NISH

National Immunization Technical Advisory Group (NITAG) Support Hub

Theory of Change and learning questions for the partners supporting NITAGs

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SOUTHERN HEMISPHERE

CREATE MEANINGFUL CHANGE

Acronyms

BMGF	Bill and Melinda Gates Foundation
CDC	U.S. Centers for Disease Control and Prevention
EIDM	Evidence Informed Decision Making
EtR	Evidence to Recommendation
GAVI	Global Alliance for Vaccines and Immunization.
GNN	Global NITAG Network
MEL	Monitoring, Evaluation and Learning
MoE	Ministry of Education
MoH	Ministry of Health
MoF	Ministry of Finance
MOV	Means of verification
NITAG	National Immunization Technical Advisory Group
NISH	National Immunization Technical Advisory Group Support Hub
RITAG	Regional Immunization Technical Advisory Group
SAGE	Strategic Advisory Group of Experts on Immunization
SOP	Standard Operation Procedure
TFGH	Task Force for Global Health
ToC	Theory of Change
WHO	World Health Organization

Contents

Table of figures

Table of tables

1 Introduction

In March 2024, Southern Hemisphere was contracted by The National Immunization Technical Advisory Group Support Hub (NISH) to facilitate a process to develop an Overarching Theory of Change (ToC) and learning questions for partners who support 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 the World Health Organization (WHO) and the Task Force for Global Health (TFGH), is committed to enhancing the effectiveness, agility, relevance, and impact of national immunization programmes in the African region and beyond. This document presents the outputs of the online workshop series, namely the ToC and learning framework.

2 Workshop purpose and process

Purpose and objectives

The overall purpose of the online workshop series was to co-create a ToC and learning framework for partners who support NITAGs. More specifically, the objectives of the workshop series were for the partners to:

- explore how their specific interventions are contributing to the overall change in NITAGs.
- define partner's goals, outcomes, and establish pathways, assumptions and indicators.
- articulate a set of assumptions that underpin the ToC.
- co-create a set of learning questions to support learning and facilitate collaboration work amongst the partners.

Participants

A total of 16 participants attended the online workshops series who were representatives of the following NITAG support partner organisations: WHO (HQ, AFRO, EMRO), Global NITAG Network and WHO-HQ, WHO-IST-Southern Africa; Global NITAG Network and NITAG-Zimbabwe; NITAG-Ghana; Wellcome, U.S. Centers for Disease Control and Prevention (CDC); Task Force for Global Health (TFGH); GAVI, UNICEF MENA; NITAG Benin; NISH. Annexure 1 includes the attendance register.

Process

Pre-workshop consultation

The online workshops were preceded by a review of documents relevant to the NITAG support; and a consultation process with the NISH programme manager to help shape the co-creation process and ensure its relevance to partners' needs.

Workshop process and agenda

Based on the outcome of this consultation, a workshop process and agenda were drafted and shared for input and comment before finalisation. The figure below provides an overview of the workshop process, and a more detailed agenda is contained in annexure 2.

Figure 1 Overview of the co-creation workshop agenda.

Post-workshop

The section that follows presents the draft outputs of the workshop including the stakeholder analysis, theory of change and learning questions for the partners supporting NITAGs.

3 Stakeholder Analysis

Prior to developing the ToC, the partners conducted a stakeholder analysis in order to identify stakeholders who need to be considered in the ToC. The table below presents the key stakeholders identified although this list is not exhaustive. A full analysis of some of these stakeholders in terms of their concerns, interests, potential and linkages was then undertaken and is presented in annexure 3.

Table 1 Stakeholders identified during a brainstorming session.

Advisory and Regulatory Bodies	Beneficiaries/ beneficiaries' supporters	Government and Public Health Institutions	Global Health Agencies	Industry and Commercial Entities	Academic and Research Institutions
NITAG members RITAGs (Regional Immunization Technical Advisory Groups) SAGE (Strategic Advisory Group of Experts on Immunization)	Children Mothers and caregivers Consumer groups Civil society Media Community leaders, influencers, high risk groups, youth, elderly beyond mothers	Ministry of Health Ministry of Finance/Planners/Budget Department of Education/Educators Department of Health Parliamentarians Expanded Programme on Immunisation (EPI) US CDC Task Force for Global Health (TFGH) Bill and Melinda Gates Foundation (BMGF)	Global health agencies (e.g., WHO, GAVI, UNICEF) NGOs (Non-Governmental Organizations)	Professional bodies Vaccines and medical products industry Anti-vaccination groups	Research Institutes Academia Library

Global NITAG Network (GNN) National medical products Regulatory Agencies		Wellcome Trust			

4 Theory of change and learning questions for partners supporting NITAGs

The overarching goal for partners supporting NITAGs is: *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 the diagram below.

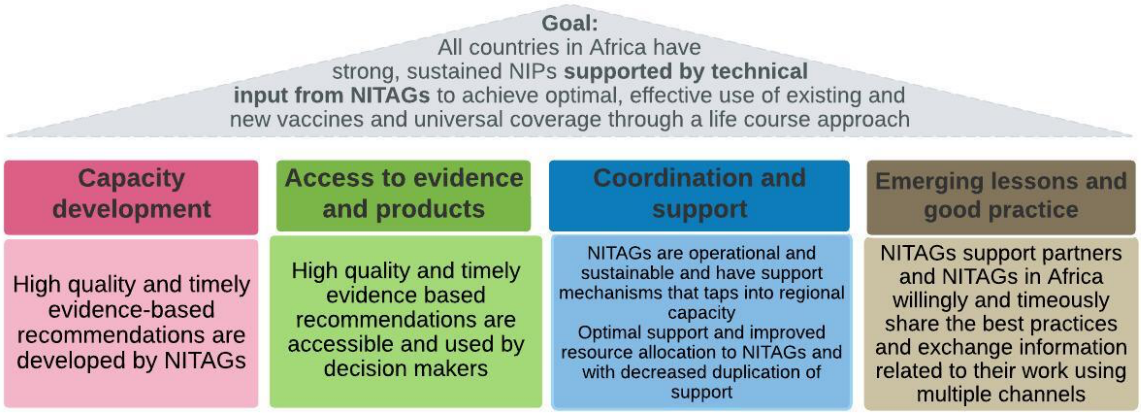

Figure 2 Four pillars or domains of change of partner support to NITAGs.

Each pillar has a pathway of change or results logic which moves from intervention to immediate outcomes, to intermediate outcomes, and eventually long-term level outcomes which are about NITAG access to high quality evidence which is used to inform recommendations and sharing best practices.

The overall theory of change is presented below including assumptions and then each domain of change is summarised in a narrative according to the interventions which are being implemented, the intended outcomes, and the learning questions. The interventions listed in the ToC were identified during the co-creation workshop and are thus not exhaustive.

It is important to note that this theory of change outlines the story of change for the partner support to NITAGs expected outcomes and assumptions at a specific moment in time. However, due to the

dynamic nature of this intervention and its complex external environments, periodic adjustments to this theory of change will be necessary. Revisiting and adapting the theory of change periodically and aligning it with evolving circumstances and changing stakeholder dynamics will ensure its continued relevance.

A summary of the Theory of change can be found in annexure 4 of this report.

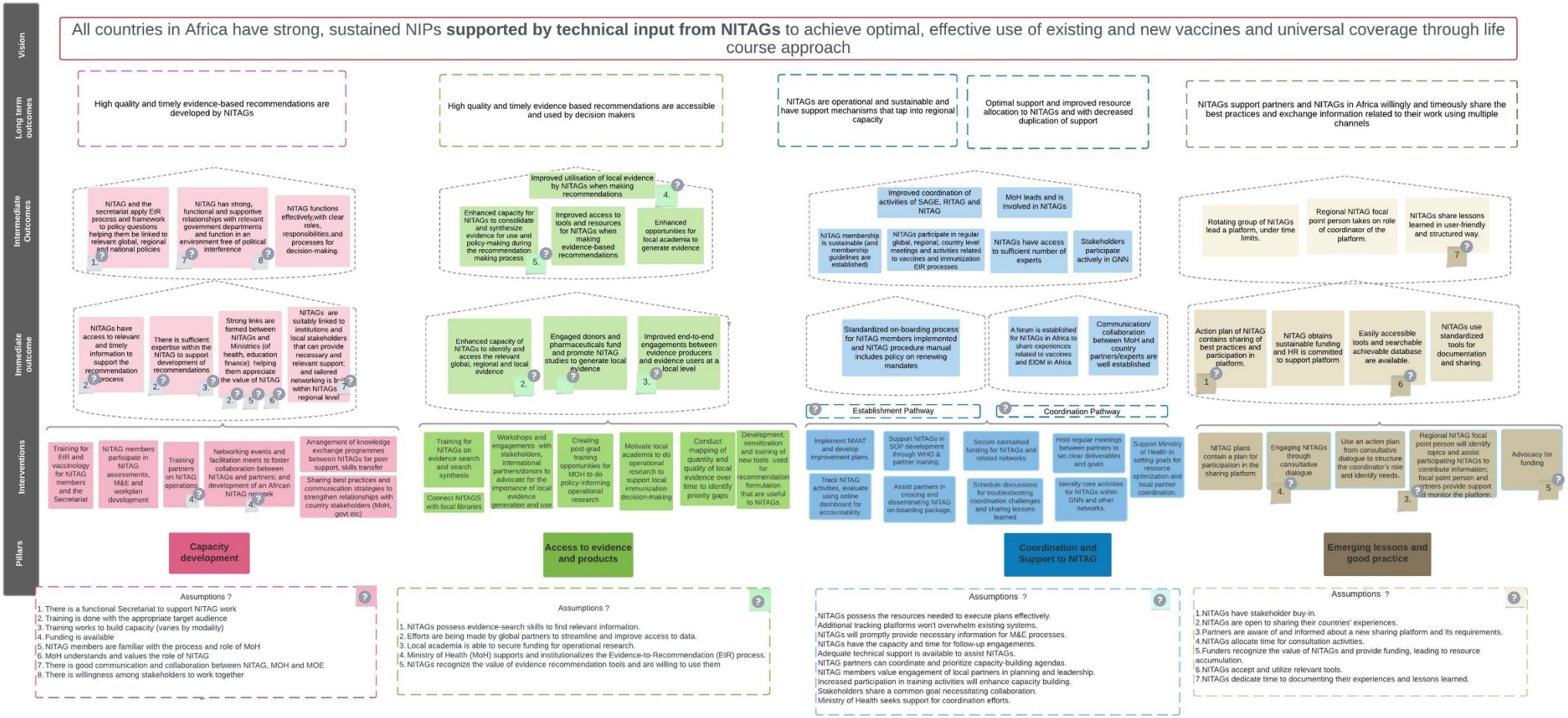

Figure 3 Theory of Change for partner support to NITAGs.

4.1.1 Capacity development pillar

The Capacity Development pillar aims to expand capacity of NITAGs so they are able to make evidence based recommendations. The ToC for Capacity Development is depicted in the diagram below followed by a narrative description.

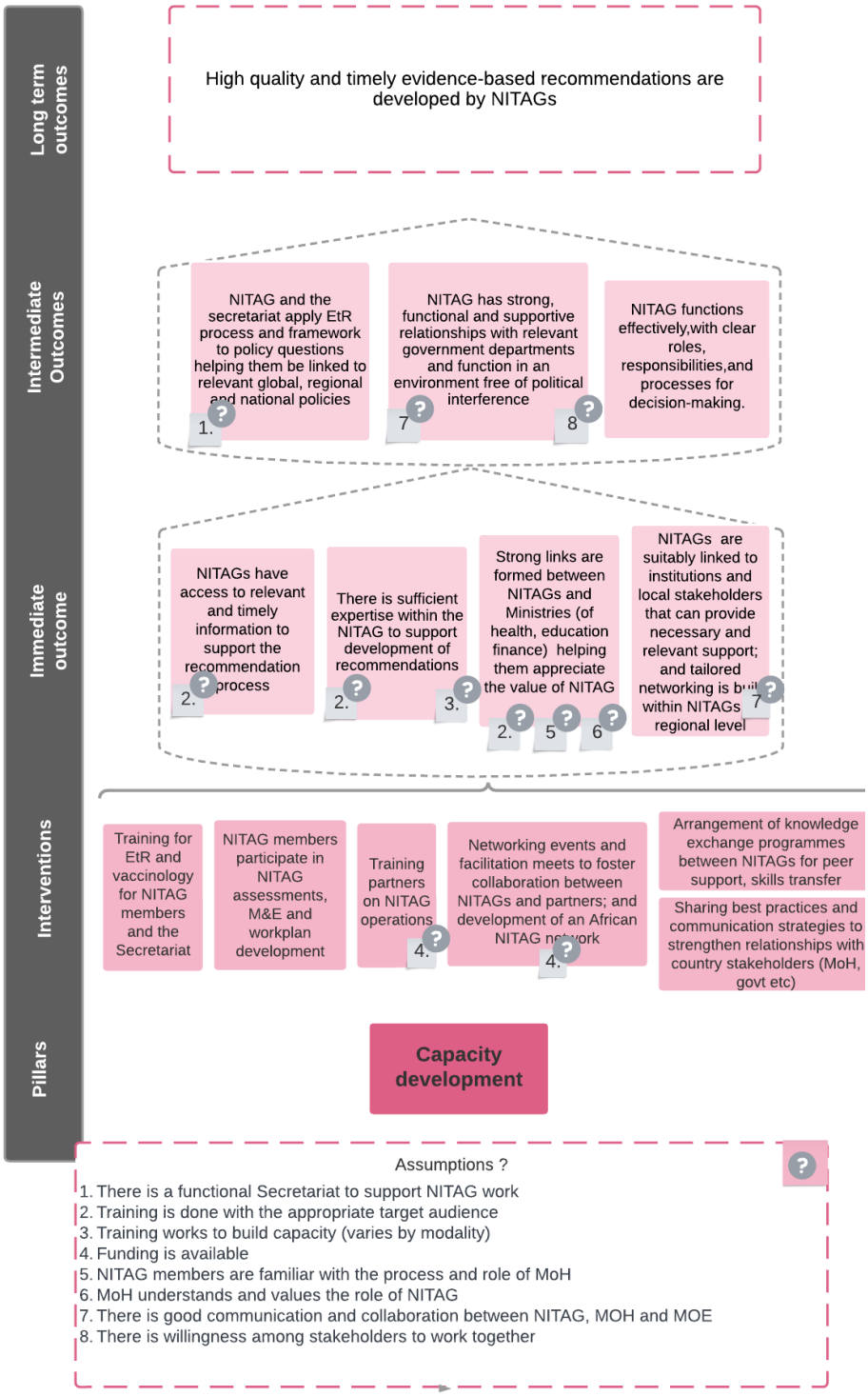

Figure 4 Theory of change for Capacity Development pillar.

Description of interventions

Capacity Development targets NITAG members, Secretariats and partners in the ecosystem and includes training on Evidence to Recommendation(EtR)[1] and vaccinology, NITAG operations and then facilitating knowledge exchange and networking amongst NITAGs to share best practices and for skills transfer.

The list below summarises the wide range of interventions that emerged in discussion at the co-creation workshop although it is not exhaustive.

- Training for EtR and vaccinology for NITAG members and the Secretariat
- NITAG members participate in NITAG assessments, M&E and workplan development.
- Training partners on NITAG operations
- Networking events and facilitated meetings to foster collaborations between NITAGs and partners; and development of an African NITAG Network
- Arrangement of knowledge exchange programmes between NITAGs for peer support, skills transfer
- Sharing best practices and communication strategies to strengthen partnerships and relationships with country level stakeholders (MoH, MoF govt etc)

Outcomes

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 NITAG to support development of recommendations. In addition, strong links are formed between NITAGs and Ministries (of health, education, finance) thus helping them appreciate the value of NITAG; 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.

Assumptions

A key assumption at the intervention level is that the funding will be available for training partners on NITAG operations and for the networking events to be undertaken between partners and NITAGs.

[1] "Evidence to Recommendation" involves using systematically gathered and analyzed evidence to inform and support recommendations

There are five assumptions that need to be in place for interventions to effect change at the immediate outcome level. The first two are related to training where it is assumed that a) training is done with the appropriate target audience as often it is challenging to access the specific target audience, and hence a continuum of training needs to be planned within countries; and b) the training modality used is fit for purpose and does successfully build capacity.

The next three assumptions which underpin the partner relations include a) that NITAG members are familiar with the process and role of MoH; b) MoH understands and values the role of NITAG; and c) there is good communication and collaboration between NITAG, MOH and MOE and a twinning program exists to strengthen the NITAG network.

Finally, the intermediate outcomes will only be translated into the long-term outcome of "High quality and timely evidence-based recommendations are developed by NITAGs", if the assumptions hold true that: a) there is a functional Secretariat to support NITAG work; and b) there is willingness amongst stakeholders to work together.

Learning questions

The overarching learning question for this pillar is: **How effectively do training and capacity-building interventions improve the decision-making processes of NITAGs?**

The table that follows captures the learning questions based on assumptions in the ToC. These questions can be elaborated, refined and added to, following further discussion amongst partners.

Outcome	Assumption	Learning questions
High quality and timely evidence-based recommendations are developed by NITAGs	Training works to build the capacity of NITAG members to make evidence-informed recommendations.	• Does the trainee require training? why? • Did the training help capacitate your NITAG as a whole and strengthen the capacity to influence evidence-informed decision-making? • What type of training - in-person, virtual - leads to improved capacity? • What length of training is best to contribute to improved capacity? • What training type (e.g. EtR, Vaccinology) and content is best to contribute to improved capacity? • What kind of capacity is needed by the NITAGs? • What where the profile of trainees in your NITAG? (For each type of training) • What are the knowledge gaps in your evidence-informed decision-making? • Who needs to be trained? • Do NITAG members use the knowledge gained after they have been trained? And how? • How does the training lead to improved capacity? • How are skills transferred to members who did not attend training? • Is there a mechanism for follow up with trainers in case questions arise post training?

	Funding is available for extending training, meetings, twinning, & other interventions	• Where does funding typically come from? what are the sources of funding? • What amount of funding is required for these different interventions? • Was there sufficient funding to support interventions? • Did your MoH and MoF provide you with sufficient funding to sustain your basic operational costs as a NITAG? • Is this funding sustainable? Is there a continuous source of funding? • What is the funding used for?
	Willingness among all stakeholders to work together	• Which stakeholders are working together? • Who are the stakeholders? and what is each stakeholder doing to support NITAGs? • Why are some stakeholders not working together? • Why are some stakeholders working together?

Potential indicators

The list below is derived from the outcomes in the detailed theory of change that emerged during the co-creation workshop and can be used to inform the development of indicators in the future.

- Number of recommendations developed by NITAGs (already existing)
- Number and Percentage of NITAG members trained (for each type of training- refer to NITAG training journey discussed during the NITAG partners meeting in Istanbul)
- Level of motivation, satisfaction, recognition of NITAG members (Means of Verification: annual survey)
- Level of maturity of NITAGs (MOV: Maturity assessment tool)
- Level of maturity sustained over time (MOV: Maturity assessment tool)
- Number of NITAGs supported by government funding and Percentage of fund covered by government.
- Number of research studies conducted by Academic institutions at the requests of the NITAGs.
- Number of standing meetings/yr. between NITAG chair (et al) and MoH focal point (target: at least 1)

4.1.2 Access to evidence and products pillar

The Access to evidence and products pillar aims to ensure that NITAG members have access to global and locally relevant evidence to inform their decision making. The ToC for Access to evidence and products is depicted in the diagram below followed by a narrative description.

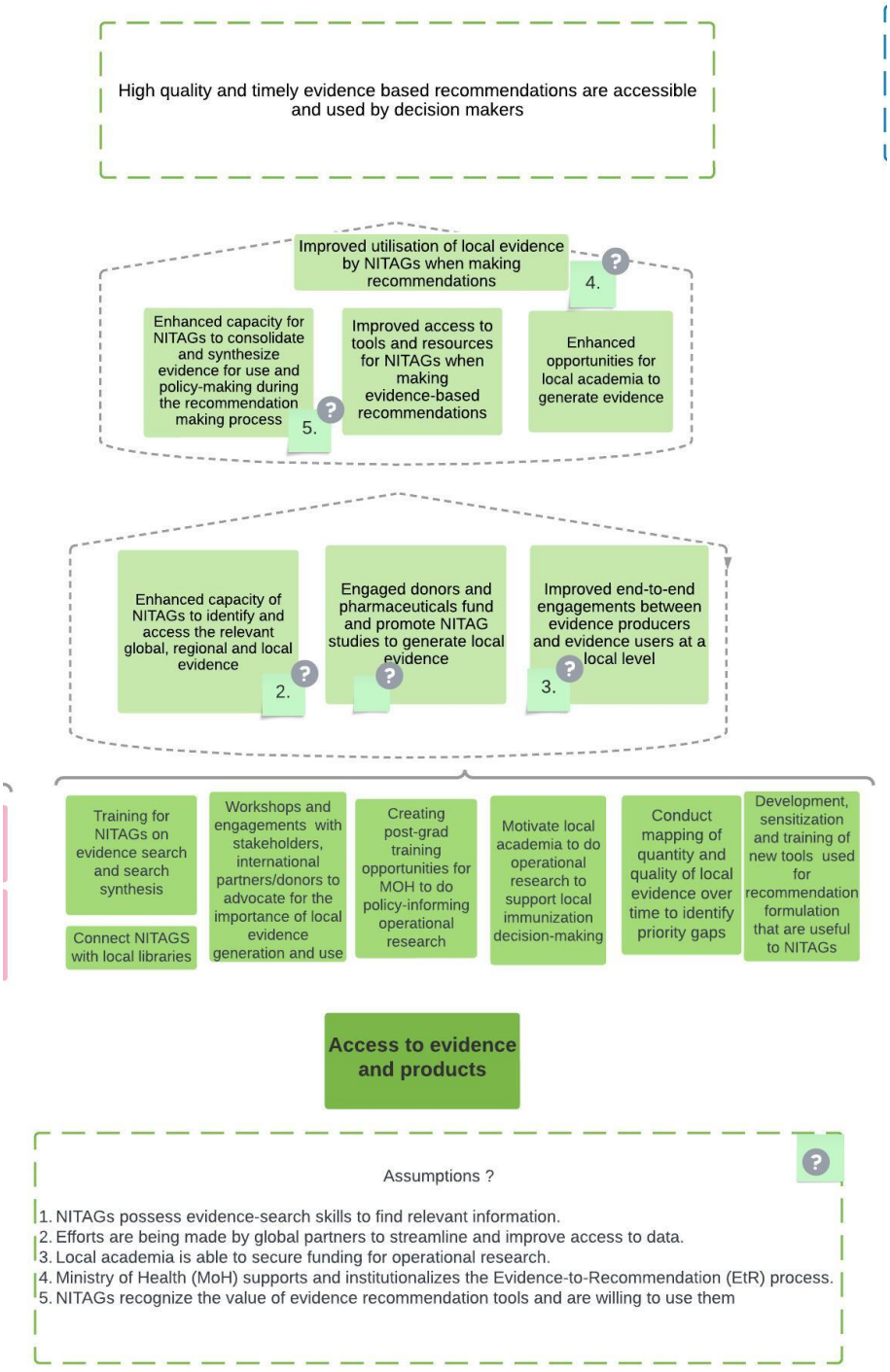

Figure 5 Theory of change for Access to evidence and products.

Description of interventions

The partners offer a range of interventions under three main categories namely: training of NITAG members; workshops and postgrad opportunities for stakeholders; and mapping of local evidence and research.

The list of interventions below summarises the wide range of interventions that emerged in discussion during the workshop. It is not exhaustive.

- Training for NITAGs on evidence search and evidence synthesis.
- Connect NITAGs with local librarians.
- Workshops and engagements with international partners (e.g. WHO)/donors to advocate for the importance of local evidence generation and use.
- Creating post-grad training opportunities for MOH do policy-informing operational/implementation research.
- Motivate local academia to do operational research to support local immunization decision-making.
- Conduct mapping of quantity and quality of local evidence over time to identify priority gaps.
- Development, sensitization and training of new tools used for recommendation formulation that are useful to NITAGs.

Outcomes

The interventions identified above are expected to lead to the following outcomes for access to evidence and products pillar.

Immediate outcomes: With the training, mapping, 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.
- Engaged donors and pharmaceutical companies will fund and promote NITAG (initiated/requested?) studies to generate local evidence.
- Improved end-to-end engagements between evidence producers and evidence users at a local level.

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.

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

Assumptions

There are a number of important assumptions that underpin the success of these interventions and outcomes. These are:

From intervention to outcomes:

- NITAGs possess evidence-search skills to find relevant information.
- Local academia is able to secure funding for operational research.

- Efforts are being made by global partners to streamline and improve access to data.

From immediate to intermediate outcomes:

- NITAGs recognize the value of evidence to recommendation tools and are willing to use them.
- MoH supports and institutionalizes the Evidence-to-Recommendation (EtR) process.

Learning questions

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

The following learning questions have been identified to link to these assumptions above.

Table 2 Learning questions for Access to evidence and products.

Outcome	Assumption	Learning questions
High-quality and timely evidence-based recommendations are accessible and used by decision-makers	The value of tools in evidence recommendation is clearly demonstrated to NITAGs and they are interested in using the tools.	• What are the available tools that NITAGs can use for evidence to recommendation? • How many tools are there for you to use and how often have you used the tools? • How can NITAGs be motivated to use the tools? • Are the tools helping you as NITAGs? • How have the tools improved NITAG's efficiency in making evidence-based recommendations?
	NITAGs have evidence search skills, and these improved search skills strengthen access to compiled evidence. There is the availability of compiled evidence source	• With your available knowledge were you comfortable in accessing the evidence? • What are the compiled evidence sources available that are relevant to NITAGs? • Are you familiar with the various repositories available to NITAGs? • What are the various repositories? • How are NITAGs accessing evidence sources? and which evidence sources? (how are NITAGs doing this before the training?) • Has there been any improvement in accessing evidence after the training? • What are the challenges that NITAGs face in accessing evidence sources?
	It is challenging for local academia to identify and access funding opportunities to conduct operational research for local data generation. With funding, local academia are willing to conduct operational research for local data generation.	• What current sources of funding are available to support local academia in data collection, etc for your operational research? • Is the NITAG partnering with academic institutions to conduct research? • Which academic and research institutes are producing operational researchers at a national level? • Is there a pipeline of recent and relevant research available and shared with researchers in advance to help them secure resources? • Is your NITAG involved in horizon scanning? (future activities in the sector)

		• Is there a curated list that can be shared with academia on funding opportunities available? • Is there academia that can and have the technical and operational resources to conduct relevant/required researches for NITAGs? (partnering) • Are they able to identify the different research topics associated with vaccine introductions? do you have a strategic plan for different vaccines required over time? and what research is available to support this plan?

Potential indicators

The list below is derived from the outcomes in the detailed theory of change that emerged during the co-creation process and can be used to inform the development of indicators in the future.

- Utilization rate for the databases by NITAG members.
- Number of NITAGs using these tools for making evidence-based recommendations.
- Number of tools that are classified as very useful and listed in the compendium for NITAGs in making evidence-based recommendations.
- Funding opportunities available annually for local academia stratified by types of funding agencies.
- Number of NITAGs trained in evidence search, synthesis, and forming recommendations in the African region annually.
- Number of NITAGs connected to librarians.

4.1.3 Coordination and support to NITAGs pillar

The coordination and support to NITAGs pillar has two pathways namely, an establishment pathway and a coordination pathway. The ToC for NITAG coordination and support is depicted in the diagram below followed by a narrative description.

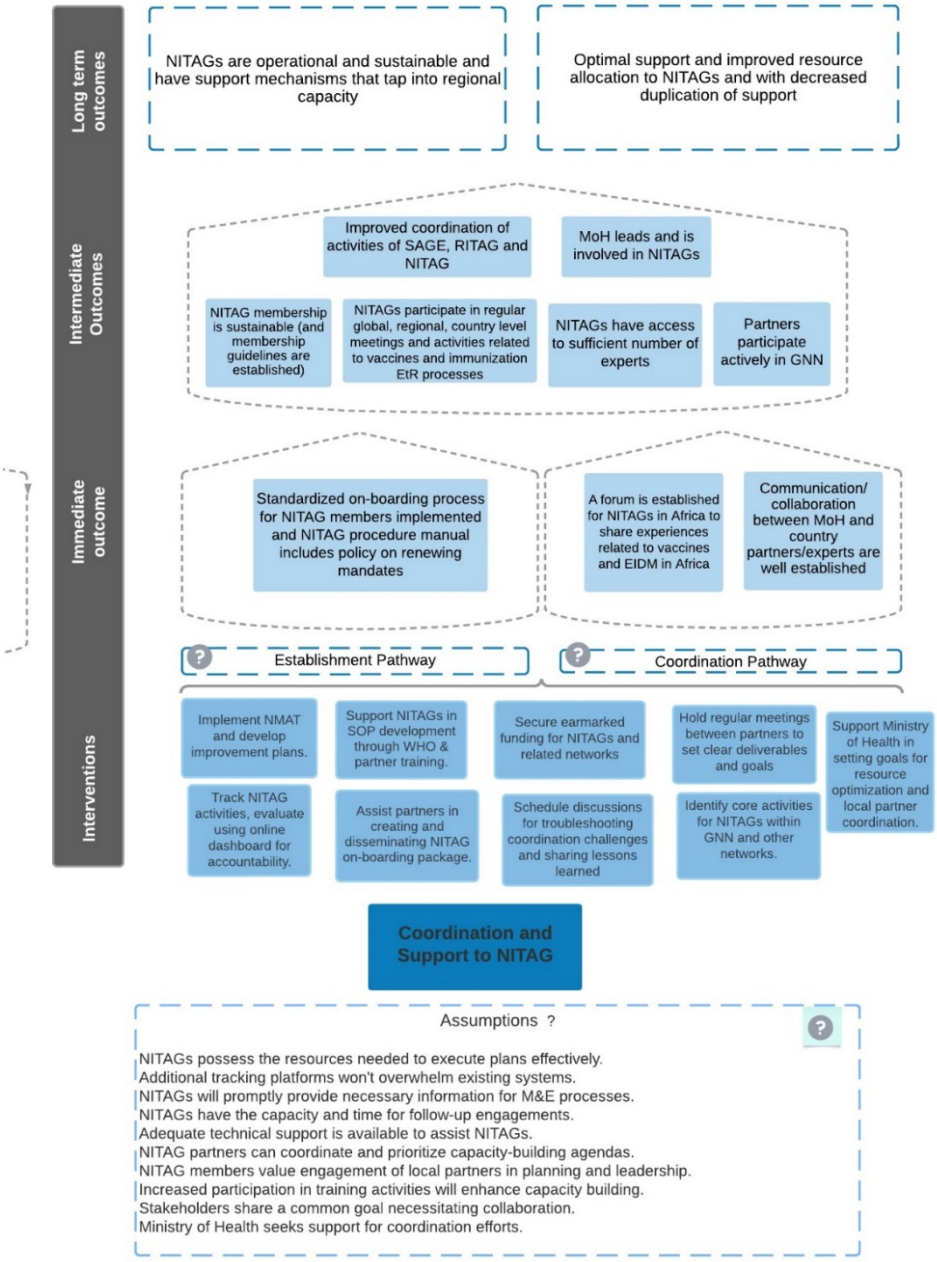

Figure 6 Theory of change for Coordination and support to NITAGs.

Description of interventions

The list below summarises the wide range of interventions for both the establishment and coordination pathways that emerged in discussion during the workshop. It is not exhaustive.

- Implement NITAG Maturity Assessment Tool and develop improvement plans.
- Track NITAG activities, evaluate using online dashboard for accountability.
- Support NITAGs in SOP development and the EtR process through WHO & partner training.
- Assist partners in creating and disseminating NITAG on-boarding package.

- Secure earmarked funding for NITAGs and related networks
- Schedule discussions for troubleshooting coordination challenges and sharing lessons learned.
- Hold regular meetings between partners to set clear deliverables and goals.
- Identify core activities for NITAGs within GNN and other networks.
- Support MoH in setting goals for resource optimization and local stakeholder coordination.

Outcomes

The interventions identified above are expected to lead to the following outcomes for access to evidence and products pillar.

Immediate outcomes: With support for establishment and coordination with partners the immediate outcomes will be:

- Standardized on-boarding process for NITAG members implemented and NITAG procedure manual includes policy on renewing mandates and EtR process.
- A forum is established for NITAGs in Africa to share experiences related to vaccines, Evidence Informed Decision Making (EIDM), and EtR process in Africa
- Communication and collaboration between MoH and country stakeholders/experts are well 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.

Assumptions

The assumptions for this pathway were all mapped at the intervention to immediate outcome level:

- NITAGs possess the resources needed to execute plans effectively.
- Additional tracking platforms won't overwhelm existing systems.
- NITAGs will promptly provide necessary information for M&E processes.
- NITAGs have the capacity and time for follow-up engagements.
- Adequate technical support is available to assist NITAGs.
- NITAG partners can coordinate and prioritize capacity-building agendas.
- NITAG members value engagement of local stakeholders in planning and leadership.
- MoH seeks support for coordination efforts.
- Stakeholders share a common goal necessitating collaboration.

Learning questions

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

The table that follows captures the learning questions based on assumptions in the ToC.

Table 3 Learning questions for Health Ecosystems

Outcome	Assumption	Learning questions
Establishment pathway: NITAGs are operational and sustainable and have support mechanisms that tap into regional capacity	There is sufficient technical support available to guide NITAGs	• Does the secretariat provide you with sufficient and optimal support in the process? • Do you find the support provided through the NISH or Task Force for Global Health appropriate to your needs? • What kinds of technical support are needed to support NITAGs? • What internal technical capacity do NITAGs have to issue evidence-based recommendations? (to ask NITAGs, Secretariate, NISH) • Who hosts the Secretariat of your NITAG? (MOH, research or academic institution) • How do you engage with the local experts to enhance your technical capacity as a NITAG? • Do Secretariates have sufficient resources (HR and others) to provide support to the NITAGs?
Coordination pathway: Coordination mechanisms between partners ensure no duplication of support and optimal support and improve resource mobilisation	NITAG partners have the agency to coordinate and set agendas aimed at increasing capacity	• Do NITAGs have the decision making capacity to set the agenda? • Do they have the resources, legitimacy? • National level: Which entities are involved in coordination and supporting the work of NITAGs? • What are the processes in place for NITAGs to set agendas and workplans for the year? • National: Do stakeholders influence the setting of the national agenda of the NITAGs? • What are the coordination mechanisms for NITAGs at national, regional and local levels? • Are the present coordination mechanisms sufficient? do you need more?

Potential indicators:

The list below is derived from the outcomes in the detailed theory of change that emerged during the workshop and can be used to inform the development of indicators in the future.

- % of NITAGs in forum participating in x events
- Extent to which NITAGs participate in the forum (description of levels of participation)
- Number of expected key meetings and then count the number of meetings completed.
- Number of experts on NITAGs; Number of NITAG workgroups; number of types of experts and disciplines represented
- Number of NITAGs reporting improved coordination in their context

- Number of MOH members actively involved in NITAG meetings (ex-officio members and secretariat)
- Number of NITAGs participating in meetings (diss by country, region, type of meeting)
- Number and description of NITAGs presenting in relevant network meetings.
- Number of times the NITAG protocol has been updated.
- Number of NITAGs reporting challenges and lessons learned in collaboration with local stakeholders
- Number of meetings (set goal for check in meetings per fiscal year)
- Establish # of steps and then count the # of steps achieved at the time of onboarding by NITAG

4.1.4 Emerging lessons and good practice pillar

The emerging lessons and good practice pillar focuses on supporting the sharing of best practices and exchange of information by NITAGs across Africa. The ToC for emerging lessons and good practice is depicted in the diagram below followed by a narrative description.

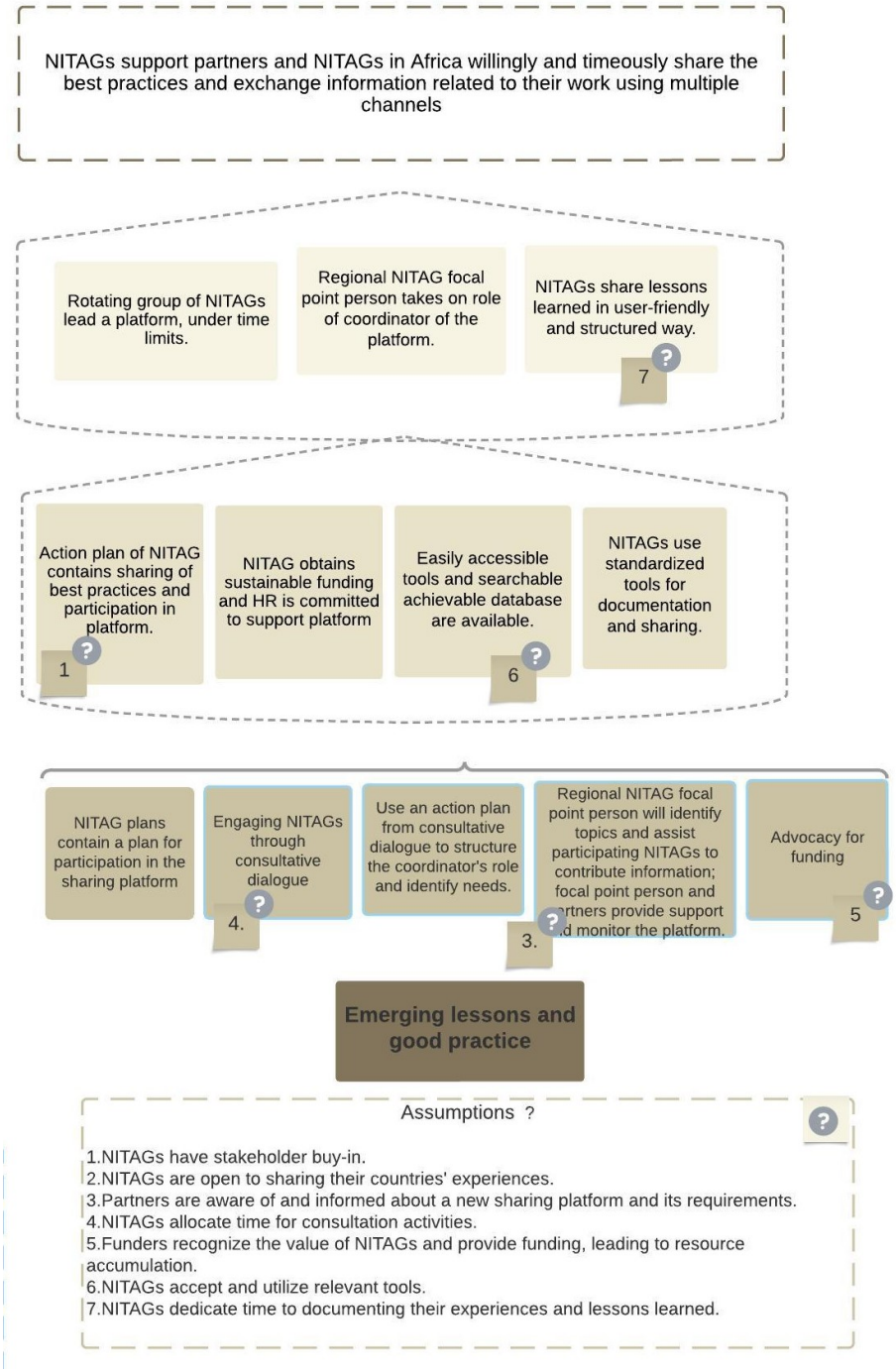

Figure 7 Theory of change for Emerging lessons and good practice.

Description of interventions

The list below summarises the key interventions that emerged in discussion during the workshop. It is not exhaustive.

- NITAG plans includes a plan for participation in the sharing platform.
- Engaging NITAGs through consultative dialogue.
- Use an action plan from consultative dialogue to structure the coordinator's role and identify needs.

- Regional NITAG focal point person will identify topics and assist participating NITAGs to contribute information; focal point person and partners provide support and monitor the platform.
- Advocacy for funding.

Outcomes

The interventions identified above are expected to lead to the following outcomes for the emerging lessons and good practice pillar.

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.

Assumptions

There are a number of important assumptions that underpin the success of these interventions and outcomes. These are:

From intervention to outcomes:

- Partners are aware of and informed about a new sharing platform and its requirements.
- NITAGs allocate time for consultation activities.
- Funders recognize the value of NITAGs and provide funding, leading to resource accumulation.

From immediate to intermediate outcomes:

- NITAGs have stakeholder buy-in.
- NITAGs accept and utilize relevant tools.
- NITAGs dedicate time to documenting their experiences and lessons learned.

Learning questions

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

The table that follows captures the learning questions based on assumptions in the ToC.

Table 4 Learning questions for emerging lessons and good practice

Outcome	Assumption	Learning questions

African countries share best practices and exchange information on their NITAG work.	Funders and other stakeholders see value in NITAGs	• Is the government funding NITAGs? • Does the government use and implement the recommendations made by NITAGs? • Do donors or funders support your activities and to what extent? • Did the NITAG demonstrate their value to the government or donors? how did they do this? what impact did they see? • Does funding bias the work or agendas being set by NITAGs? • What value do funders/all stakeholders see in NITAGs? • If funders/stakeholders do not see the value in NITAGs what is the reason?
	NITAGs are willing to share experiences of their countries	• Are there reasons that prevent NITAGs from sharing their country's decision-making processes? (e.g. political sensitivities) • What are the current strategies that NITAGs use to share their experiences? • Does the NITAG have a website and publications?

Potential indicators:

The list below is derived from the outcomes in the detailed theory of change that emerged during the workshop and can be used to inform the development of indicators in the future.

- Number of meetings/opportunities where lessons learned are achieved and # of NITAGs that attend per meeting (this would be a disaggregate of the above indicator)
- Number of regional NITAG focal point persons that take on the role of coordinator per platform.
- Number of lessons learned products developed.
- Number of lessons learned disseminated through relevant channels (dissemination events, documents etc)
- Number of NITAGs reporting accessibility of tools and database
- Number of action plans developed per NITAG; # of action plans achieved (disaggregate of above indicator)
- Number of funding opportunities applied for; Number of funding applications successfully granted (by NITAGS/regions)
- Number of funding advocacy activities completed per fiscal year.
- Number of tools created; # of tools used (disaggregate of the above indicator)
- Qualitative: ask NITAGS which tools were helpful, if they used it, which ones should be retired and why

5 Recommendations

- The Toc provides a foundation from which to develop an MEL plan with a clear set of indicators, data sources, plan for data collection, analysis and learning.

- The learning questions provide a foundation for the development of a framework which provides more detail on how the partners will be learning together to think again about the Theory of change and assumptions that underpin the partner's work.
- The learning questions can also be used when developing an evaluation terms of reference.

Annexure 1: Full agenda

Dear Partners supporting NITAGs,

We are looking forward to our series of four online workshops to co-creating a Theory of Change and learning questions for the partners supporting NITAGs.

Our process will run over four online sessions and the dates, times and agenda items are captured in the table below.

We will use Zoom for our online sessions. You will use the same link for every session that you will attend: https://us02web.zoom.us/j/81623470902?pwd=amlaRStPcVpZM3M1SGVoSHhYZk1oUT09

Date	Time	Agenda items covered
Tuesday 26 March	14h00-17h30 SAT	Session 1: Welcome, introductions, agenda Introduction to ToC and step by step process Stakeholder analysis Step 1: identifying the long term goals and preconditions for achieving change
Wednesday 27 March	14h00-17h30 SAT	Session 2: Step 2: Mapping pathways of change Step 3: Identifying interventions
Wednesday 3 April	14h00-17h30 SAT	Session 3: Step 4: Mapping assumptions Step 5: Indicators and means of verification
Thursday 4 April	14h00-17h30 SAT	Session 4: Using MEL information Co-creating a research, evaluation and learning agenda Closure

Please let us know if you have any questions or challenges with any of the above details. Our contact details are as follows:

Cathy Chames – Senior Consultant and Managing member: cathy@southernhemisphere.co.za

Petronella Ncube – MERL Practitioner: petronella@southernhemisphere.co.za

Adele Chaplain - Training Coordinator: adele@southernhemisphere.co.za

Annexure 2: Participant list

#	Name	Organization represented
1	Francis Layla	Benin NITAG
2	Abigail Shefer	U.S. CDC
3	Rena Fukunaga	CDC/GHC/GID
4	Cindy Chiu De Vazquez	GAVI
5	Nhamo Gonah	Global NITAG Network & NITAG-Zimbabwe
6	Louise Henaff	Global NITAG Network & WHO-HQ
7	Chantel Le Fleur-Bellerose	NISH
8	Benjamin Kagina	NISH
9	Gregory Hussey	NISH
10	George Armah	NITAG-Ghana
11	Kathy Cavallaro	Task Force for Global Health (TFGH)
12	Diana Kizza	UNICEF MENA
17	Elizabeth O. Oduwole	VACFA/NISH, UCT
13	Mark Whittaker	Wellcome
14	Sidy Ndiaye	WHO- AFRO
18	Gerald Sume	WHO- EMRO
15	Wedyan Meshreky	WHO- EMRO
16	Messeret Eshetu Shibeshi	WHO-IST- Southern Africa

Annexure 3: Stakeholder analysis

Stakeholder	Problems	Interests	Potential	Linkages	Action
	What concerns do they have/share concerning your project? (partners who support NITAGS in Africa)	**What do they want from the project?**	**What might they bring to the project? (positive or negative)**	**Are there any points of:** **Conflict?** **Co-operation?** **Dependency?**	**Based on your analysis, is there any specific action you want to take with this stakeholder?**
Ministries of Health, Finance, Education etc	MoH: Will NITAGs take away their decision-making power away? MoE: Being custodians of children while at school, they would be concerned at how any vaccine interventions (specifically school-based campaigns) would disrupt the teaching schedules. MoF: Sufficient resources for a growing number of vaccines.	MoH: Clear evidence-based recommendations, the impact of the interventions (this includes the survival of patients or lives saved which would show that the programs are effective) MoE: Improved health in pupils, herd immunity, clarity in their role MoF: Cost-benefit of any decision (switch, NVI, product choice), sustainability.	MoH: They can accept or decline the recommendations. MoE: They could enable the implementation of the additional delivery mode in schools (e.g. signing of consent forms) MoF: Budgetary Allocation	TBD	TBD
NITAG members	Need more training on certain skills Time (members are usually busy juggling many responsibilities) Data gaps (locally available data to inform decisions)	Capacity Building Strategies for filling data gaps Credibility and recognition of their role among other stakeholders	TBD	TBD	TBD
Civil society organisations	How vaccine interventions will impact their work	Clarity of their role	TBD	TBD	TBD

	What their role (voice)would be in influencing decision-making The risk of influence with misinformation by the media interplay with CSOs	Strategies to deal with the risk of misinformation Confidence in the safety and effectiveness of selected vaccines (cross-cutting across all stakeholders), to be able to communicate that to the communities they work with			
Academia	Their role in data generation, analysis/collection /evidence and research priorities identified by NITAG	Clarity on research priorities Clarity of their role Sufficient (lead time),	TBD	TBD	TBD
Global health agencies (WHO, UNICEF)	To have functional NITAGs established in all countries globally.	To explore how the international community and organizations can support NITAG assessments and strengthening the region, and to advocate donor/country self-funding for NITAG strengthening activities.	Continue to advocate for NITAG establishment and strengthening in all regions.	WHO plays a key convening role in bringing all the partners together including UNICEF, Gavi, and other partners. Different GH agencies bring in different mandates and technical/logistical/financial support - interdependent. WHO is dependent on MoH and MoF, therefore, conflict may arise when WHO and MoH/MoF have differences in opinions.	To focus efforts on countries in AFRO with no NITAG established, the functionality of NITAGs is limited due to lack of dedicated government funding, resulting in non-optimal maturity levels (COI, making recommendations and public recognition low)
Big Pharma	Pharma's interest in sales was a primary goal. This should be premised on scientific evidence and where such evidence is lacking, NITAGs work and that of the Pharma could	The future of vaccines is based on the problem and interests of the countries to issue policies on the use of specific vaccines e.g. vaccine switches	Data generation /evidence generation	Great level of competition and less collaboration than among global health agencies. Also, availability of locally manufactured vaccines	TBD

	be different. Countries' interests should always be preserved.				
Professional bodies / Content experts	Recommendations of NITAG may not be harmonized with their recommendations	May want a more prominent role in the decision-making. A high quality, more robust NITAG could (a) help promote the prof body and (b) make their job easier.	Backing by professional bodies could improve or elevate the credibility and acceptability of the NITAG recommendations.	When recommendations of NITAGs conflict with professional bodies. When recommendations of Prof body are unrealistic.	Bring them into the process of decision-making early to better understand their concerns/views.
Donors e.g. BMGF	If recommendations are not aligned with their indicator or priorities, e.g., they may slow down the introduction of new vaccines. If the requirements of the donor are not aligned with the recommendations of the NITAGs	If the NITAG helps achieve the donor indicators	Funding and support to access resources. Improves accountability.	Conflict regarding timelines and expected outcomes. Unexpected demand on countries to meet donor indicators e.g. NVI. Conflict in priorities between donors and country/NITAGs	Aim to get buy-in (early) from the donors and a clear understanding of needs, priorities, and timelines

Annexure 4: Summary of Theory of Change