1/29/2024

REPORT OF EXTERNAL ASSESSMENT OF RWANDA NATIONAL IMMUNISATION TECHICAL ADVISORY GROUP (RWANDA-NITAG)

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Executive Summary

The National Immunization Technical Advisory Groups (NITAGs) are bodies composed of national independent specialist of experts that provide country-specific recommendations to political authorities, ministries of health, and/or immunization programs based on the most relevant evidence available at the local national, regional, and global levels. Thus, these advisory bodies contribute to national decision-making on immunization by adapting the World Health Organization (WHO) global and regional guidance to the local context and help to strengthen the credibility and sustainability of the immunization policy and its acceptance by the population. These advisory bodies are used to as leverage platforms for the advocacy work in strengthening immunization stakeholders' engagement to shape policy design and immunization strategies, as well as for partners supporting these strategies. To fulfill its role, the NITAG must be well established and operate based on formal operating procedures and a strong support from the secretariat and partners. NITAGs are monitored annually through the WHO/UNICEF Joint Reporting Form (eJRF). The Rwanda NITAG was instituted in December 2017 and had not undergone any external assessment. It is in this context that WHO AFRO in agreement with Rwanda Ministry of Health MoH agreed to have an external assessment of the RWANDA National Immunization Technical Advisory Group (RWANDA-NITAG) from 22nd to 26th January 2024,

The main objective of this external NITAGs assessment was to classify the degree of maturity of the NITAG in RWANDA NITAG using the NMAT tool and to identify the appropriate actions for its strengthening. Rwanda -NITAG External Assessment were conducted using the below approaches: courtesy visit maternal child and community health division manager and vaccine preventable diseases programme, desk Reviews; interviews of MoH EPI team; RWANDA NITAGs members, WHO EPI focal Persons; stakeholders Meeting; and the debriefing of WHO Country Representative.

The new NITAG Assessment tools have seven indicators that work with certain variables to enable assessors' standard ways to identify the country's NITAG maturity level for each of the seven indicators. The seven Indicators of the new NITAGs Assessment tools are: 1) Establishment and composition; 2) Independence and non-bias, 3) Resources and secretariat support; 4) Operations; 5) Process for making recommendation; 6) Integration in the policymaking process; and 7) Stakeholder's recognition

This NITAGs Assessment tool was administered for RWANDA NITAG assessment, and this generated the level of maturity that were grouped into the five categories of maturity for each indicator, these maturity levels are namely: Basic, Developing, Intermediate, Advanced, Leading edge. After administrating the NMAT tools the major findings include: the Rwanda NITAG was at basic level of maturity for indicators 1 to 4 and indicator 7; advanced level for indicator 5; developing level for indicator 6. On the overall criteria met, the highest indicator is "making recommendation" (88%) while the least indicator is the stakeholder's recognition (13%). While other three of the indicators achieved less than 50% such are establishment and composition; independence and non-bias; and integration into policy making system.

The major issues and challenges Observed are a) Vacant Positions core members, liaison and ex-officio yet to be filled; b)Internal procedures manual not updated since 2019 (SOPs, ToRs and operational forms such as DOI and COI forms) ; c) Lack of domestic funding to support Rwanda NITAG from by the MoH since inception in 2019 ; d) Absence of a permanent secretariate personnel to support the activities, workplans and deliverables of RWANDA-NITAG. Other issues includes, e)The last detailed official orientation and training for members NITAG operation and EtR process was done by WHO in 2019 and 6 new NITAGs members yet to be trained; f) RWANDA NITAG have not started monitoring the level of approvals and implementation of their previous recommendations in past four years (2019 to 2023); g) Poor visibility of Rwanda-NITAG among other health professional associations and immunization stakeholders

The following Recommendations will enable The RWANDA NITAG to improve on its performance and deliver on their Mandate and ToRs in the shortest possibility period, The team of assessors recommends that RBC/MCCH and EPI in collaboration the chairperson to identify additional experts to fill the gaps and propose their nomination and reconstitution of RWANDA-NITAG (3rd week March 2024); Integrate NITAG activities into the EPI strategic as well annual plan to enable funding and Developed and budgeted a comprehensive RWANDA NITAG annual workplan including visibility activities (1st week March 2024) and Set up a bi-annual follow up calls between WHO, NITAG chair and secretariat to monitor the implementation of the improvement plan (June 2024).

1. Background

The Addis Ababa Declaration on Immunization adopted by African Heads of State in June 2017 and its roadmap reaffirmed the essential role of NITAGs for the immunization program in countries. Current immunization frameworks, such as the global Immunization Agenda 2030 (IA2030) as well as the Regional Immunization Strategic Plan, reaffirm the need to build strong immunization systems based on evidence-based decision-making to track progress and improve program delivery and to support decision-making at all levels including technical inputs from bodies such as Technical Advisory Groups national immunization programs.

The National Immunization Technical Advisory Groups (NITAGs) are bodies composed of national independent specialist of experts that provide country-specific recommendations to political authorities, ministries of health, and/or immunization programs based on the most relevant evidence available at the local national, regional, and global levels. Thus, these advisory bodies contribute to national decision-making on immunization by adapting the World Health Organization (WHO) global and regional guidance to the local context and help to strengthen the credibility and sustainability of the immunization policy and its acceptance by the population. These advisory bodies are used to as leverage platforms for the advocacy wok in strengthen immunization stakeholders' engagement in policy design and immunization strategies, as well as for partners supporting these strategies.

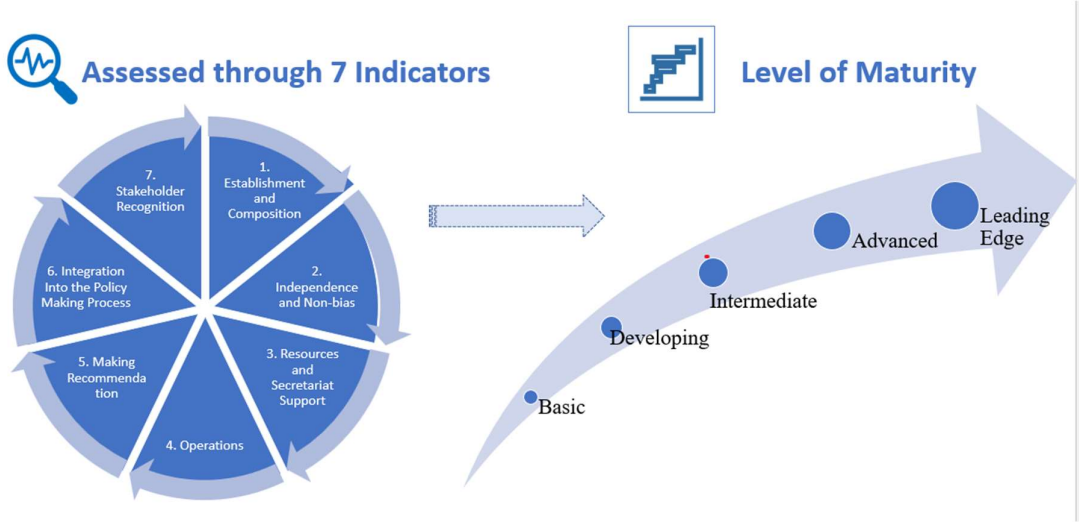
To fulfill its role, the NITAG must be well established and operate based on formal operating procedures and strong support from the secretariat and partners. NITAGs are monitored annually through the WHO/UNICEF Joint Reporting Form (JRF).

In addition, Country NITAGs were assessed using two tools which, have been previously developed to assess inputs, processes, output, and outcome through 17 indicators of NITAGs using the WHO/SIVAC or CDC's NITAG simplified assessment tool. These indicators are assessed, every three years during internal or external assessment exercise.

The NITAG Maturity Assessment Tool (NMAT) was), developed in 2021 by a working group NITAG subject matter experts lead by CDC/Atlanta with participation of WHO, GAVI, Welcome and Task Force for Global Health. The tool has integrated the original 17 indicators, as well as other indicators. each of these indicators are assessed by specific criteria.

The NITAGs Assessment tools was updated between 2020 and 2021 by integrating other specific indicators and criteria to classify that now grouped country NITAGs into five

categories of maturity namely: Basic, Developing, Intermediate, Advanced, Leading edge. The new NITAG Assessment tools have Seven indicators that have certain variables to enable assessors standard ways to identify the Country's NITAG maturity level for each of the seven indicators, The seven domains of the new NITAGs Assessment tools are: 1)Establishment and composition; 2) Independence and non-bias, 3)Resources and secretariat support; 4)Operations; 5) Process for making recommendation; 6) Integration in the policymaking process; and 7) Stakeholder's recognition.



This new tool used for assessing NITAGs have been to assess the eight NITAG in the African region, The Rwanda NITAG was instituted in December 2017 and had not undergone any external assessment, It is in this context that WHO AFRO in agreement with Rwanda Ministry of Health MoH agreed to have an external assessment of the RWANDA National Immunization Technical Advisory Group (RWANDA-NITAG) from 22nd to 26th January 2024.

2. Objectives

The main objective of this external NITAGs assessment was to classify the degree of maturity of the NITAG in RWANDA NITAG using the NMAT tool and to identify the appropriate actions for its strengthening.

- Describe and analyse the administrative and normative aspects of NITAG (composition, modus operandi, funding, secretariat support)
- Assess standard operating procedures for Evidence to Recommendation (EtR) process

- Assess the level of NITAG integration into the health system and impact on immunization policies
- Identify best practices, challenges to strengthen the functioning of the NITAG and the evidence-based process

3. Deliverables

- NITAG maturity profile validated by all stakeholders
- An improvement plan, and implementation roadmap agreed
- Assessment report with input from RWANDA NITAG members and stakeholders available

4. Methods and tools used.

To conduct an external assessment of RWANDA NITAG, a team composed by two experts from WHO AFRO NITAG Focal person and WHO has been deployed in Kigali, Rwanda. for the purpose between 22nd to 26th January 2024. Background documents such as the E-Copy and hard copy of NMAT data collection tools (Word and Excel), the electronic version and the assessment terms of reference have been shared were shared with the country team. In addition, the WHO AFRO NITAG Focal person conducted a training and orientation on the NMAT tools and the assessment protocol with Rwanda EPI team and other relevant stakeholders before arrival to Kigali, Rwanda.

Courtesy visit to Division Manager MCCH, Rwanda

On arrival to Kigali Rwanda, a planning meeting was conducted to fine tune the Assessment Agenda and daily Itinerary to ensure that all persons needed for the assessment are duly informed and prepared for the Rwanda NITAG assessment. After the planning possession a final agenda has been shared with the with Rwanda MoH EPI focal person and the Rwanda NITAG Secretariat.

Rwanda -NITAG External Assessment were conducted using the below approaches:

1. Courtesy Visits to WHO Rwanda, Rwanda MOH/RBC/ EPI offices
2. Desk Reviews
3. Interviews of MoH EPI team, RWANDA NITAGs members, WHO EPI focal Persons,
4. Stakeholders Meeting

Debriefing of WHO Country Representative and DG Rwanda Biomedical Commission (RBC)

After interview with RWANDA-NITAG chair 1

The documents have been completed during the key informant interviews.

The evaluation consisted of desk review of NITAG materials and interviews with stakeholders.

Desk review: the assessment team reviewed the below document as provided by Rwanda NITAG secretariat

1. Official documents (appointment letters)
2. Terms of of reference
3. Internal Manual of procedures
4. Meeting minutes
5. Recommendations notes (nOPV2, TCV, HPV)
6. Other functioning documents, such as the terms of reference, internal manual procedures (IMP), recommendation notes from 2019 to 2023 and signed DOI forms.

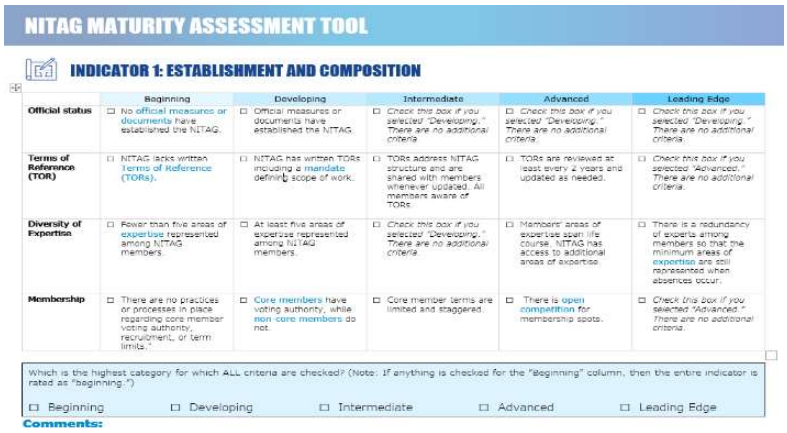
Group photo: stakeholders meeting

Interviews were conducted in person and visit to various Rwanda NITAG Chairperson and two Core members, MoH EPI Focal Persons, Rwanda NITAG Secretariat personnel and

secretariat focal person, two core members, WHO immunization focal persons as liaison members were interviewed. The data collection tool was used within the context of Rwanda NITAG. This was followed by scoring using the excel based NMAT data collection electronic template and results from the assessment were used to prepare the insights for the major stakeholders meeting. That stakeholder meeting a hybrid meeting that was held on 25th of January 2024 with the RWANDA-NITAG members and secretariat. Consensus on the maturity level assigned for each NMAT indicator and sub indicator was agreed. These results collectively defined the next steps to plan the NITAG functionality improvement.

The NMAT has been developed as a practical planning, monitoring, and evaluation tool to guide, develop, and refine NITAG development and strengthening. The NMAT provides NITAG's and partners with a mechanism to assess the maturity of a NITAG and provides a framework for organizing and prioritizing tangible and achievable steps for NITAG strengthening activities. The NMAT provides measurable steps in NITAG maturity, designed

as a logical flow of policies and procedures in place, to progress from beginning to leading edge. The tool is used to assess the level of maturity for seven indicators. Each level lays out criteria for the specific indicator assessed. The indicators are establishment and composition; independence and non-bias; financial, administrative, and informational resources; operations; making recommendations; integration into policymaking process and stakeholder recognition. The NMAT have five levels of maturity that are basic, developing, intermediate, advanced, and leading edge. For each indicator, the appropriate maturity level is the one at which the NITAG meets all the criteria. If any criteria is checked under the basic maturity level, the indicator is assessed at basic maturity level. The overall maturity level assigned is the one lowest level checked for all the criteria. The next steps recommended address the criteria to meet the next highest maturity level for each indicator and others recommended next steps are those that address all unmet criteria.



NITAG MATURITY ASSESSMENT TOOL

INDICATOR 1: ESTABLISHMENT AND COMPOSITION

	Beginning	Developing	Intermediate	Advanced	Leading Edge
Official status	☐ No official measures or documents have established the NITAG.	☐ Official measures or documents have established the NITAG.	☐ *Check this box if you selected "Developing." There are no additional criteria.*	☐ *Check this box if you selected "Developing." There are no additional criteria.*	☐ *Check this box if you selected "Developing." There are no additional criteria.*
Terms of Reference (TOR)	☐ NITAG lacks written Terms of Reference (TORs).	☐ NITAG has written TORs including a mandate defining scope of work.	☐ TORs address NITAG structure and are shared with members whenever updated. All members aware of TORs.	☐ TORs are reviewed at least every 2 years and updated as needed.	☐ *Check this box if you selected "Advanced." There are no additional criteria.*
Diversity of Expertise	☐ Fewer than five areas of expertise represented among NITAG members.	☐ At least five areas of expertise represented among NITAG members.	☐ *Check this box if you selected "Developing." There are no additional criteria.*	☐ Members' areas of expertise span life course. NITAG has access to additional areas of expertise.	☐ There is a redundancy of experts among members so that the minimum areas of expertise are still represented when absences occur.
Membership	☐ There are no practices or processes in place regarding core member voting authority, recruitment, or term limits."	☐ Core members have voting authority, while non-core members do not.	☐ Core member terms are limited and staggered.	☐ There is open competition for membership spots.	☐ *Check this box if you selected "Advanced." There are no additional criteria.*

Which is the highest category for which ALL criteria are checked? (Note: If anything is checked for the "Beginning" column, then the entire indicator is rated as "beginning.")

☐ Beginning ☐ Developing ☐ Intermediate ☐ Advanced ☐ Leading Edge

Comments:

Figure 1: NMAT paper-based questionnaire

5. Findings and Results of Assessments

The findings of this external assessment are presented by indicator. The level of maturity of an indicator has been assigned using criteria defined in each sub-indicator. The checked criteria (text in green) were considered as met by the assessment team and validated during the stakeholders meeting.

5.1. Indicator 1, Establishment and Composition

Table I shows the level of maturity assigned for the indicator: Establishment and composition of RWANDA-NITAG.

Table I: Indicator I, Establishment and Composition criteria met, RWANDA-NITAG External Assessment January 2024.

		Basic	Developing	Intermediate	Advanced	Leading Edge	RESULTS
1	Official Status	No **official measures or documents** have established the NITAG.	Official measures or documents have established the NITAG.	*Intermediate will automatically fill if you select Developing.*	*Advanced will automatically fill if you select Developing.*	*Leading Edge will automatically fill if you select Developing.*	Basic
2	Terms of Reference	NITAG lacks written **Terms of Reference (TORs).**	x NITAG has written TORs including a **mandate** defining scope of work.	x TORs address NITAG structure and are shared with members whenever updated. All members aware of TORs.	TORs are reviewed and updated regularly.	TORs are reviewed at least every 3 years and updated as needed.	Intermediate
3	Diversity of Expertise	Fewer than five areas of **expertise** represented among NITAG members.	x At least five areas of expertise represented among NITAG members.	x *Intermediate will automatically fill if you select Developing.*	x Members' areas of expertise span life course. NITAG has access to additional areas of expertise.	There is a redundancy of experts among members so that the minimum areas of **expertise** are still represented when absences occur.	Advanced
4	Membership	There are no practices or processes in place regarding core member voting authority, recruitment, or term limits.	x **Core members** have voting authority, while **non-core members** do not.	x Core membership terms are limited and staggered.	There is **open competition** for membership spots.	There is a policy process for **terminating membership** prior to completion of membership term.	Intermediate
						OVERALL MATURITY LEVEL	**Basic**

RWANDA-NITAG is considered at the basic level of maturity for indicator 1 on establishment and composition.

☑ **Official status:** The Rwanda NITAG has no official statute establishing since December 2017.

☑ **Terms of Reference (ToR):**

The Mission of the RWANDA-NITAG is to provide recommendations on vaccine policy in accordance with the National Health Strategy and the National EPI Policy and Guidelines. The advisory group is technical, and its decisions/recommendations are evidence-based, and independent of political and industry influence.The terms of reference assigned to the RWANDA-NITAG are to provide technical expertise on the following:

- Policies and strategies relating to vaccination in general and to vaccines for children as well as the rest of the population
- introduction of new vaccines and new technologies and their impact in the Health Systems and immunisation programme
- Updated information on the safety and quality of vaccines and on the fight against diseases that could be avoided using new vaccines
- Any topics concerning vaccines and vaccination in general for which the MOH/RBC requires scientific and technical recommendations.

☑ **Membership and diversity of expertise:** The core members constitute of thirteen experts co-opted and appointed by the Minister of Health: Three Paediatrician, one adult medicine specialist, one infectious diseases expert, four public health experts, one Immunologist, one Health systems and Supply chain expert, one clinical research expert and one sociologist. Thus, there is 8 areas of expertise among core membership and only two domains of expertise are redundant specifically paediatrics and public health. The mandated term of core members is limited to 5 years and is automatically renewable once for members unless by non-performance and resignation. The renew of mandate is staggered (at least maintaining 50% at the second term. At the end of the second term, renewal of core members will take place for fifty percent of them. These members will be selected through volunteering and/or balloting. Rwanda EPI will suggest to RWANDA-NITAG up to three (3) names for each member to be replaced. The RWANDA-NITAG follows the IP manual to guide the replacement (willingness to continue for extension following the criteria) through the Permanent Secretary of the MoH in consultation with the chair. The Chairperson is assisted by a Vice Chairperson, and both have been appointed by the Minister of health for the term. Moreover, for the consequent terms, the chairperson and co-chairperson are elected by the core members.

5.2. Indicator 2, Independence, and non-bias.

Table II shows the level of maturity assigned for the indicator independence and non-bias of RWANDA-NITAG.

Table II: indicator 2, Independence and non-bias criteria met, RWANDA-NITAG External Assessment, January 2024.

		Basic	Developing	Intermediate	Advanced	Leading Edge	RESULTS
1	Disclosure and conflict of interest process	**Declaration of Interests (DOI)** is not mandatory for core members.	X DOI is mandatory for core members upon appointment.	DOI is mandatory for secretariat and working group members. DOIs are routinely updated. NITAG follows a formal, written **Conflict of Interest (COI)** policy with definitions of types of COI.	Conflict of Interest (COI) policy describes process(es) for assessing and managing COIs.	DOI is mandatory for non-core members, upon appointment and when a change arises. DOI is mandatory for core members before every meeting.	Developing
2	Transparency	NITAG documentation is not **publicly available**.	TORs and standard operating procedures are publicly available.	Agendas, **meeting summaries**, and records of decisions are publicly available.	Technical reports and position papers are publicly available. NITAG actively disseminates all publicly available materials (e.g., website, a journal, or bulletin).	Observation of meetings by non-members is permitted upon request or on a scheduled basis, or meetings are broadcast publicly.	Basic
3	Independence from primary workplace of members	There is no **policy** in place to ensure members do not promote their primary employer's priorities, views, and/or products.	X A policy is in place to ensure members do not promote their primary employer's priorities, views, and/or products.	x *Intermediate will automatically fill if you select Developing.*	x *Advanced will automatically fill if you select Developing.*	x *Leading Edge will automatically fill if you select Developing.*	Leading Edge
					OVERALL MATURITY LEVEL		**Basic**

RWANDA-NITAG is considered at the basic level of maturity for the indicator 2.

☑ **Disclosure and conflict of interest process:**

The RWANDA-NITAG internal procedures manual describe the declaration of interest and conflict of interest management policy. Thus, the declaration of conflict of interest is mandatory upon the appointment only for core members. This declaration of interest is regularly signed before each NITAG statutory and extra-ordinary meetings as well for working meetings and archived by the secretariat. The assessment of the Conflict of Interest (COI) is explicit regarding the "how" and "by whom", however based on the interviews and documents available, it is not implemented.

☑ **Transparency**

RWANDA-NITAG recommendations as well as meetings minutes are not publicly available. The recommendations are shared only with the Ministry of Health Management.

☑ **Independence from primary workplace**

According to the internal procedures manual and from interviews, all NITAG core members are independent from their primary workplaces. They are nominated and work based on their expertise.

5.3. Indicator 3, Resources and Secretariat support

The table II shows the level of maturity assigned for the indicator Resources and Secretariat Support of RWANDA-NITAG

Table III: indicator 3, Resources and Secretariat support criteria met, RWANDA-NITAG External Assessment January 2024.

		Basic		Developing		Intermediate		Advanced		Leading Edge	RESULTS
1	Secured Funding	There is no funding to cover **basic operational costs.**		x There is funding to cover basic operational costs.		A **guarantee of funding** from the government covers basic operational costs.		Guaranteed funding is robust.		There is access to funding that can cover travel expenses for national and international NITAG strengthening activities (regional or global NITAG meetings, collaborations, training).	Developing
2	Access to Relevant Data and Other Necessary Tools	NITAG has inconsistent access to regional and global **information**; no access to local information.		x NITAG has adequate access to regional and global information.		x NITAG has consistent and comprehensive access to global and regional information, as well as adequate access to local information.		x NITAG has consistent and comprehensive access to reliable local, regional, and global information.		x NITAG has access to **raw data** or can request specific analyses of the data presented.	Leading Edge
3	Access to External Technical Expertise and Capacity-building Tools	NITAG does not solicit or accept input from external experts.		X NITAG solicits or accepts input from **external experts.**		NITAG routinely gets input from external experts.		As appropriate, NITAG formalizes relationships with external experts through non-core membership.		*Leading Edge will automatically fill if you select Advanced.*	Basic
4	Secretariat Support	There is no officially appointed **Secretariat** to support the NITAG.		x Secretariat provides active administrative support.		x Secretariat provides basic technical support.		X Secretariat or designated support services are able to conduct and/or outsource advanced analyses.		Secretariat has multiple full-time staff members with a mix of skill sets.	Advanced
									OVERALL MATURITY LEVEL		**Basic**

RWANDA-NITAG is considered at basic maturity level for the indicator resources and secretariat support.

☑ **Secure funding**

Annual plan is drafted by the secretariat and financial support provided from GAVI TCA through WHO. There is no domestic funding for the RWANDA-NITAG activities. The RWANDA-NITAG secretariat uses RBC/MCCH premises.

☑ Support from external experts

The RWANDA-NITAG has solicited external experts support for the recommendation on Hepatis B Birth dose introduction. However, there is a need to formalise the relationship with external expert for their inputs.

☑ **Access to data**

The RWANDA-NITAG have access to local raw data and consistent access to other data (National, regional, and global). In addition, WHO Rwanda provide the NITAG with relevant and recent data and information relates to the topic in the agenda.

☑ **Secretariat support**

The secretariat has two officers, expert in epidemiology (SSA from WHO and officer from MOH) providing support before, during and after NITAG technical sessions in addition regular duties in EPI.

5.4. Indicator 4, Operations

Table IV shows the level of maturity assigned for indicator operations of RWANDA-NITAG

Table IV: Indicator 4 operations criteria met, RWANDA-NITAG External Assessment January 2024.

	Basic	Developing	Intermediate	Advanced	Leading Edge	RESULTS
Meeting logitistics	NITAG meets less than once a year.	x NITAG meets about once a year. **Agenda** and **background documents** are circulated at least one week before meetings.	x NITAG meets more than once a year, and as needed beyond regular schedule. NITAG members are invited to suggest agenda items for secretariat review.	x Background documents are comprehensive.	x *Leading Edge will automatically fill if you select Advanced.*	Leading Edge
Standard Operating Procedures (SOP)	**Standard operating procedures (SOPs)** are not formalized.	x SOPs are formalized in an official NITAG document.	x SOPs include or refer to COI policy.	x SOPs include recommendations and tools for orienting and educating members. Orientation includes review of SOP.	SOPs are regularly reviewed, updated as needed, and updates are promptly circulated to all members. SOPs include the process to make a recommendation in an emergency situation.	Advanced
Evaluation	There is no system for **evaluating** the NITAG.	NITAG is evaluated, but without a regular schedule or standardized tool.	NITAG has been evaluated at least once using a standardized tool.	NITAG is regularly evaluated using a standardized tool.	There is a process in place to montior the implementation of evaluation recommendations.	Basic
				OVERALL MATURITY LEVEL		**Basic**

RWANDA-NITAG is considered as basic level of maturity for the indictor on operations.

☑ **Meeting logistics**

Referring to the JRF, RWANDA-NITAG held at least one ordinary meeting over the last 5 years (2018-2022) with an annual average of 2,2. The documents and the agenda of the meetings are shared at least one week before the meetings of the working groups and the statutory meetings of the NITAG with consideration of their suggestions from the members by the secretariat.

☑ **Internal manual of procedures**:

The internal procedures manual includes the SOPs related to membership, roles and responsibilities of each component of the NITAG membership, declaration of interest and conflict of interest management, operations and meetings, procedures for developing the annual work plan, developing recommendation notes. Since it's establishment the internal procedures manual yet to be updated.

☑ **Evaluation:** The RWANDA-NITAG have not conducted any evaluation (internal or external) before the current assessment of January 2024.

5.5. Indicator 5: Making recommendations

The Table V shows the level of maturity assigned for indicator making recommendation.

Table V: Indicator 5, Making recommendations criteria met, RWANDA-NITAG External Assessment, January 2024.

		Basic		Developing		Intermediate		Advanced		Leading Edge	RESULTS
1	Decision-making process	NITAG does not define or follow a standard set of elements as the **basis for decision-making for a recommendation** or use a formal structure for quality assessment of evidence.	x	NITAG defines and follows a limited set of elements as the **basis for decision-making** for a recommendation.	x	NITAG uses a formal structure for reviewing evidence and making recommendations, for example, **SAGE EtR framework** which can include graded evidence or systematic reviews from other groups.	x	*Advanced will automatically fill if you select Intermediate.*	x	NITAG uses tools to assess quality of evidence such as GRADE, CASP, SIGN, etc.	Leading Edge
2	Documentation and Communication	Recommendation documentation does not meet any of the criteria listed.	x	Recommendations are registered in meeting minutes.	x	Recommendations follow a consistent format and refer to peer-reviewed published material and local evidence or contextual information. Recommendations are also documented separately from minutes and systematically **archived**.	x	Recommendations are submitted to designated policymakers in the form of a policy brief conforming to country practices.		For recommendations that are not adopted, there is process for NITAG Chair (or designee) to discuss recommendations with policy decision makers.	Advanced
								OVERALL MATURITY LEVEL			**Advanced**

RWANDA-NITAG is considered at the advanced level of maturity for the indicator on making recommendations.

☑ **Decision making process**

Once a topic is assigned from the MoH, the chairperson of the RWANDA-NITAG communicate with the members through email or WhatsApp. Then a meeting is convened, where a workplan is developed and each member is assigned a task to facilitate the evidence findings and recommendation. The SAGE Evidence to recommendation (EtR) framework is used by the RWANDA-NITAG to enable provide answers to agenda topics. The recommendation framework includes following components which are epidemiology and disease burden, vaccine safety, efficacy and effectiveness, Global and regional consideration, programmatic and policy considerations, resources uses and economic considerations, acceptability, and equity.

☑ **Outputs and documentation**

Recommendations are separate from the meetings minutes. Once the recommendations have been adopted by the members of the RWANDA-NITAG, the chairperson communicates to the Minister of Health and management. Since its inception training in 2019, RWANDA-NITAG issued three recommendations. The scientific productions of RWANDA-NITAG are shown in the table VI.

Table VI: Recommendations notes issued by RWANDA-NITAG_ External assessment January 2024

Origin of request	Domain	disease	Recommendation notes	Year of issuance	Timeline for recommendation issuance	status
NITAG Self-referral	Programmatic issues	Typhoid Fever	The Rwanda NITAG suggested conducting a comprehensive assessment that would determine the burden of the typhoid fever, its related risk factors, and cost effectiveness for introducing the typhoid conjugate vaccine.	**2020**		**Implemented**
MoH	Routine Immunization	Hepatitis B	Introduction of Hepatitis B birth dose in Rwanda routine immunization - Rwanda NITAG recommended the introduction of Hep B	**2023**		**Implemented**
MoH	Health Emergency	Poliomyelitis	G Recommendation on the use of novel Oral Polio Vaccine type 2 (nOPV2) to respond to cVDPV2 outbreaks	**2023**		**Implemented**

5.6. Indicator 6, Integration into policymaking process

Table VII show the level of maturity assigned for indicator integration into policymaking process

Table VII: Indicator integration into policymaking process criteria met, RWANDA-NITAG External Assessment January 2024.

	Basic	Developing	Intermediate	Advanced	Leading Edge	RESULTS
Government consideration and solicitation	There is no defined process for the MOH to officially request recommendations from the NITAG.	There is a defined process for the MOH to officially **request recommendations** from the NITAG. Process includes mutually agreed-upon timetable for NITAG response.	NITAG monitors the recommendations **accepted** by the MOH. When MOH does not accept a NITAG recommendation, a clear explanation for its refusal is provided in writing to the NITAG chair.	If warranted by MOH's explanation for not accepting NITAG recommendations, NITAG improves process for identifying new policy questions. NITAG considers topics suggested by the NITAG but not specifically requested by MOH, through mutually agreed upon process.	*Leading Edge will automatically fill if you select Advanced.*	Basic
Implementation	NITAG is not involved in reviewing or recommending any implementation, programmatic, or research activities.	x NITAG is involved in ad hoc basis in reviewing or recommending any implementation, programmatic, or research activities.	NITAG requests reports or presentations on implementation efforts and vaccine coverage so members can understand if their recommendation is successful or if further considerations are necessary.	If appropriate, NITAG makes **evidence-based programmatic recommendations** (e.g. regarding logistics, delivery, access, vaccine hesitancy, etc.)	NITAG is involved in setting the policy agenda; i.e., recommendations for R&D, recommendation for filling gaps in programmatic implementation).	Developing
					OVERALL MATURITY LEVEL	**Basic**

RWANDA-NITAG is considered at the basic level of maturity for the indicator integration on policy making process.

☑ **Government consideration and solicitation**

RWANDA-NITAG works based on an official request from the Ministry of Health addressed to the chairperson. There is no process for a mutual agreement on the timeline to deliver the recommendation.

☑ **Implementation**

currently, there is a delay in implementing hepatitis B birth dose and Typhoid conjugate vaccine recommendation due to programmatic conflicts. The internal procedures manual does not include a mechanism for monitoring recommendations implemented by the Ministry of Health; however, the EPI team updates the RWANDA-NITAG members on the progress of the vaccination program implementation during regular meetings.

5.7. Indicator 7: Stakeholder recognition

Table VIII shows the level of maturity for indicator stakeholders' recognition of RWANDA-NITAG.

Table VIII: Indicator, stakeholders recognition criteria met, RWANDA-NITAG External Assessment January 2024.

		Basic	Developing	Intermediate	Advanced	Leading Edge	RESULTS
1	Relationship with Stakeholders	x **Stakeholders** and partners in the community are not aware of the NITAG.	X **Members of the scientific and professional community are aware of the NITAG's role and activities.**	Members of the scientific and professional community are aware of the NITAG's role and activities and can easily access the NITAG's recommendations.	In countries where multiple health authorities issue vaccine recommendations, NITAG's recommendations are recognized as the standard of care; grossly conflicting recommendations are not issued by other authorities. NITAG accepts input from the public, including organizations that are not represented among non-core members.	NITAG members exchange information and collaborate with relevant partners based on partner expertise and focus.	Basic
2	Public Recognition	x NITAG member names are not **publicly available**.	NITAG member names are publicly available.	NITAG chair is allowed to be interviewed in public media in his/her capacity of NITAG chair.	Members are co-authors or acknowledged in publications (peer-reviewed or non-peer-reviewed) of recommendations stemming from NITAG work.	Members are authors on peer-reviewed publications for research or recommendations stemming from NITAG work.	Basic
						OVERALL MATURITY LEVEL	**Basic**

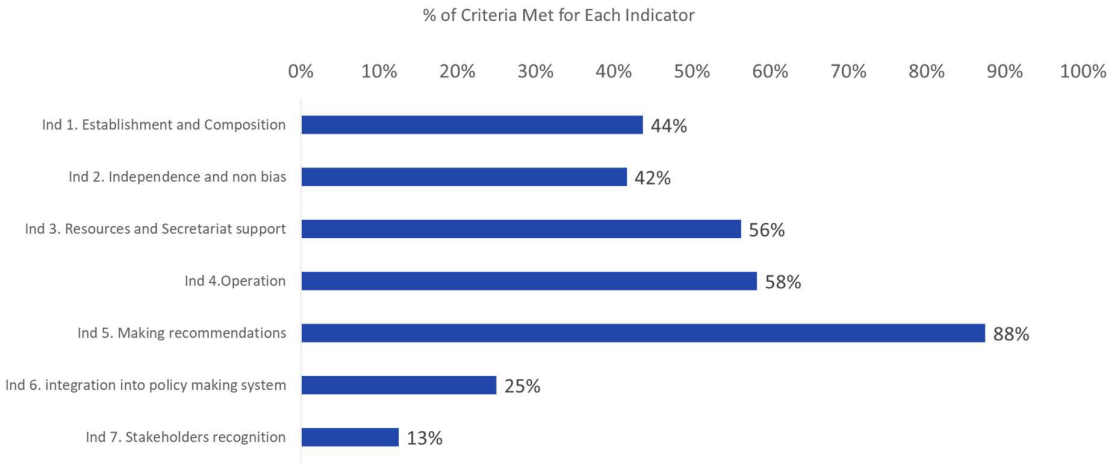
The RWANDA-NITAG has been considered as a basic level of maturity on the indicator 7 on stakeholders' recognition.

The RWANDA-NITAG's started work in 2019 and successfully made recommendation on new vaccines introduction to the MoH, however these recommendations and activities are not available to the public, scientific and professional health community. In addition, the work of RWANDA-NITAG in per-reviewed or any scientific publication despite the high quality of the recommendations.

5.8. Assessment Rating Summary

The table IX shows the overall criteria met by RWANDA-NITAG

Table IX: Overall rating of assessment criteria, RWANDA-NITAG External Assessment, January 2024



The highest indicator is “making recommendation” (88%) while the least indicator is the stakeholder’s recognition (13%). Three of the indicators achieved less than 50% such are establishment and composition, independence and non-bias, integration into policy making system.

6. Strengths

- The willingness of the Chairperson and members to deliver on the NITAGs mandate and provide orientation for new members during quarterly meeting.
- Regular and consistent funding support from WHO Rwanda to cover basic operations and quarterly meetings of Rwanda NITAG since 2018
- Commitment of the Rwanda NITAG members has sustained the functionality of the Rwanda NITAG in ensuring standard evidence-based recommendations provided to the MoH.

7. Opportunities

- Availability of Medical science faculty, public health academic institutions and teaching hospitals within Rwanda
- Use the next Gavi Full Portfolio Planning cycle to request for funds under Gavi Health System Strengthening window for funding the Rwanda NITAG secretariat.
- Show casing and presentation of Rwanda NITAG work to the scientific and health professional communities during their annual meetings and conventions.
- Rwanda NITAG recommendations are well detailed research work that could be published after approval and permission of the MoH/RBC management

8. Identified Challenges for improvement.

Indicator One (establishment and Composition)

- Vacant Positions core members, liaison and ex-officio yet to be filled:
- Epidemiologist; microbiologist; immunologist or vaccinologist and Supply chain Expert
- Ex-officio such as technical officers from other line ministry involved in Immunization Finance, Education, Family Health, Environment, veterinarian, etc)
- Liaison members: UNICEF, USAID, AFENET, NGOs

Indicator Two (Independence and non-Bias)

- Internal procedures manual not updated since 2019 (SOPs, ToRs and operational forms such as DOI and COI forms)
- Seven out of thirteen members attend the quarterly NITAG meetings
- RWANDA NITAG documents not shared with the public.
- Non- members of NITAG are not permitted to join the NITAG proceeding and meetings as observers.

Indicator three (Resources and Secretariate Support)

- Lack domestic funding to support Rwanda NITAG from by the MoH since inception in 2019
- Absence of a permanent secretariate personnel to support the activities, workplans and deliverables of RWANDA-NITAG
- Sub-optimal use of external expert to provide inputs to the work of RWANDA-NITAG work in the country
- Absence of webpage for visibility platforms and sharing recommendations to all.

Indicator Four (Operations)

- The last detailed official orientation and training for members NITAG operation and EtR process was done by WHO in 2019 and 6 new NITAGs members yet to be trained.
- Absence of Rwanda -NITAGs annual reports to the Minister of health, since nomination in 2019
- No self-evaluation of the Rwanda NITAG since inception.

Indicator Six (Integration in Policy Making Process)

- Only one topic was self-generated by RWANDA-NITAG on Typhoid conjugate vaccine introduction.
- RWANDA NITAG have not started monitoring the level of approvals and implementation of their previous recommendations in past four years (2019 to 2023)

Indicator Seven (Stakeholders Recognition)

- Poor visibility of Rwanda-NITAG among other health professional associations and immunization stakeholders
- No evidence submitted to show that NITAG Members are part of peer reviewed publications that emanated from recommendations stemming from RWANDA NITAG work

9. Recommendations

- NITAG Chair/ MCCH Directorate/ WHO representative to share the assessment findings with the senior management of the Ministry of Health for advocacy and implementation (1st week March 2024)
- RBC/MCCH and EPI in collaboration the chairperson to identify additional experts to fill the gaps and propose their nomination and reconstitution of RWANDA-NITAG (3rd week March 2024)
- Letters of appointment and inauguration of RWANDA-NITAGs upcoming new membership (3rd week March 2024)
- Integrate NITAG activities into the EPI strategic as well annual plan to enable funding
- Developed and budgeted a comprehensive RWANDA NITAG annual workplan including visibility activities (1st week March 2024)
- Set up a bi-annual follow up calls between WHO, NITAG chair and secretariat to monitor the implementation of the improvement plan (June 2024).

10. Proposed Planned Actions and Priority next steps

The proposed Action plans were identified and validated during the stakeholder's consensus meeting on 25th Jan 2024

Table X: Next Priority Next Steps validated_ RWANDA NITAG external Assessment January 2024

Indicator	Current Maturity Level	Planned Actions	Responsible Party	Deadline
ONE	Basic	The Head of Division of Maternal and Child Health will work with EPI programme to draft an Ministerial order that will serve as statute for the nomination of Rwanda NITAG	Head MCCH EPI Manager	Feb 24
ONE	Basic	MoH to replace the members of NITAGs that have left the NITAGs since 2019 targeting critical expertise in the following disciplines: Pediatrician Epidemiologist; Vaccinologist or immunologist; Infectious diseases , Microbiologist, Health supply	RBC/MCCH	March 24
TWO	Basic	NITAG to update the internal manual of procedure to incorporate current gaps observed using standard template	NITAG-Secretariat	June 24
TWO	Basic	The NITAG Chair and Secretariat to work with Rwanda Biomedical Commission (RBC) /MoH to create a webpage for RWANDA NITAG on the Official Website of the Rwanda Ministry of Health	NITAG Chair/Head MCCH and MoH EPI Manager	Dec 24

Indicator	Current Maturity Level	Planned Actions	Responsible Party	Deadline
Three	Basic	The Government of Rwanda through EPI Manager/ RBC DG to include the NITAG Annual workplan and Budget from 2024	National EPI Manager and Head MCCH RBc	Jan to March 2024
Three	Basic	MoH, RBC and immunization Country Team to explore other windows of opportunity to access funding to the NITAG using the following: Rwanda Gavi FPP Plans to capture the supports for Rwanda NITAG Secretariats and workplans using the Health System Strengthening window	MoH Management and WHO, UNICEF with other Partner	Feb to Dec 2024
Four	Basic	Updating and printing of the RWANDA NITAG Internal manual procedures (Standard Operations Procedures; ToRs; Declaration of interest forms and Conflict of interest forms etc) to include updated information and country context	NITAG Chair, all members and secretariat and MoH	Feb 24
Four	Basic	To conduct self-evaluation of Rwanda NITAG every 18 to 24 months or before renewal of terms and External Assessment every three years using the NMAT	Rwanda NITAG and WHO AFRO	2024 to 2027
Five	Advance	NITAG Chair (or designee) to discuss recommendations with policy decision makers that are not adopted,	Rwanda NITAG Chair	April 2014
Five	Advance	All NITAG members and Secretariate to undergo Technical Orientation on EtR process, Capacity building new tools used for reviewing evidence including tools used to assess the quality of evidence	WHO	June 2024
Six	Developing	RWANDA NITAG develop a simple tools M and E templates to monitoring the level of approvals and implementation of their previous recommendations	Chair and Secrétariat	April 2024

Indicator	Current Maturity Level	Planned Actions	Responsible Party	Deadline
Six	Developing	Newer immunization priority Topics to be auto generated and considered worked on by Rwanda NITAG (Issues on Vaccine Dosaging, vaccine logistics, disease surveillance, AEFIs, Vaccine Schedule, Health workers using Vaccine etc , Operational research	Rwanda NITAG Chair and Members	March 2024
SEVEN	BASIC	Annual one day high-level Ministerial meeting official documented interactions between the Rwanda MOH Management team and RWANDA –NITAGs to discuss reports and attend to emerging issues, Challenges, and way forward	MoH / RBC Management and NITAG Chair / members	April, August , Nov 2024
SEVEN	BASIC	Developed and budgeted a comprehensive RWANDA NITAG Stakeholders and visibility packages (Visibility activities, Workplans, milestones Routine media engagements, Website updating etc	MoH and Rwanda NITAG	March – April 2024

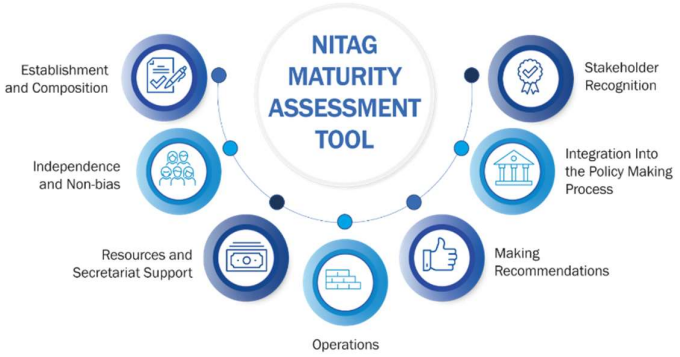
Annex 1: List of assessment stakeholders

RWANDA NITAG ASSESSMENT LIST PERSONS IN THE MEETINGS AND INTERVIW SESSION

S/No	Names	Designation/Position	Year of Joining RNITAG	Email	Phone/GSM
1.	Dr Raissa TETELI	NITAG Chairperson	2017	raisste@gmail.com	+250788507770
2.	Dr Osée Rurambya SEBATUNZI	NITAG Vice Chair	2017	sebatunzi@gmail.com	+250788858032
3.	Dr Augustin KABANO	NITAG Core member	2019	Kabanoaugustine@gamail.com	+250788472323
4.	Dr Florent RUTAGARAMA	NITAG Core member, Dear SMP	2017		+250788595939
5.	Celse RUGAMBWA	NITAG Core member	2017		+250788301792
6.	Dr ALINE UWIMANA	Division Manager Maternal Child and Community Health RBC		Aline.uwimana@rbc.gov.w	+250788460895
7.	Hassan SIBOMANA	EPI MANAGER RWANDA	2017	Hassan.sibomana@rbc.gov.rw	+250788484811
8.	Jeande Dieu HAKIZIMANA	AEFI Surveillance &Monitoring Officers	2019	Jdiedu.haizimana@rbc.gov.rw	+250788847132
9.	Irene NUKANYANDWI	SIA and New Vaccine Officer		Irene.mukanyandwi@rbc.gov.rw	+250788530403
10	Yette TUYISHIME	Vaccination Field Staff	2019	tuyishimey@who.int	+250785814724
11	Dr Marie Rosette NAHIMANA	WHO EPI focal Point	2019	nahimanam@who.int	+250788763036
12	Dr NDIAYE, Sidy	WHO AFRO NITAG Focal		ndiayes@who.int	+221775216739
13	Prof(Dr) Anthony ONIMISI	WHO AFRO NITAG Assessment Consultant		profanthonybabaonimisi@gmail.com	+2347066113583

Annex 2: NMAT Data Collection Tool

NITAG Maturity Assessment Data Collection Guide



Accessible here: [NMAT English FV.xlsx (live.com)]