COURSE REPORT

NISH

National Immunization Technical Advisory Group (NITAG) **Support Hub**

5th Annual Vaccinology Course for NITAGs

Cape Town, South Africa

25-29 May 2026

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD
HEALTH SCIENCES

VACFA vaccines for africa

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Part A: Summary Information

Course name

The 5th Annual Vaccinology Course for NITAGs

Host organization

The NITAG Support Hub (NISH), Vaccines for Africa Initiative (VACFA), University of Cape Town

Course venue

Lagoon Beach Hotel, Cape Town, South Africa

Countries represented

Republic of Congo, Mali, Democratic Republic of Congo, Burundi, Ghana, Sao Tome & Principe, Egypt, South Africa and Sudan.

Organizing Committee

A/Prof. Benjamin Kagina (Director, NISH and Co-Director, VACFA)
Dr Edina Amponsah-Dacosta (Senior Research Officer)
Ms Alana Keyser (Project Manager)
Mrs Xolie Ndlela (Administrative Officer)
Mr Saleem Satardien (e-Learning Specialist)
Ms Petronella Ncube (MLE Specialist)
Dr Ramonde Patientia (Senior Research Officer)

Course co-conveners

A/Prof. Benjamin Kagina
Prof. Rudzani Muloiwa
Prof. Gregory Hussey
Dr Edina Amponsah-Dacosta

Primary contact information

A/Prof. Benjamin Kagina
VACFA-NISH
School of Public Health
Faculty of Health Sciences
University of Cape Town
Email: benjamin.kagina@uct.ac.za

Address

Room N2.09, Wernher and Beit North Building, Institute for Infectious Diseases and Molecular Medicine (IDM), Faculty of Health Sciences, University of Cape Town
Anzio Road, Observatory, Cape Town, 7925

Part B: Narrative Information

1. Planning

The 5th Annual Vaccinology Course for NITAGs (AVCN) was held from 25-29 May 2026 at Lagoon Beach Hotel in Cape Town, South Africa. The course was hosted by the NITAG Support Hub (NISH), Vaccines for Africa Initiative (VACFA), University of Cape Town. The 2026 course brought together NITAG representatives from Republic of Congo, Mali, Democratic Republic of Congo, Burundi, Ghana, Sao Tome & Principe, Egypt, South Africa and Sudan.

The course built on previous AVCN engagements by combining core vaccinology content with topics responding to evolving NITAG needs. The programme included sessions on global, regional and national sources of evidence, NISH LibGuides, the GRADE approach, epidemiology, immunology, adverse events following immunization, antimicrobial resistance, financing, zero-dose children, life-course immunization, vaccine switches, economic evidence, mathematical modelling, vaccine confidence, information disorder, maternal vaccination, vaccine prioritisation and equity.

As in previous years, the course used a combination of expert presentations, NITAG country introductions, facilitated discussions, daily reflections, question-and-answer sessions and networking opportunities. Participant feedback indicates that the course generated substantial discussion on the practical role of NITAGs in evidence-informed decision-making, including how NITAGs relate to Ministries of Health, access and use evidence, communicate recommendations, respond to outbreaks, and engage with emerging decision-making tools.

Participant Profile, Interpretation Arrangements and Logistics

A total of 47 participants attended the 5th AVCN, representing nine African countries: Republic of Congo, Mali, Democratic Republic of Congo, Burundi, Ghana, Sao Tome & Principe, Egypt, South Africa and Sudan (*see Figure 1*). Participating countries were selected in close collaboration with WHO AFRO and EMRO, with consideration given to including NITAGs at different levels of maturity and functionality. This mix enables NITAGs with varying capacities and experiences to learn from one another, strengthening peer exchange and cross-country learning throughout the course.

Participants represented a diverse range of immunization stakeholders, including National Immunization Technical Advisory Group (NITAG) leadership, NITAG members, NITAG secretariats, Expanded Programme on Immunization (EPI) representatives, NITAG liaison personnel, World Health Organization (WHO) representatives (including the African and Eastern Mediterranean regional Offices) and other immunization stakeholders.

To enhance inclusive participation from Anglophone, Francophone and Lusophone countries, interpretation services were provided throughout the course. Simultaneous interpretation was available in English, French and Portuguese, enabling participants to engage fully in plenary discussions, presentations and interactive sessions without language barriers. Interpretation services were delivered through a combination of professional interpreters and artificial intelligence-assisted interpretation technology, with participants accessing the interpretation channels through their personal devices using headsets or earphones.

The course provided a platform for peer learning, networking and knowledge exchange among NITAG representatives from across the African region while strengthening capacity in vaccinology, evidence-informed decision-making and immunization policy development.

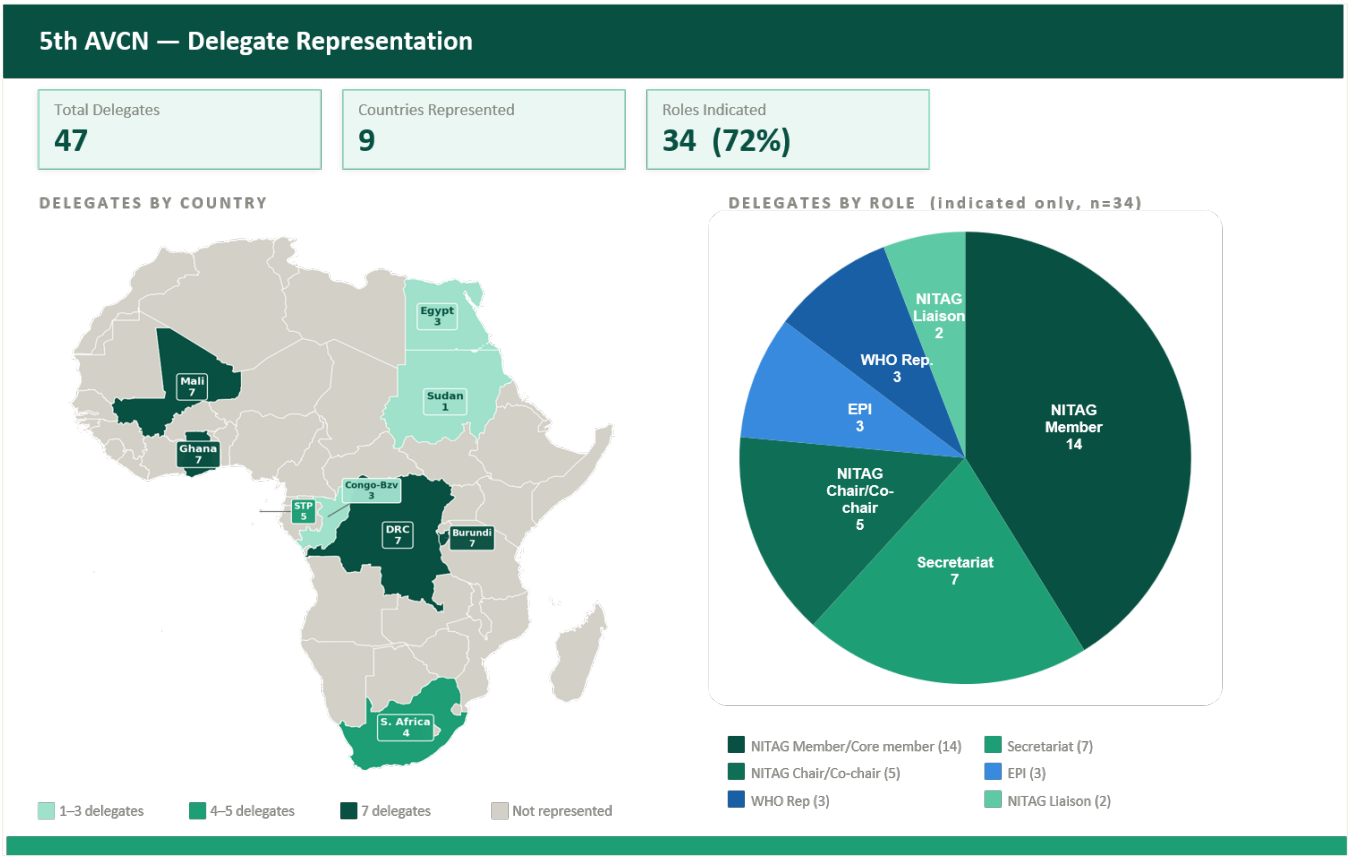


Figure 1. Delegate representation by country and participant category at the 5th Annual Vaccinology Course for NITAGs (AVCN), Cape Town, South Africa, 25–29 May 2026.

2. Pre-course Preparation and Participant Engagement

To maximise the value of the in-person course and establish a common foundational understanding among participants, delegates were required to complete a series of preparatory activities prior to attending the 5th AVCN.

As part of the pre-course requirements, participants were expected to complete three self-paced online courses developed by the NITAG Support Hub (NISH):

- **Basic Epidemiology for NITAGs**
- **Basic Immunology for NITAGs**
- **Communication Skills for NITAGs**

These courses were specifically designed to strengthen foundational competencies required for evidence-informed immunization decision-making and to ensure that participants entered the course with a shared understanding of key vaccinology concepts.

As shown in Figure 2, of the 47 participants who attended the AVCN in person, 40 enrolled in one or more of the required online courses. Completion data indicated that 32 participants completed all three mandatory pre-course modules prior to attending the course. While uptake of the online learning platform was high, not all participants completed the full set of required preparatory activities before the course

commenced. These findings may inform future AVCNs, including consideration of mechanisms to support and monitor completion of pre-course requirements prior to participant attendance.

In addition to completing the online courses, delegates were required to:

- Complete a **pre-course evaluation**, which assessed baseline knowledge, learning needs and expectations for the course.
- Prepare and deliver a **country NITAG presentation**, providing an overview of their NITAG structure, membership, governance arrangements, achievements, challenges and priority areas for support.
- Complete a **post-course evaluation** at the conclusion of the course to assess knowledge gained, participant satisfaction and the perceived usefulness of the training.

5th AVCN Online Pre-Course Summary

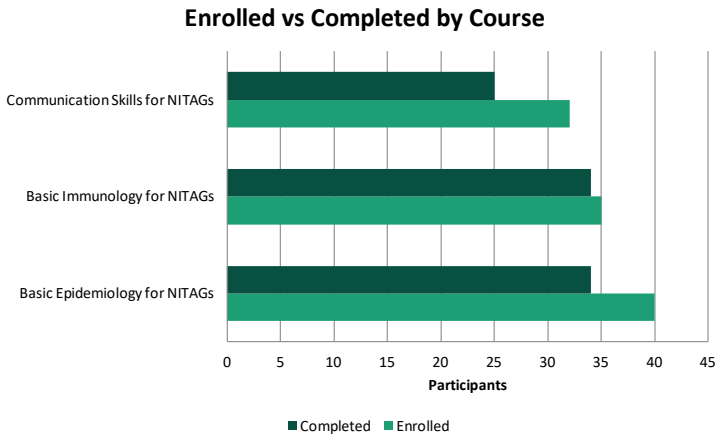
Total Participants	Countries Represented	Total Enrolments	Completed	Overall Completion
40	9	107	93	86,9%

COMPLETION BY COURSE

Course	Enrolled	Completed	Incomplete	Completion Rate
Basic Epidemiology for NITAGs	40	34	6	85,0%
Basic Immunology for NITAGs	35	34	1	97,1%
Communication Skills for NITAGs	32	25	7	78,1%
TOTAL	**107**	**93**	**14**	**86,9%**

ENROLMENTS BY COUNTRY

Country	Participants	Enrolments	Completed	Rate
Burundi	7	19	16	84,2%
DR Congo	6	18	15	83,3%
Mali	6	17	14	82,4%
Ghana	6	18	14	77,8%
Egypt	5	14	14	100,0%
Sao Tome & Principe	4	12	11	91,7%
Congo	3	3	3	100,0%
Sudan	2	3	3	100,0%
South Africa	1	3	3	100,0%



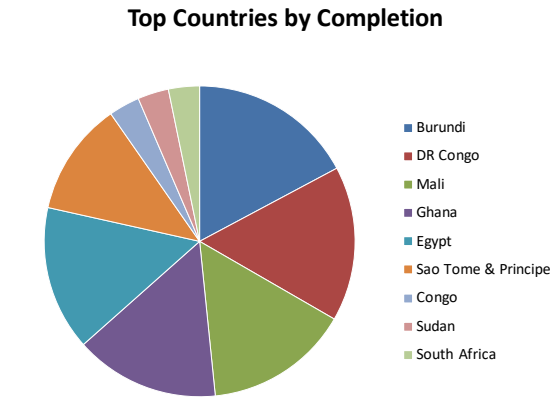


Figure 2. Summary of pre-course online learning participation and completion, showing enrolment and completion by course and participating country.

The country presentations formed an important component of the programme and facilitated peer learning among participating NITAGs. These presentations provided an opportunity for delegates to share experiences, discuss common challenges and identify opportunities for collaboration and mutual support. The presentations also helped contextualise subsequent discussions throughout the week by highlighting the diverse policy, governance and operational environments within which African NITAGs operate.

The combination of online preparatory learning, pre- and post-course evaluations and country presentations contributed to a more interactive and participatory learning experience and supported the

course objective of strengthening evidence-informed decision-making capacity among NITAG members and secretariats.

3. Programme

The 2026 AVCN programme was structured over five days (*see Appendix A*). Day 1 introduced the NISH support offerings tailored to NITAG needs, sources of evidence, the NISH LibGuides, GRADE for NITAG decision-making, and NITAG support in the AFRO and EMRO regions. Days 2 and 3 focused on core scientific and programme implementation topics, including epidemiology, immunology, vaccine safety, antimicrobial resistance, immunisation financing, zero-dose populations, catch-up vaccination, life-course immunisation and vaccine switches. Day 4 focused on economic evidence, mathematical modelling, vaccine confidence and NITAG communication. Day 5 concluded with journey mapping, health systems considerations for new vaccine introductions, maternal vaccination, prioritisation of new and future vaccines, equity, final reflections and closure.

The programme also included dedicated sessions for introduction presentations from participating NITAGs throughout the week. These sessions provided a platform for NITAGs from each country to share their structures, governance arrangements, priority decision-making questions, relationships with Ministries of Health and experiences in responding to outbreaks or vaccine policy questions.

Throughout the programme, presentations were complemented by question-and-answer sessions and facilitated discussions. Discussions focused on practical aspects of NITAG functioning, including access to evidence, governance, epidemiological and immunological evidence, vaccine safety, financing, vaccine optimisation, mathematical modelling, vaccine confidence, communication and the application of evidence to immunisation policy and recommendation development.

4. Key learnings & insights

Day 1: Monday, 25 May 2026

Day 1 opened with welcome remarks and an introduction to the NITAG Support Hub (NISH). The session provided an overview of the support available to NITAGs, including resources related to evidence-informed decision-making and Evidence-to-Recommendation processes.

Country introductions commenced with presentations from the Democratic Republic of Congo and Mali. Discussions focused on NITAG governance arrangements, relationships with Ministries of Health, the role of NITAGs during outbreaks and emergency responses, and approaches used by countries to develop and communicate recommendations.

Sessions on global, regional and national sources of evidence explored the different forms of evidence used by NITAGs and challenges associated with accessing scientific literature. The NISH Library Guides session introduced participants to resources available through the platform and generated discussion on librarian support, literature searching and publication opportunities.

Additional sessions covered the GRADE approach and NITAG support mechanisms within the WHO African and Eastern Mediterranean Regions. Presentations from Egypt and the Republic of Congo provided further insight into NITAG structures and experiences in both countries.

Discussions throughout the day focused on evidence access, NITAG governance, support mechanisms available to NITAGs, publication opportunities and collaboration across countries.

Day 2: Tuesday, 26 May 2026

Day 2 began with reflections on the previous day and country presentations from Ghana and Sao Tome & Principe. These presentations generated discussion on NITAG membership, governance arrangements, relationships with academic institutions and current immunisation priorities.

The epidemiology session explored the use of surveillance systems, vaccine effectiveness monitoring and disease burden data in immunisation decision-making. Discussions included vaccine failure, surveillance requirements and the use of epidemiological evidence to support NITAG recommendations.

Sessions on basic immunology and the application of immunological concepts in vaccine decision-making covered immune responses, correlates of protection, waning immunity and vaccine schedules. Discussions included HPV vaccination schedules, sero-surveillance and the communication of immunological concepts within decision-making processes.

The session on adverse events following immunization (AEFIs) examined vaccine safety monitoring systems and coordination between NITAGs, regulators and immunisation programmes. The antimicrobial resistance session explored the relationship between vaccination, antibiotic use and antimicrobial resistance surveillance.

Discussions throughout the day focused on epidemiological evidence, immunological evidence, vaccine safety systems and antimicrobial resistance.

Day 3: Wednesday, 27 May 2026

Day 3 included sessions on immunisation financing, zero-dose children, catch-up vaccination, life-course immunisation, vaccine switches and outbreak recommendations.

The session on Gavi 6.0 explored issues relating to co-financing, sustainability and immunisation financing. Discussions considered financing arrangements, transition from Gavi support and broader financing considerations relevant to immunisation programmes.

Sessions on zero-dose children and the vaccination catch-up calculator examined approaches for identifying and reaching underserved populations. Discussions included digital tools, data requirements and integration with existing immunisation systems.

The life-course immunisation session explored vaccination beyond infancy, including adult vaccination and booster programmes. Discussions also considered financing approaches and implementation considerations.

Case studies from Zambia and Ethiopia were presented during the vaccine switches session. Discussions focused on implementation experiences, vaccine wastage, cold chain implications, monitoring activities and operational considerations associated with switching vaccine presentations.

Discussions throughout the day focused on immunisation financing, equity, vaccine optimisation and implementation considerations associated with programme changes.

Day 4: Thursday, 28 May 2026

Day 4 focused on economic evidence, mathematical modelling, vaccine confidence and communication.

The South Africa NITAG presentation generated discussion on membership arrangements, institutional memory, declaration of interests, working groups and collaboration with academic institutions.

The health economics session examined the role of economic evidence in vaccine policy development. Discussions included health technology assessment, economic evaluation methods, availability of expertise and opportunities for collaboration with academic institutions and regional networks.

Sessions on mathematical modelling introduced participants to modelling approaches used in immunisation decision-making. Discussions explored potential applications of modelling for vaccine introduction, optimisation and outbreak response, and countries identified several priority questions for which modelling support may be useful.

The afternoon sessions addressed vaccine confidence, information disorder and NITAG communication. Discussions explored social media, misinformation, disinformation, communication strategies and approaches for increasing the visibility of NITAG recommendations.

Discussions throughout the day focused on economic evidence, mathematical modelling, vaccine confidence and communication.

Day 5: Friday, 29 May 2026

The final day of the course focused on implementation considerations associated with vaccine policy decisions and future vaccine prioritisation.

The journey mapping session used vaccine switch case studies to examine implementation pathways and decision-making processes associated with programme changes. Discussions considered local evidence generation, implementation monitoring and post-implementation review.

The session on health systems considerations for new vaccine introductions explored factors influencing implementation and programme readiness. Discussions considered how decision-making questions are framed and the evidence required to support implementation planning.

The maternal immunisation session examined emerging maternal vaccines, burden of disease data, programme readiness and affordability considerations. Discussions also considered the relationship between maternal immunisation and vaccine prioritisation processes.

The vaccine prioritisation and optimisation session explored approaches used to prioritise new vaccines and immunisation strategies. Discussions considered the use of local evidence, regional evidence and modelling evidence in decision-making.

The final session on vaccines and equity examined equity considerations relevant to immunisation policy development and recommendation processes.

The course concluded with an after-action review, participant evaluations, certificate distribution and closing remarks.

5. Cross-cutting themes emerging from the course

- **Access to evidence sources and librarian support:** Participants repeatedly highlighted the need for improved access to scientific literature, practical training on literature searching and stronger links with librarians or academic institutions.
- **Language accessibility:** The need for more inclusive language support was raised in relation to online pre-course materials and evidence resources.
- **NITAG independence and Ministry relationships:** Country discussions highlighted the need for NITAGs to maintain independent technical advice while working closely with Ministries of Health.
- **Outbreak response:** Several discussions explored how NITAGs engage during emergencies such as Ebola and mpox, and how evidence can be assembled quickly for urgent recommendations.
- **Surveillance and local data:** Participants repeatedly raised the importance of high-quality surveillance systems, burden of disease data, and locally generated evidence.

- **Academic partnerships:** Many discussions pointed to the value of formal linkages between NITAGs and academic institutions, including for research, health economics, modelling and evidence synthesis.
- **Vaccine optimisation:** VPOP, vaccine switches, schedule changes and Gavi 6.0 financing pressures emerged as central themes across several days.
- **Health economics and modelling:** Participants recognised both the value and the difficulty of accessing these forms of evidence, especially in resource-constrained settings.
- **Communication and vaccine confidence:** Discussions emphasised the need for NITAG visibility, media engagement, communication capacity and strategies to address misinformation and disinformation.
- **Equity:** Equity emerged as a cross-cutting priority that should inform question framing, evidence assessment and recommendation development.

6. Course evaluation

Participants from the represented NITAG countries completed both the pre-course (45) and end-of-course (39) evaluation surveys. The surveys were administered in English, French, and Portuguese to ensure accessibility across all 3 language groups. The findings presented below reflect participant feedback on the course's content, structure, and areas for improvement, and provide an overview of the overall learning experience and perceived effectiveness of the course.

Data Analysis Approach

Data from the pre-course and post-course surveys were analyzed using a mixed-methods approach. Qualitative thematic analysis was conducted on open-ended responses relating to key lessons learned, anticipated application of course content, participant experiences, and recommendations for course improvement. Whereas the quantitative analysis focused on self-reported knowledge, familiarity, and understanding of key vaccinology and evidence-informed decision-making concepts. Ordinal response categories were converted into numerical scores (1–5 scale) to enable comparison of mean scores between the pre-course and post-course surveys. Changes in mean scores between baseline and end-of-course assessments were used as an indicator of perceived learning gains and increased confidence. The findings presented below reflect participant perceptions of changes in knowledge and intended practice following completion of the course as well as their overall course experience.

Course Experience

Overall, from the image below, respondents described their course experience using predominantly positive terms such as informative, insightful, relevant, and engaging (*Figure 3*). This reflects high levels of satisfaction and perceived value of the course as shown below.

Course Content and Application

Respondents expressed unanimous agreement that the course content was pitched at an appropriate level. Across all respondents, 100% agreed with 53% selecting "*Agree"* and 47% selecting "*Strongly Agree*" that the content was presented at the right level where it met their learning needs, even with varying levels of experience and backgrounds.

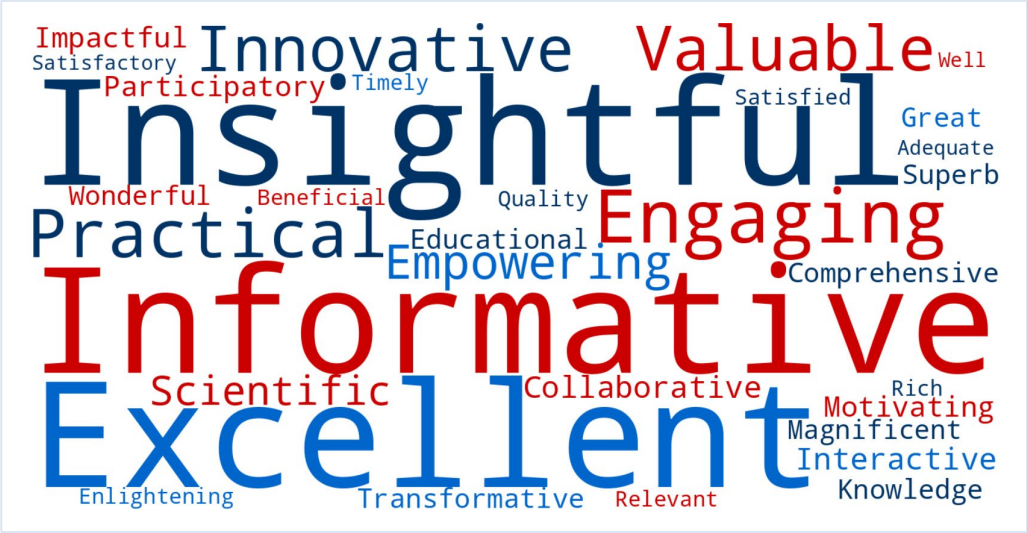


Figure 3. Word cloud illustrating participants' overall impressions of the 5th Annual Vaccinology Course for NITAGs based on end-of-course evaluation responses.

All respondents expressed plans to apply the knowledge and tools gained from the course in their respective national and institutional contexts. The key area of intended application is the VPOP (prioritization and optimization approaches), which were consistently described as a unified decision-support framework to strengthen vaccine decision-making processes, improve resource allocation, and support structured introduction and evaluation of vaccines within immunization programmes considering the funding cuts.

A second key area of intended application is mathematical modelling. Respondents stated plans to integrate these approaches into evidence generation, disease burden analysis, and vaccine policy development. Several responses highlighted the value of modelling in supporting informed immunization decisions, including its relevance to antimicrobial resistance (AMR) and broader public health planning. Another area worth mentioning is the intention to apply vaccine communication and advocacy, particularly in strengthening engagement with Ministries of Health, media, and broader communities to increase vaccine confidence and acceptance. The above feedback demonstrates intent to translate course learning into practical policy, planning, and advocacy actions.

Course Structure and Format

Although 90% of respondents reported that the time allocated for presentations, discussions, question-and-answer section and breaks was sufficient, allowing for in-depth discussions, 10% felt that the allocated time was insufficient.

Figure 4 shows that the course structure successfully balanced content delivery and participant engagement; however, some respondents felt that certain presentations were rushed and suggested additional time allocation for complex and/or high interest topics.

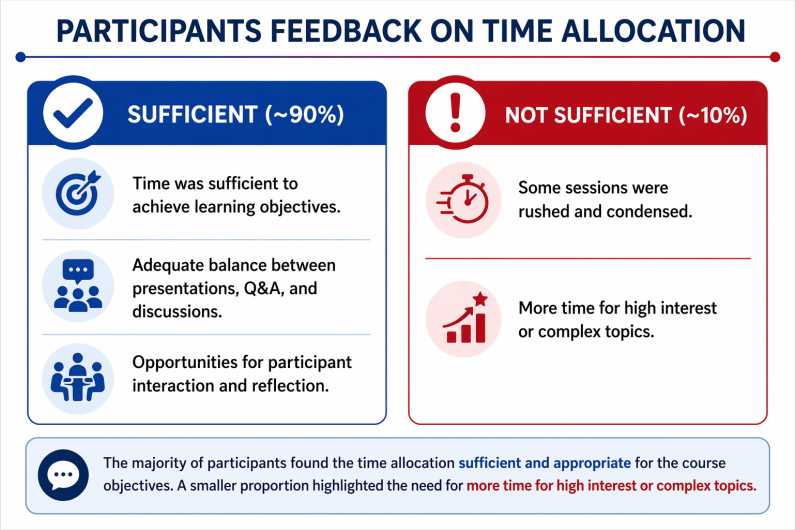


Figure 4. Participant perceptions of the adequacy of time allocated for presentations, discussions, question-and-answer sessions and breaks.

Due to the diversity of the participants, interpretation services were acquired for French and Portuguese. Respondents were asked to rate the effectiveness of both human and AI-supported interpretation to support their learning and engagement during the course.

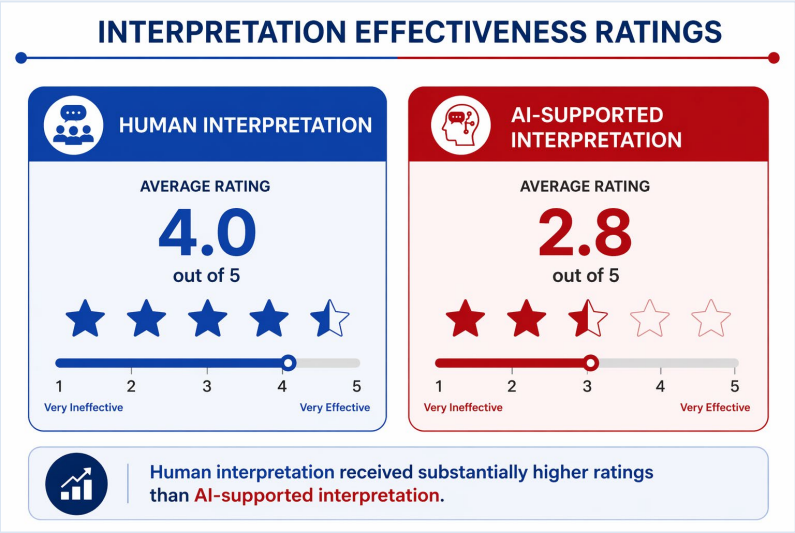


Figure 5. Participant ratings of human and AI-supported interpretation used during the course.

Figure 5 above shows that across all respondents, human interpretation received substantially higher ratings with an average of 4.0 out of 5 than AI-supported interpretation with an average of 2.8 out of 5. This finding was consistent across English, French and Portuguese-speaking participants, indicating a clear preference for human interpretation in accuracy and clarity during course discussions and technical presentations.

Lastly, respondents were asked to highlight what should be kept, improved, or added for future AVCN iterations. Figure 6 below summarizes these key points.

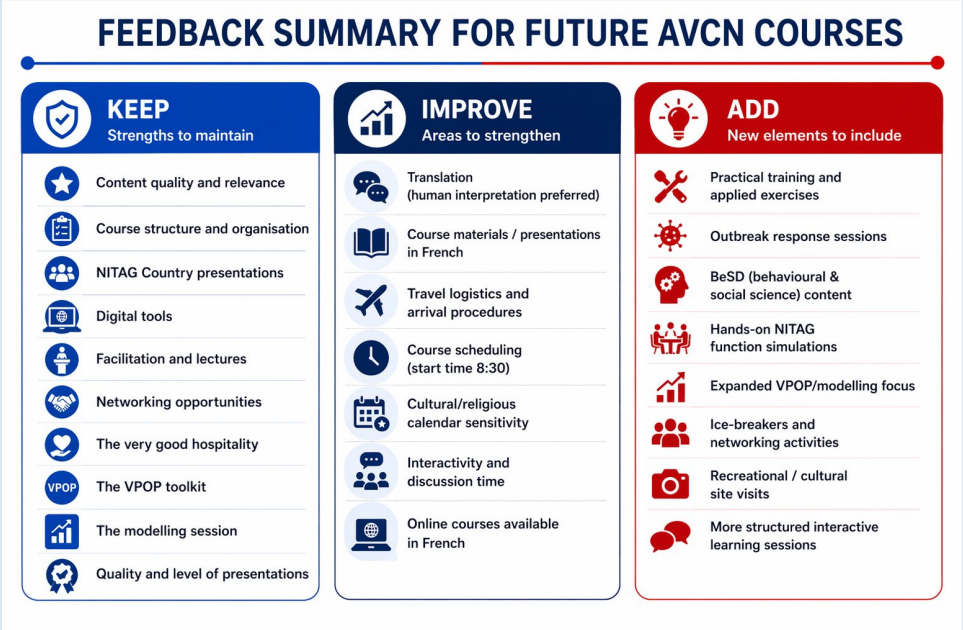


Figure 6. Participant suggestions on what should be maintained, improved or added for future Annual Vaccinology Courses for NITAGs.

As shown above, respondents expressed high satisfaction with the course content, particularly valuing the quality of presentations as well as the course structure. However, strengthening translated materials to all 3 languages as well as translation services and logistical arrangements were some of the improvement suggestions. Furthermore, practical, hands-on approaches as well as networking activities were some of the suggestions to add going forward. All these points will be considered when planning for the next AVCN in 2027.

Comparative Analysis of Pre- and Post-Course Findings

To assess course effectiveness, participants' responses from the pre-course and end-of-course surveys were compared across the core competency areas. Responses were converted to a five-point ordinal scale, and changes in mean scores were examined to identify shifts in participants' self-reported knowledge and understanding of the key concepts as shown in Table 1.

The highest improvement was observed in participants' expectation that structured evidence reviews tools, such as GRADE and Evidence-to-Recommendation (EtR), would be used within their NITAG processes following the training. As shown in Table 1, the mean score increased from 2.9 to 4.2 after the course, reflecting greater confidence in applying structured evidence appraisal approaches within national vaccine decision-making processes. Similarly, participants' understanding of immunological principles related to vaccination and immune response also improved with the mean increasing from 2.9 to 4.0. This might suggest that the course strengthened participants' foundational knowledge of vaccine immunology, which underpins evidence-informed immunization policy recommendations. In addition, confidence in interpreting modelling results related to vaccine impact showed one of the highest improvements, with the mean increasing from 2.6 to 3.6. This finding is consistent with the qualitative data, where mathematical modelling was among the most frequently cited concepts participants planned to apply in their work.

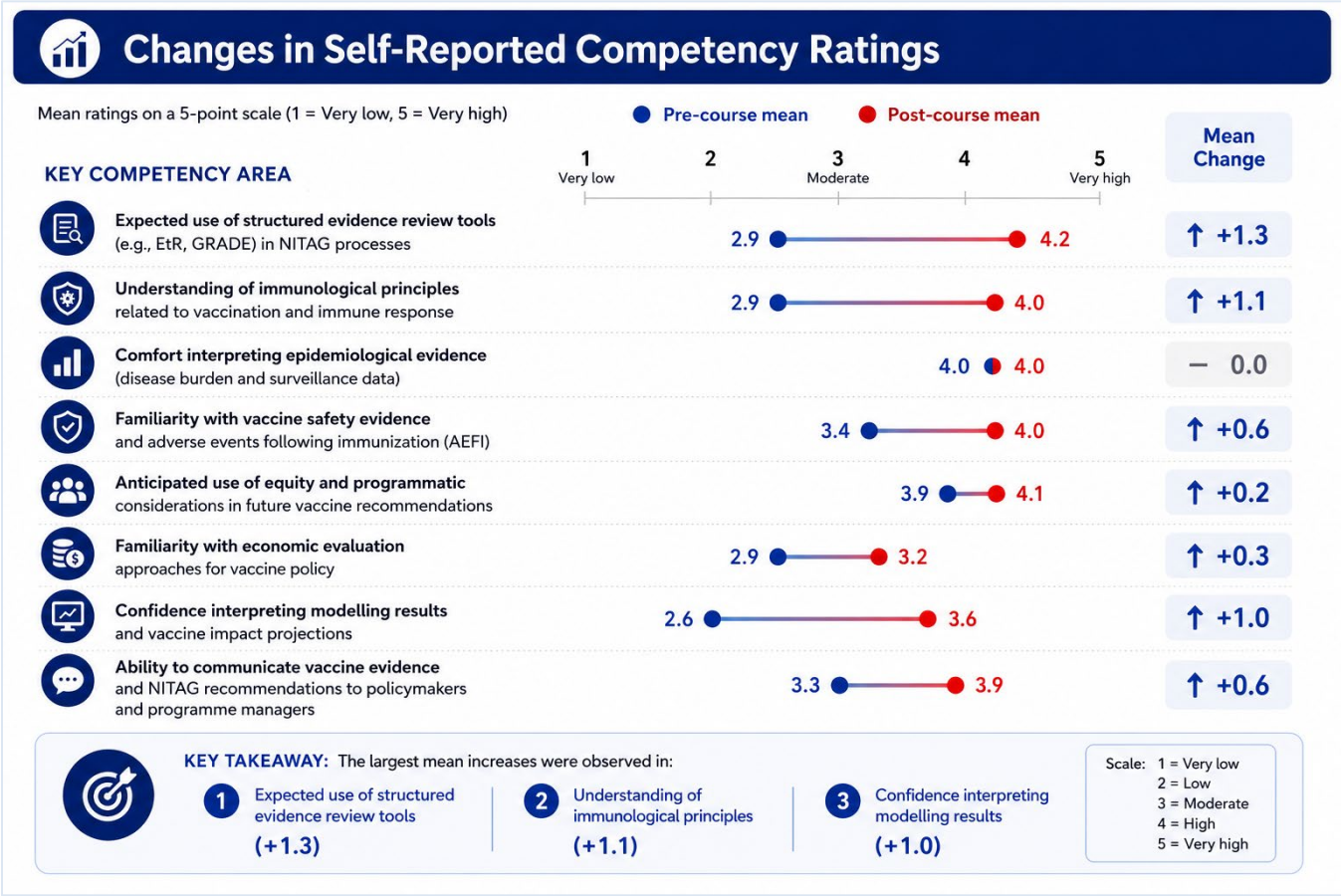


Table 1. Comparison of participants' self-reported knowledge, confidence and intended application of key competency areas before and after completion of the 5th Annual Vaccinology Course for NITAGs.

Moderate to smaller increases were observed across several competency areas. Participants reported improved responses regarding the level of familiarity with evidence related to vaccine safety and adverse events following immunization (AEFI) as well as their ability to communicate vaccine evidence or NITAG recommendations to policymakers both showing moderate gains (+0.6). Moreover, smaller increases were observed in participants' responses to assessing their familiarity with economic evaluation approaches such as cost-effectiveness analysis and the extent to which they anticipate that equity and programmatic considerations will inform future vaccine recommendations, with (+0.3) and (+0.2) improvements respectively.

The only competency area showing no measurable change was participants' comfort in interpreting epidemiological evidence, such as disease burden and surveillance data, with the mean (4.0) remaining unchanged between the pre- and post-course assessments. This is consistent with the participant profile; many attendees had substantial professional experience, often exceeding eight years and prior training in epidemiology and evidence-informed decision-making.

Overall, positive shifts were observed across nearly all competency areas; however, the magnitude of change was generally modest, reflecting a relatively high baseline knowledge of participants. Therefore, these findings suggest that the AVCN successfully achieved its objectives through consolidating existing competencies while strengthening participants' knowledge and confidence in specialized areas that are central to evidence-informed decision making, including structured evidence appraisal, vaccine safety,

immunology, mathematical modelling, communication of recommendations, and the integration of equity considerations into NITAG decision-making.

7. Reflections from NISH team

What Worked Well

Several strengths were consistently identified throughout the week. Participant engagement remained high, with delegates actively contributing to discussions, sharing country experiences and participating in question-and-answer sessions. Country presentations continued to be a valuable component of the programme, facilitating peer learning and enabling participants to learn directly from the experiences of other NITAGs.

Interactive sessions, practical exercises and facilitated discussions generated the highest levels of participation and engagement. Participants responded positively to opportunities to apply concepts to their own country contexts and discuss real-world immunisation policy questions.

The course design and sequencing of sessions were also viewed positively. Presenters generally built on concepts introduced in earlier sessions, creating continuity across the programme and helping participants connect topics discussed throughout the week. Daily reflection sessions provided an opportunity for the organising team to identify challenges early and implement adjustments during the course.

The country-team model of AVCN functioned as intended, with delegates regularly engaging within their country delegations to discuss course content and consider its relevance to their national contexts. Reflections also noted improvements in programme flow, faculty integration, participant engagement and operational management compared with previous AVCNs.

Areas for Improvement

Interpretation and language accessibility emerged as the most significant challenge throughout the course. Reflections highlighted concerns regarding interpretation quality, particularly for Portuguese-speaking participants, as well as difficulties associated with technical vaccinology terminology and multilingual discussions. These challenges may have influenced participation during some discussions and question-and-answer sessions.

Technical and audiovisual support processes could be strengthened further. Reflections identified challenges related to presentation loading, presentation management and reliance on a limited number of individuals to manage audiovisual systems.

The reflections also highlighted the importance of balancing technical content with opportunities for interaction. While participants remained engaged throughout the week, several observations noted the potential for cognitive fatigue during an intensive five-day programme.

Considerations for Future AVCNs

Future AVCNs may benefit from increasing the use of case studies, practical exercises and problem-solving activities that mirror real NITAG decision-making processes and allow participants to apply concepts to real-world policy questions.

Interpretation support could be strengthened through earlier sharing of presentation materials, structured interpreter briefings, development of multilingual terminology resources and continued evaluation of interpretation approaches to support equitable participation across Anglophone, Francophone and Lusophone delegations.

Country reflection sessions could be enhanced through the use of structured reflection questions that focus on learning, relevance and application rather than session summaries.

Operationally, future courses may benefit from earlier submission of presentations, clearer audiovisual management procedures, additional personnel trained in presentation support and documented backup arrangements for key technical functions.

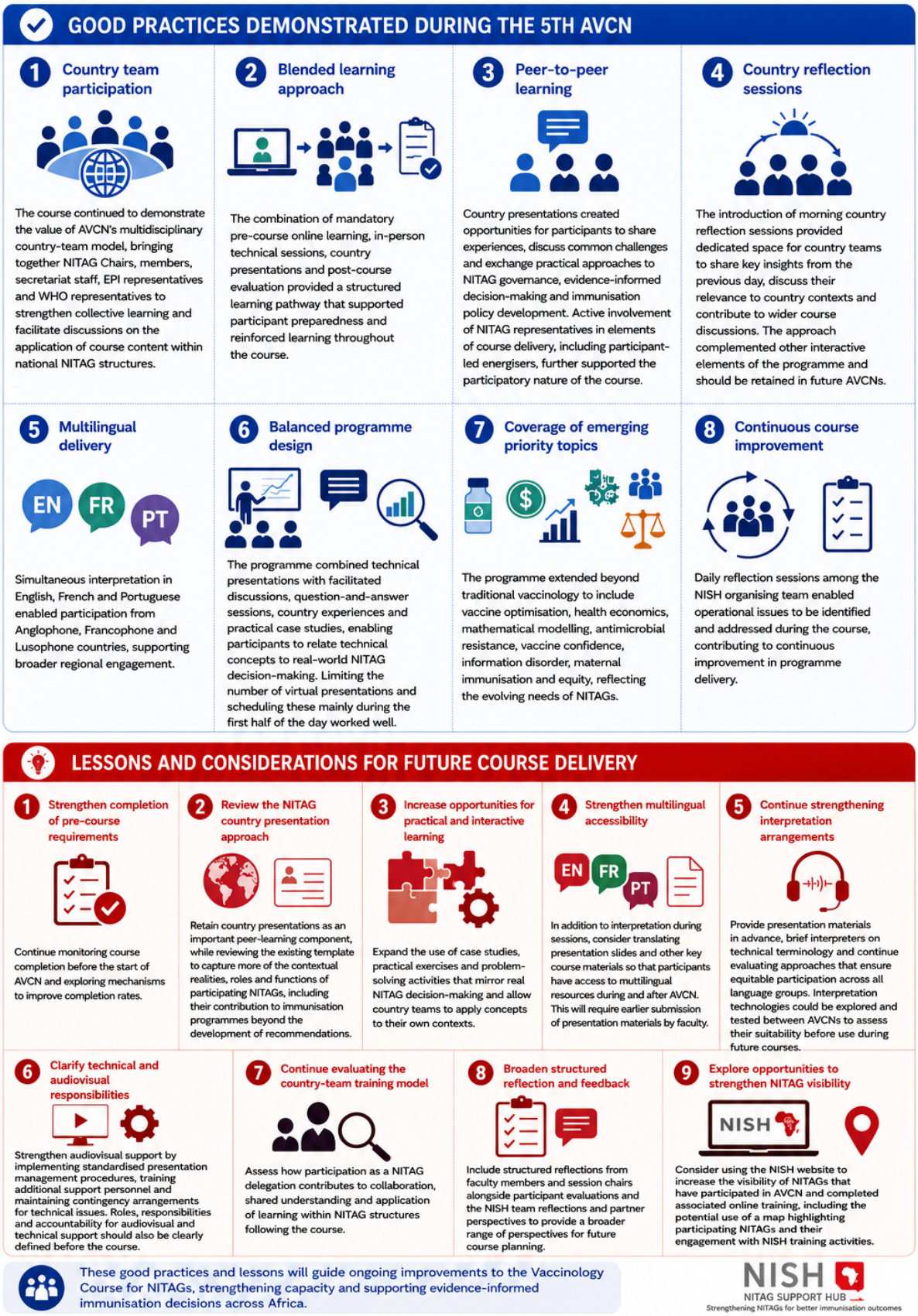
Given AVCN's intentional focus on country team participation, future evaluations could include specific questions to assess how participation as a delegation contributes to collaboration, shared understanding and application of learning within NITAG structures after delegates return to their home countries.

Finally, future AVCNs may benefit from incorporating structured reflection opportunities for faculty members and session chairs in addition to the internal NISH team reflections, thereby providing a broader range of perspectives to inform continuous programme improvement.

8. Reflections from Afrikan Design Innovations

- **NITAG participation in course delivery:** Integrating NITAG representatives more actively into the programme worked well, including opportunities for participants to facilitate energisers. This helped reinforce the participant-centred nature of the course.
- **Programme and time management:** Overall time management worked well as well as limiting the number of virtual presenters and particularly scheduling these mainly during the first half of the day.
- **Country presentations:** The NITAG introduction template has served the course well but could now be reviewed and expanded. Future versions could capture more information on the contextual realities, roles and functions of individual NITAGs, including how they contribute to immunisation programmes beyond making recommendations.
- **Multilingual accessibility:** In addition to interpretation during sessions, translating presentation slides could provide participants with multilingual materials that remain useful after the course. Earlier submission of presentations would facilitate translation ahead of delivery.
- **Interpretation technology:** Developments in interpretation technologies could be explored and tested between AVCNs rather than only during the course, allowing suitable approaches to be identified before the next AVCN.
- **Technical support and accountability:** Roles and responsibilities for audiovisual and technical support should be clearly defined before the course so that the expected support is understood and accountability is maintained.
- **NITAG visibility:** The NISH website could be used to increase the visibility of NITAGs that have participated in AVCN and completed the associated online training, for example through a map highlighting participating NITAGs. This could also encourage greater engagement with the NISH website.

9. Summary of Good Practices and Lessons for Future Course Delivery



10. Appendix A: AVCN Programme

5th Annual Vaccinology Course for NITAGs

Lagoon Beach Hotel, Cape Town, South Africa

Represented Countries:
Republic of Congo, Mali, Democratic Republic of Congo, Burundi, Ghana, Sao Tome & Principe, Egypt, South Africa and Sudan

NISH
National Immunization Technical Advisory Group (NITAG) Support Hub

Day 1 - Monday, 25 May 2026

Time	Topic	Facilitator	Session Chair
08:00 - 08:30	Registration	Xolie Ndlela, NISH/University of Cape Town, SA	Gregory Hussey, NISH/University of Cape Town, SA
08:30 - 09:00	Welcome & opening remarks	Benjamin Kagina, NISH/University of Cape Town, SA	
09:00 - 09:30	Introduction to the NITAG Support Hub (NISH) and NISH core activities	Alana Keyser, NISH/University of Cape Town, SA	
09:30 - 10:00	NITAG introductions: Democratic Republic of Congo	NITAG Representative, Republic of Congo	
10:00 - 10:30	**Coffee / Tea Break**		
10:30 - 11:10	Global, regional and national sources of evidence relevant to NITAG work	Jason Mwenda, Independent Consultant	Edina Amponsah - Dacosta, NISH/University of Cape Town, SA
11:10 - 11:20	Q&A		
11:20 - 12:00	NISH LibGuides and a Librarian Network to Support NITAGS	Dilshaad Brey, NISH/University of Cape Town, SA	
12:00 - 12:10	Q&A		
12:10 - 12:50	Using GRADE for NITAG decision - making	Tamara Kredo, South African Medical Research Council, SA	
12:50 - 13:00	Q&A		
13:00 - 14:00	**Networking dinner**		

* Remote Speaker

Day 1 - Continued

Time	Topic	Facilitator	Session Chair
14:00 - 14:30	NITAG introductions: Mali	NITAG Representative, Mali	Anthony Hawkridge, NISH/University of Cape Town, SA
14:30 - 15:00	Evolution of NITAGs and their support ecosystem	Louise Henaff, University of Geneva, Switzerland	
15:00 - 15:30	Facilitated discussion: NITAG support in AFRO & EMRO	*Sidy Ndiaye, WHO AFRO, Republic of Congo & *Gerald Sume, WHO EMRO, Egypt	
15:30 - 16:00	**Coffee / Tea Break**		
16:00 - 16:30	NITAG introductions: Egypt	NITAG Representative: Egypt	Anthony Hawkridge, NISH/University of Cape Town, SA
16:30 - 17:00	Immunization policies in the WHO AFRO Region	*Sidy Ndiaye, WHO AFRO, Republic of Congo	
17:00 - 17:30	Daily evaluations & reflections	Petronella Ncube, NISH/University of Cape Town, SA	

* Remote Speaker

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NISH
National Immunization Technical Advisory Group (NITAG) Support Hub

Day 2 - Tuesday, 26 May 2026

Time	Topic	Facilitator	Session Chair
08:00 - 08:30	Reflections on Day 1	All	Louise Henaff, University of Geneva, Switzerland
08:30 - 09:00	NITAG introductions: Ghana	NITAG Representative: Ghana	
09:00 - 09:40	Basic epidemiology for NITAGs	Gregory Hussey, NISH/University of Cape Town, SA	
09:40 - 10:00	Q&A		
10:00 - 10:30	**Coffee / Tea Break**		
10:30 - 11:10	Basic immunology for NITAGs	Elisa Nemes, South African TB Vaccine Innitiative, SA	Aarti Singh, WHO EMRO, Egypt
11:10 - 11:20	Q&A		
11:20 - 12:00	Application of immunological concepts in vaccine decision - making	Benjamin Kagina, NISH/University of Cape Town, SA	
12:00 - 12:20	Q&A		
12:20 - 12:50	NITAG introductions: Republic of Congo	NITAG introductions: Republic of Congo	
12:50 - 13:00	Quiz on NITAG introductions	Saleem Satardien, NISH/University of Cape Town, SA	
13:00 - 14:00	**Networking dinner**		

** Remote Speaker*

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NISH National Immunization Technical Advisory Group (NITAG) Support Hub

Day 2 - Continued

Time	Topic	Facilitator	Session Chair
14:00 - 14:30	NITAG introductions: Sao Tome & Principe	NITAG Representaive: Sao Tome & Principe	Tshepiso Mbangiwa, NISH/University of Cape Town, SA
14:30 - 15:10	Applying evidence on Adverse Events Following Immunization (AEFIs) in NITAG decision - making	Hannelie Meyer, Sefako Makgatho Health Sciences University, SA	
15:10 - 15:30	Q&A		
15:30 - 16:00	**Coffee / Tea Break**		
16:00 - 16:30	Combating Antimicrobial Resistance (AMR): Relevance for immunization programs in Africa	Elloise Du Toit, University of Cape Town, SA	Sipho Dlamini, University of Cape Town, SA
16:30 - 16:50	Facilitated discussion: Advancing AMR control in the African immunization agenda - how do we get there?	Elloise Du Toit, University of Cape Town, SA & Sipho Dlamini, University of Cape Town, SA	
16:50 - 17:00	Daily evaluation & reflections	Bronte Davies, NISH/University of Cape Town, SA	
18:30	**Networking dinner**		

** Remote Speaker*

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NISH National Immunization Technical Advisory Group (NITAG) Support Hub

Day 3 - Wednesday, 27 May 2026

Time	Topic	Facilitator	Session Chair
08:00 - 08:30	Reflections on Day 2	All	Tshepiso Mbangiwa, NISH/University of Cape Town, SA
08:30 - 09:00	NITAG introductions: Burundi	NITAG Representative: Burundi	
09:00 - 09:30	Gavi 6.0: Financing immunization programs in Africa	*Michelle Jimenez, Gavi, The Alliance, Switzerland	
09:30 - 10:00	Q&A		
10:00 - 10:30	**Coffee / Tea Break**		
10:30 - 11:10	Zero - dose children and missed communities: Ensuring that no one is left behind	Anthony Hawkridge, NISH/University of Cape Town, SA	Jason Mwenda, NISH, Kenya
11:10 - 11:30	Q&A		
11:30 - 12:10	Reaching the underserved: Leveraging the vaccination catch - up calculator for universal coverage	Nicolette Du Plessis, University of Pretoria, SA	
12:10 - 12:30	Q&A		
12:30 - 13:00	Quiz on NITAG introductions	Saleem Satardien, NISH/University of Cape Town, SA	
13:00 - 14:00	**Networking Lunch**		

** Remote Speaker*

UNIVERSITY OF CAPE TOWN HEALTH SCIENCES | VACFA vaccines for africa | NISH National Immunization Technical Advisory Group (NITAG) Support Hub

Day 3 - Continued

Time	Topic	Facilitator	Session Chair
14:00 - 14:40	Life course immunization: Considerations for NITAG decision - making	Sipho Dlamini, University of Cape Town, SA	Hannelie Meyer, Sefako Makgatho Health Sciences University, SA
14:40 - 14:50	Q&A		
14:50 - 15:20	Vaccine switches: Country case studies from Zambia and Ethiopia	Elizabeth O: Oduwole, NISH/University of Cape Town, SA	
15:20 - 15:30	Q&A		
15:30 - 16:00	**Coffee / Tea Break**		
16:00 - 16:50	Facilitated discussion: Issuing recommendations during outbreaks - NITAG experiences & lessons learnt	Bronte Davies & Benjamin Kagina NISH/University of Cape Town, SA	Hannelie Meyer, Sefako Makgatho Health Sciences University, SA
16:50 - 17:00	Daily evaluations & reflections	Petronella Ncube, NISH/University of Cape Town, SA	

** Remote Speaker*

UNIVERSITY OF CAPE TOWN HEALTH SCIENCES | VACFA vaccines for africa | NISH National Immunization Technical Advisory Group (NITAG) Support Hub

Day 4 - Thursday, 28 May 2026

Time	Topic	Facilitator	Session Chair
08:00 - 08:10	Reflections on Day 3	All	Gregory Hussey, NISH/University of Cape Town, SA
08:10 - 08:40	NITAG introductions: South Africa	NITAG Representative: South Africa	
08:40 - 09:20	Enhancing the use of economic evidence in vaccine policy making in Africa	Edwin Barasa, KEMRI - Wellcome Trust, Kenya	
09:20 - 10:00	Q&A		
10:00 - 10:30	**Coffee / Tea Break & Photography Session**		
10:30 - 11:30	Mathematical modelling for NITAGs	Sheetal Silal, University of Cape Town, SA	Adelaide Ngina Masu, NISH/University of Cape Town, SA
11:30 - 12:10	Translating vaccine impact modelling into immunization decisions	*So Yoon Sim & *Philipp Lambach, WHO HQ, Switzerland	
12:10 - 13:00	Facilitated discussion: Advancing vaccine decision - making in Africa - NITAG modelling needs and opportunities	Sheetal Silal, *So Yoon Sim & *Philipp Lambach	
13:00 - 14:00	**Networking Lunch**		

** Remote Speaker*

UNIVERSITY OF CAPE TOWN HEALTH SCIENCES | VACFA vaccines for africa

NISH National Immunization Technical Advisory Group (NITAG) Support Hub

Day 4 - Continued

Time	Topic	Facilitator	Session Chair
14:00 - 14:20	The role of NITAGs in building vaccine confidence	Elizabeth O: Oduwole, NISH/University of Cape Town, SA	Penka Marthe, NISH/University of Cape Town, SA
14:20 - 14:40	The Role of NITAGs in Addressing Information Disorder and Supporting Vaccine Uptake	Louise Henaff, University of Geneva, Switzerland	
14:40 - 15:00	Q&A		
15:00 - 15:30	**Coffee / Tea Break**		
15:30 - 16:10	NITAG visibility and communication	Adele Baleta, Freelance Journalist, SA	Penka Marthe, NISH/University of Cape Town, SA
16:10 - 16:30	Q&A		
16:30 - 17:00	Daily evaluations & reflections on the journey so far	Bronte Davies, NISH/University of Cape Town, SA	

** Remote Speaker*

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NISH National Immunization Technical Advisory Group (NITAG) Support Hub

11. Appendix B: AVCN Pre and Post course survey

Pre course survey links

English - https://form.jotform.com/261336933446057

French - https://form.jotform.com/261337820117048

Portuguese - https://form.jotform.com/261337345038052

Post course survey links

English

French

Portuguese