information. Policies that allow NITAGs to operate independently and base decisions on scientific evidence with minimal political influence is one of the assumptions that underpin the success of this pillars' interventions and outcomes.

The overarching learning question for this pillar is: **What mechanisms best facilitate the integration of global and local evidence into NITAG recommendations?**

3. The Coordination and Support to NITAGs pillar

This pillar has two pathways namely, an establishment pathway and a coordination pathway aimed at enhancing the operationalization of the NITAGs. The expected outcomes include the following:

Immediate outcomes: With support for establishment and coordination with partners, the immediate outcomes would be a standardized onboarding process for newly appointed NITAG members, and a NITAG procedural manual which includes policy on renewing mandates and EtR process. Moreover, a forum would be established for NITAGs in Africa to share experiences relating to vaccines, Evidence Informed Decision Making (EIDM), and the EtR process in Africa. Furthermore, communication and collaboration between MoH and country stakeholders/experts would be established.

Intermediate outcomes: The immediate outcomes will lead to NITAG membership is sustainable (and membership guidelines are established); and NITAGs will participate in regular global, regional, country level meetings and activities related to vaccines and immunization EtR processes. NITAGs will also have access to sufficient number of experts, stakeholders will participate actively in GNN, and the MoH leads and is involved in NITAGs. Overall, there will be improved coordination of activities of SAGE, RITAG and NITAG.

Longer-term outcomes: In the longer-term, this will result in NITAGs being operational and sustainable and they will have support mechanisms that tap into regional capacity; in addition, the support and resource allocation to NITAGs will be optimised as there will be decreased duplication of support.

To achieve the above outcomes, the interventions will involve implementing the NITAG maturity assessment tool, tracking activities, developing SOPs, securing funding and facilitating regular meetings to set clear goals and address any coordination challenges. It is assumed that the NITAGs have the capacity, resources and support to execute plans, engage in follow ups and with stakeholders. Moreover, it is assumed that the partners and MoH will support capacity building agendas and co-ordination efforts.

The overarching learning question for this pillar is: **How do coordination efforts affect the operational sustainability of NITAGs?**

4. Emerging lessons and good practice pillar

This pillar focuses on supporting the sharing of best practices and exchange of information by NITAGs across Africa. Below are the envisioned outcomes:

Immediate outcomes: The immediate outcomes for these interventions are that the action plan of NITAGs will contain sharing of best practices and participation in the platform; NITAGs obtain sustainable funding and human resources are committed to support the platform. Finally, easily accessible tools and searchable achievable databases are available; and NITAGs use standardized tools for documentation and sharing.

Intermediate outcomes: The immediate outcomes will lead to a rotating group of NITAGs leading a platform, under time limits; the Regional NITAG focal point person takes on role of coordinator of the platform; and NITAGs share lessons learned in a user-friendly and structured way.

Longer-term outcomes: In the longer-term, this will result in NITAGs support partners and NITAGs in Africa willingly and timeously share the best practices and exchange information related to their work using multiple channels.

To achieve the aforementioned outcomes, the interventions comprise of NITAGs having a plan for sharing platform participation. In addition, through a consultative dialogue, structuring the coordinator's role to identify needs and having a Regional NITAG focal point person to identify topics and assist participating NITAGs while advocacy for funding supports these efforts.

These intervention depend on the following assumptions that necessitates partners awareness of the sharing platform and the recognition of NITAGs by the funders which will result in resource accumulation. Whereas the assumptions underpinning the outcomes is that, NITAGs have stakeholder buy in and dedicate their time in the documentation of lessons learned.

The overarching learning question for this pillar is: **What are the impacts of shared practices on the overall effectiveness of NITAGs across different regions?**

In conclusion, the ToC provides a foundation from which to develop a MEL plan with a clear set of indicators, data sources, data collection, analysis and learning. Whereas, the learning questions which can be further unpacked, provide a foundation for the development of a framework which provides more detail on how the partners will be learning together and thinking critically about the Theory of change and assumptions that underpin their work. The learning questions will further guide NISH and partners to reflect and modify were needed over time.

Although this document outlines how change is expected to occur, the dynamic nature of the interventions and complex external environments will negate periodic adjustments, refinement or adaptation of the ToC overtime to ensure its continued relevance to the work of NISH and its partners.

Full version of the NISH Partners ToC Report