REPORT
EXTERNAL ASSESSMENT OF TANZANIA IMMUNIZATION TECHNICAL ADVISORY GROUP (TITAG)

March 202

Dr Sidy NDIAYE,
Immunization Officer,
NITAG focal Person WHO
AFRO
## Table of contents

Table of contents ........................................................................................................................ 1  
1. Background ........................................................................................................................ 2  
2. Objectives .......................................................................................................................... 3  
3. Outputs ................................................................................................................................ 3  
4. Methods and tools .............................................................................................................. 3  
5. Findings ............................................................................................................................... 5  
5.1. Indicator 1, Establishment and Composition ................................................................. 5  
5.2. Indicator 2, Independence, and non-bias. ................................................................. 7  
5.3. Indicator 3, Resources and Secretariat support ......................................................... 8  
5.4. Indicator 4, Operations ............................................................................................... 9  
5.5. Indicator 5: Making recommendations ...................................................................... 10  
5.6. Indicator 6, Integration into policymaking process .................................................... 0  
5.7. Indicator 7: Stakeholder’s recognition ....................................................................... 1  
5.8. Assessment Rating Summary .................................................................................... 2  
6. Strengths ............................................................................................................................ 3  
7. Challenges .......................................................................................................................... 3  
8. Best practices ..................................................................................................................... 3  
9. Recommendations .............................................................................................................. 4  
10. Priority next steps ............................................................................................................ 0  
Annex 1: List of Interviewees ............................................................................................... 0  
Annex 2: data collection tool ............................................................................................... 0
Background

National Immunization Technical Advisory Groups (NITAGs) are bodies composed of national independent 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 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 might also be leveraged as an advocacy group to strengthen immunization stakeholders’ engagement in policy design and immunization strategies, as well as for partners supporting these strategies.

To fulfill this 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). Two tools assessing have been previously developed to assess process, 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 evaluation exercise.

The update of these tools was carried out between 2020 and 2021 by integrating other specific indicators and criteria to classify the NITAGs into five categories of maturity: Basic, Developing, Intermediate, Advanced, Leading edge. Seven indicators are used to identify the maturity level: Establishment and composition, Independence and non-bias, Resources and secretariat support, Operations, Process for making recommendation, Integration in the policymaking process, and Stakeholder’s recognition. The NITAG Maturity Assessment Tool (NMAT) was), developed in 2021 by a working group NITAG subject matter experts lead be 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 and specific criteria. It is in this context that WHO AFRO conducted an external assessment of Tanzania Immunization Technical Advisory Group (TITAG) from 13 to 17 March 2023.
Objectives

The main objective of this external evaluation was to classify the Tanzania NITAG (TITAG) level of maturity using the NMAT tool and to identify appropriate actions for its strengthening.

Specifically, this assessment aims to:

- Describe and analyze TITAG administrative and normative aspects (composition, modus operandi, funding, secretariat support)
- Assess TITAG standard operating procedures for Evidence to Recommendation (EtR) process
- Assess the TITAG integration level into the health system and impact on immunization policies
- Identify best practices, challenges to strengthen TITAG functioning and its evidence-based process

Outputs of the assessment

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

Methods and tools

This assessment has been conducted by a team composed by expert from WHO Regional Office for Africa deployed on site and another expert from Inter-country support Team for Eastern and Southern Africa, in remote support from 13 to 17 March 2023. Background documents such as the assessment terms of reference, the NMAT data collection tool paper based as well as the electronic version were shared two weeks prior with the country team. In addition, for planning purpose, a draft agenda was shared with the focal person in the Secretariat. The tools have been completed during the key informant interviews.
The evaluation consisted of desk review of TITAG materials and interviews with stakeholders.

Desk review:

The assessment team reviewed the TITAG documentation: Official documents (decree, appointment letters), Internal Manual of procedures, Meetings minutes, Recommendations notes, other official communication.

Interviews

These were conducted in person and virtually. TITAG Chairperson, secretariat focal person, two core members, one ex officio member (EPI manager), WHO and UNICEF immunization focal persons as liaison members, were interviewed. The data collection tool (appendix 2) was used within the context of TITAG. This was followed by scoring using the excel based NMAT electronic template and results from the assessment were used to prepare the insights for the stakeholders meeting.

We had a meeting on 16 of March 2023 with the TITAG members and secretariat. Consensus on the maturity level assigned for each NMAT indicators and sub indicators was agreed. These results collectively defined the next steps to plan the TITAG functionality improvement.

The NMAT has been developed as a practical planning, monitoring, and evaluation tool to guide, develop, and refine TITAG 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 are 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.

**Findings**

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 (cell in green) were considered as met by the assessment team and validated during the Stakeholders meeting.

**Indicator 1, Establishment and Composition**

Table I shows the level of maturity assigned for the indicator: Establishment and composition of TITAG.

*Table I: Indicator 1, Establishment and Composition criteria met, TITAG External Assessment, March 2023.*

<table>
<thead>
<tr>
<th>INDICATOR 1: ESTABLISHMENT AND COMPOSITION</th>
<th>Basic</th>
<th>Developing</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Leading Edge</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Official Status</td>
<td>NA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Leading Edge</td>
</tr>
<tr>
<td>2 Terms of Reference</td>
<td>NA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Leading Edge</td>
</tr>
<tr>
<td>3 Diversity of Expertise</td>
<td>NA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Intermediate</td>
</tr>
<tr>
<td>4 Membership</td>
<td>NA</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Intermediate</td>
</tr>
</tbody>
</table>

TITAG is considered at the intermediate level of maturity for indicator 1 on establishment and composition.
**Official status**
Tanzania NITAG has been established in November 2016 by the Ministry of Health.

**Terms of Reference (ToR)**
The TITAG serves as both a technical resource and a deliberative body; responsible for providing independent evidence-based recommendations on all technical and scientific matters related to immunization, without political or any other influence. The committee does not implement activities or supervise immunization programmes, but instead provides technical advice on policy matters regarding immunization services, gives evidence-based recommendations on policy change/improvement, and provides guidance for new immunization policies. All interviewees were aware on the existence of the ToR which have been shared, upon new members appointment in July 2021.

**Membership and diversity of expertise**
The first TITAG members were appointed officially by Minister for Health on 20th January 2017. The second term group was appointed on 1st of April 2021. Fourteen experts constitute the current core membership among eleven domains of expertise: 01 Pediatrician, 01 Epidemiologist, 02 Microbiologist-Virologist, 01 biostatistician, 01 Public health expert, 01 health economist, 03 Pharmacist (quality assurance, importation of medical product, vertical Program coordination), 01 research scientist, 01 sociologist, 01 chemist; In the context of COVID-19 pandemic, a lawyer has been added to core membership. In addition, the TITAG has experts with cross-cutting expertise such as in (Epidemiology, Public health, Microbiologist). The ex-officio members are represented by the Immunization and Vaccine Development (IVD) Program manager, a public health specialist and the Director of Preventive Services (DPS).

Depending on the policy question; staffs from MOH are Co-opted as ex-officio and invited to join the TITAG meetings such as the Chief Medical Officer, Permanent secretary, and Assistant Permanent Secretary as well from Muhimbili University of Health and Allied sciences (MUHAS).

TITAG work is supported by the secretariat constitute by two staff from MOH/IVD Program with expertise in Pediatrics, Epidemiology and Public Health. The core members are chosen by cooptation by the IVD Program. Then the MOH appoint members and expression of interest
letters sent to those experts for acceptance and signature of DOI and confidentiality forms. The Chairperson is being appointed by the Minister while his assistant, the Vice Chairperson is /has been elected by the TITAG’s core members. Following the internal procedure manual, only core members vote during recommendation notes deliberations. The term of office is 4 years renewable once. For institutional memory purpose, at least the third of core members remain for each term renew. Thus, three members of the current term, started in 2021, were in the previous membership.

### Indicator 2, Independence, and non-bias

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

**Table II: indicator 2, Independence and non-bias criteria met, TITAG External Assessment, March 2023.**

<table>
<thead>
<tr>
<th>Disclosure and interest conflict of process</th>
<th>Basic</th>
<th>Developing</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Leading Edge</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration of Interest (DOI) is #NA; not mandatory for core members.</td>
<td>X</td>
<td>DOI is mandatory for core members upon appointment.</td>
<td>DOI is mandatory for core members upon appointment.</td>
<td>Conflict of interest (COI) policy describes processes for assessing and managing COIs.</td>
<td>DOI is mandatory for non-core members, upon appointment and when a change occurs.</td>
<td>Developing</td>
</tr>
<tr>
<td>TITAG documentation is not publicly available.</td>
<td></td>
<td>TOIs and standard operating procedures are publicly available.</td>
<td>Agendas, meeting summaries, and records of decisions are publicly available.</td>
<td>Technical reports and position papers are publicly available.</td>
<td>Observation of meetings by non-members is permitted upon request or on a scheduled basis, or meetings are broadcast publicly.</td>
<td>Basic</td>
</tr>
<tr>
<td>There is no policy in place to ensure members do not promote their primary employer’s priorities, views, and/or products.</td>
<td>X</td>
<td>A policy is in place to ensure members do not promote their primary employer’s priorities, views, and/or products.</td>
<td>Internal review will automatically XYZ if you assert developing.</td>
<td>Advanced will automatically XYZ if you assert developing.</td>
<td>Leading Edge</td>
<td></td>
</tr>
</tbody>
</table>

TITAG is considered at the basic level of maturity for the indicator 2.

**Disclosure and conflict of interest process**

The TITAG internal manual procedures describes the declaration of interest (DOI) policy. Thus, the declaration of interest is mandatory upon the appointment for core members and non-core members of the TITAG except the secretariat. This declaration of conflict of interest is regularly signed before each meeting of working groups as well for TITAG statutory meetings.
by core members and archived by the secretariat. The assessment of the DOI are not explicit regarding the “how” and “by whom” the latter are assessed and managed.

 **Transparency**

TITAG recommendations as well as meetings minutes are not publicly available. However, the Ministry of Health refers to the recommendation made by the TITAG during official statements.

 **Independence from primary workplace**

According to its Terms of reference, TITAG is an independent body, and it was gathered in the interviews that all core members are independent from the immunization program and from their primary workplaces.

### Indicator 3, Resources and Secretariat support

The table III shows the level of maturity assigned for the indicator Resources and Secretariat Support of TITAG.

*Table III: indicator 3, Resources and Secretariat support criteria met, TITAG External Assessment March 2023.*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Basic</th>
<th>Developing</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Overall Maturity Level for this Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Secure Funding</td>
<td>None</td>
<td>There is no funding to cover basic operational costs.</td>
<td>Guaranteed funding is robust.</td>
<td>Guaranteed funding is robust.</td>
<td>Intermediate</td>
</tr>
<tr>
<td>2 Access to Relevant Data and Other Necessary Tools</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>3 Access to External Technical Expertise and Capacity-Building Tools</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>4 Secretariat Support</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>None</td>
</tr>
</tbody>
</table>

TITAG is considered at intermediate maturity level for the indicator resources and secretariat support.

 **Secure funding**

Annually, a workplan is drafted by the secretariat and endorsed by the TITAG members. Funding for TITAG activities is supported through GAVI funding, either by TCA (WHO,
UNICEF) or by HSS. Other NGO’s such as CHAI, JHPIEGO and others have also provided financial support to the workplan implementation. The TITAG holds quarterly meetings in the form of workshops from 5 days to 14 days, the costs covered concerning air tickets and DSAs. Funds mobilization issues encountered during the first term of the TITAG have been resolved during the COVID-19 vaccines deployment, with additional resources from the GAVI/CDS. However, as of to date, the TITAG plan is not fully integrated in the EPI annual plans.

Access to data

The evaluation revealed consistent and comprehensive access to the local, regional, and global evidence. The TITAG has access to local raw data and additional analysis can be requested to specifically to the disease surveillance data. Moreover, individual contribution of TITAG core members who mostly come from the academies are frequently requested support as well from external expertise beyond the TITAG membership, when needed and depending on the topics at the agenda.

Secretariat support

The technical and scientific secretariat is provided by two IVD Program civil servants with expertise in pediatrics, public health, and vaccinology. the latter, cover both the TITAG work, as well their tasks within the immunization program.

Indicator 4, Operations

Table IV shows the level of maturity assigned for indicator operations of TITAG

Table IV: Indicator 4 operations criteria met, TITAG External Assessment March 2023.
TITAG is at the leading edge of maturity for the sub-indicators: meetings logistics as well as for Standards operating procedure; however, the absence of an evaluation mechanism brings it back to the basic level concerning the indicator, Operation.

**Meeting logistics**

Referring to the JRF, TITAG held at least one ordinary meeting over the last 5 years with an annual average of two. The documents and the agenda of the meetings are shared at least two weeks before the meetings of the working groups and the statutory meetings of the TITAG.

**Internal manual of procedures**

The manual of procedures includes the SOPs related to membership, with the roles and responsibilities of each component of the TITAG, the procedures for developing the annual work plan, the holding of meetings, developing recommendation notes.

**Evaluation**

the TITAG has not benefit from any self or external assessment its creation in 2016.

### Indicator 5: Making recommendations

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

*Table V: Indicator 5, Making recommendations criteria met, TITAG External Assessment, March 2023.*

TITAG is considered at the leading edge of maturity for the indicator on making recommendations.
Decision making process

Once request has been received from the MoH, the secretariat organize TITAG meeting to draft go through the Evidence to recommendation process. Additional expertise needed, from MoH, Academics or from partners, are identified and approached for their involvement. TITAG works as a team for any request - no specific working group is set up- the distribution of work between the members of the NITAG is done according to their expertise on the 7 domains of the recommendation framework. The recommendation framework is drafted to fit the specific question with the support of the secretariat. 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, equity, social aspects.

Outputs and documentation

Recommendations are separate from the meetings minutes. Once the recommendations have been adopted by the members of the TITAG, the chairman communicates to the Minister of Health; TITAG chair signs off to Permanent Secretary of MoH in policy briefing format including a summary of evidence, recommendation, and conclusion. Since the establishment of second TITAG in 2016, the group has issued seven (7) recommendations. The list of recommendation issued by TITAG are shown in the table VI.
# Table VI: Recommendations notes issued by TITAG_ External assessment March 2023

<table>
<thead>
<tr>
<th>S/No</th>
<th>Origin of request</th>
<th>Domain</th>
<th>disease</th>
<th>Recommendation notes</th>
<th>Year of issuance</th>
<th>Timeline</th>
<th>status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Ministry of Health</td>
<td>Routine Immunization</td>
<td>Cervical cancer</td>
<td>Recommendation one one-dose HPV (Gardasil) quadrivalent vaccine to adolescent girls aged 9-14 years old use in Tanzania</td>
<td>2023</td>
<td>8 weeks</td>
<td>Pending&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>02.</td>
<td>Ministry of Health</td>
<td>Health Emergency</td>
<td>Poliomyelitis</td>
<td>Recommendation nOPV2</td>
<td>2022</td>
<td>8 weeks</td>
<td>Implemented</td>
</tr>
<tr>
<td>03.</td>
<td>Ministry of Health</td>
<td>Health Emergency</td>
<td>COVID-19</td>
<td>Recommendation on BBV152 COVAXIN® vaccine</td>
<td>2022</td>
<td>6 weeks</td>
<td>Implemented</td>
</tr>
<tr>
<td>04.</td>
<td>Ministry of Health</td>
<td>Routine Immunization</td>
<td>Malaria</td>
<td>Introduction of Malaria vaccine RTS, S/AS01 for use among children in Tanzania populace</td>
<td>2021</td>
<td>8 weeks</td>
<td>Pending&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>06.</td>
<td>Ministry of Health</td>
<td>Routine Immunization</td>
<td>Acute Diarrhea due to Rotavirus</td>
<td>Recommendation Switch Rotarix to ROTAVAC 5 dose</td>
<td>2022</td>
<td>10 weeks</td>
<td>implemented</td>
</tr>
</tbody>
</table>

---

<sup>1</sup> document in the communication circuit
<sup>2</sup>Country yet to receive GAVI funding
Table VII shows the level of maturity assigned for indicator integration into policymaking process.

**Table VII: Indicator 6, integration into policymaking process criteria met, TITAG External Assessment March 2023.**

<table>
<thead>
<tr>
<th>Basic</th>
<th>Developing</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Leading Edge</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government consideration and solicitation</td>
<td>There is no defined process for the MOH to officially request recommendations from the NITAG.</td>
<td>NITAG monitors the recommendations accepted by the MOH.</td>
<td>If warranted by MOH’s explanation for not accepting NITAG recommendations, NITAG improves process for identifying new policy questions.</td>
<td>Leading Edge</td>
<td>Advanced</td>
</tr>
<tr>
<td>Implementation</td>
<td>NITAG is not involved in reviewing or recommending any implementation, programmatic, or research activities.</td>
<td>NITAG requests reports or presentations on implementation efforts and vaccine coverage so members understand if their recommendation is successful or if further considerations are necessary.</td>
<td>NITAG considers topics suggested by the NITAG but not specifically requested by MOH, through mutually agreed upon process.</td>
<td>Leading Edge</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

TITAG is considered at the advanced level of maturity for the indicator integration on policy making process.

- **Government Consideration and solicitation**

TITAG works based on an official request from the Ministry of Health addressed to the chairperson. From then, the whole TITAG is involved with the development of the technical note of recommendation. Additional priority topics have been identified this year by the members for self-referral question such as Hepatitis B birth dose and updates on the Malaria vaccine recommendation.

- **Implementation**

As of to date, delay in implementing recommendations remains for one COVID-19 vaccine: Sputnik V. The internal procedures manual does not include a mechanism for monitoring recommendations implemented by the Ministry of Health; however, the IVD Program team updates the TITAG members on the progress of the vaccination program implementation during regular meetings. In the recommendation notes, the TITAG identifies the gaps on evidence and recommends ways to address them.
Table VIII shows the level of maturity for indicator stakeholders’ recognition of TITAG

**Table VIII: Indicator, stakeholders recognition criteria met, TITAG External Assessment March 2023.**

<table>
<thead>
<tr>
<th>Basic</th>
<th>Developing</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Leading Edge</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders and partners in the community are not aware of the NITAG.</td>
<td>Members of the scientific and professional community are aware of the NITAG’s role and activities.</td>
<td>Members of the scientific and professional community are aware of the NITAG’s role and activities and can easily access the NITAG’s recommendations.</td>
<td>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.</td>
<td>NITAG members exchange information and collaborate with relevant partners based on partner expertise and focus.</td>
<td>Developing</td>
</tr>
<tr>
<td>NITAG member names are not publicly available.</td>
<td>NITAG member names are publicly available.</td>
<td>NITAG chair is allowed to be interviewed in public media in his/her capacity of NITAG chair.</td>
<td>Members are co-authors or acknowledged in publications (peer-reviewed or non-peer-reviewed) of recommendations stemming from NITAG work.</td>
<td>Members are authors on peer-reviewed publications for research or recommendations stemming from NITAG work.</td>
<td>Basic</td>
</tr>
</tbody>
</table>

The TITAG has been considered as basic level of maturity on the indicator 7 on stakeholders’ recognition. It is already planned by TITAG to document their work so far for publication during year 2023. TITAG members from academies and research institutions belong to scientific societies and are known by their peers. The members of the scientific societies of the place are called individually if their expertise is required in the working groups of the NITAG. However, there is no formal platform for exchanges and communication of activities and dissemination of TITAG recommendations at the national level. The Tanzania NITAG since the end of 2022 regularly shares its recommendations with the WHO for dissemination on the GNN website.
Assessment Rating Summary

The table IX shows the overall criteria met by TITAG

![Graph showing assessment rating summary]

Figure 1; Overall rating of assessment criteria, TITAG External Assessment, March 2023

Establishment, secretariat support, making recommendation, and integration into policymaking process scored the highest while the remaining indicators require attention for further improvement.
Strengths

- Commitment of the TITAG members, supported by a strong and skilled secretariat, has sustained the functionality of the TITAG with a shorten timeline in delivering their recommendation note to the MoH.
- TITAG has followed procedures has standard evidenced based recommendation provision process, involvement of external expertise as required.
- Experience gained by the TITAG members through their term is contributing ably to the decision-making process and transfer skills to the new or co-opted members.
- TITAG members responding to emergent and ad-hoc requests such as the COVID-19 pandemic in providing timely guidance to the MoH.
- Solid experience in leading the evidence to recommendations process contributing in informed decision-making for IVD.
- Formalized feedback from MoH (acknowledgment letter, systematic update on TITAG recommendations implementation provide by IVD.

Challenges

The assessment identified challenges on the functioning and processes of TITAG, these are:

- Limited redundancy in the core membership to take in account life course immunization – need to expand membership to Pediatrics, Internal medicine, sexual and reproductive health.
- Declaration of interest limited to Core members – need to expand to secretariat, working groups members and external expertise.
- TITAG work with limited visibility- improve through publications of their work.
- Need to integrate TITAG expertise into the Research agenda within the Ministry of Health.

Best practices

- MOH systematically requesting the TITAG for recommendation to guide policy in new vaccine recommendation and Immunization program related issues including emergency vaccination response (operations feasibility etc).
- The mandate of the TITAG has been renewed periodically with updating of the Implementation procedure manual.
- Request for external expertise input through co-opting experts into working groups to address the gaps.
- Involving all NITAG members in working group.
- availability of funding and support from partners improve timeline in recommendation issuance.
Recommendations

- Secretariat to update TITAG Annual plan taking in account the adopted improvement plan (guided by current assessment).
- NITAG Chair/IVD Program manager to share the Assessment findings with the Ministry of Health (audience with senior management of MoH)
- WHO country office to coordinate quarterly follow up call for implementation plan monitoring (secretariat to provide quarterly update prior to the call)
- TITAG members to make sure they self-evaluate themselves as needed and external evaluation to be conducted by WHO yearly.

Interview ZITAG secretariat focal person
**Priority next steps**

Next steps identified and validated during the stakeholder’s consensus meeting

*Table IX: Next Priority Next Steps validated_ TITAG external Assessment March 2023.*

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Current Maturity Level</th>
<th>Planned Actions</th>
<th>Responsible Party</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment &amp; composition</td>
<td>Intermediate</td>
<td>Expansion of membership (Internal medicine, Gynecologist, 1 more pediatrician)</td>
<td>MOH/IVD Program</td>
<td>End 2023</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publish open advert to attract core members to join</td>
<td>MOH IVD Program</td>
<td>Q3 2023</td>
</tr>
<tr>
<td>Independence &amp; Non-bias</td>
<td>Basic</td>
<td>Update SOPs on Declaration of Interest and COI assessment</td>
<td>TITAG</td>
<td>Q3 2023</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publish meeting summaries, Recommendations and IPM and any other relevant documents through a dedicated NITAG Webpage on MoH website</td>
<td>TITAG IVD Program</td>
<td>Q4 2023</td>
</tr>
<tr>
<td>Resources &amp; Secretariat support</td>
<td>Intermediate</td>
<td>Expand TITAG activities funding to participation on regional and international meetings (GNN, SAGE, RITAG), capacity building (vaccinology), Conduct systematic reviews and Meta-analysis</td>
<td>MOH/ IVD Program</td>
<td>Q1 2024</td>
</tr>
<tr>
<td>Indicators</td>
<td>Current Maturity Level</td>
<td>Planned Actions</td>
<td>Responsible Party</td>
<td>Deadline</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Operations</td>
<td>Intermediate</td>
<td>Assign a full time dedicated and skilled secretariat to NITAG work</td>
<td></td>
<td>Q1 2024</td>
</tr>
<tr>
<td>Making recommendations</td>
<td>Advanced</td>
<td>To conduct self-evaluation/ external assessment (every 2-3 years)</td>
<td>TITAG, WHO to facilitate</td>
<td>End 2024</td>
</tr>
<tr>
<td>Integration in policy making process</td>
<td>Developing</td>
<td>MOH to involve TITAG in Health sector Research and Development agenda</td>
<td>MOH/IVD</td>
<td>Q1 2024</td>
</tr>
<tr>
<td>Stakeholder recognition</td>
<td>Basic</td>
<td>Increase visibility of TITAG by creation of a NITAG webpage /MoH Website</td>
<td>MOH/IVD</td>
<td>Q4 2024</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Set up communication channel with scientific societies, Health professional associations recommendations (symposium, invitation to attend meetings, attendance of events-Tanzania health summit, scientific conference)</td>
<td>TITAG Chairperson</td>
<td>Q3 2023</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regular sharing TITAG recommendations notes/articles for publication on the GNN website</td>
<td>TITAG</td>
<td>Q3 2023</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document and Publish TITAG experience on EtR process and NITAG operations</td>
<td>WHO (to facilitate)</td>
<td></td>
</tr>
</tbody>
</table>
Annex 1: List of Interviewees

<table>
<thead>
<tr>
<th>NAME</th>
<th>Function-TITAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Stephen MSHANA</td>
<td>Chairperson</td>
</tr>
<tr>
<td>Dr Salvatory MUKALABAMU</td>
<td>Core member</td>
</tr>
<tr>
<td>Prof. Gerald MISINZO</td>
<td>Core member</td>
</tr>
<tr>
<td>Dr Florian TINUGA</td>
<td>ex officio, EPI manager</td>
</tr>
<tr>
<td>Dr. Alex MPHURU</td>
<td>Liaison member UNICEF</td>
</tr>
<tr>
<td>Dr. Anthony KASOGO</td>
<td>Liaison member WHO</td>
</tr>
<tr>
<td>Dr Furaha KYESI</td>
<td>Secretariat</td>
</tr>
</tbody>
</table>

Annex 2: data collection tool

NITAG Maturity Assessment Data Collection Guide

Access link: [NITAG Maturity Assessment Tool (NMAT) | NITAG RESOURCE CENTER (nitag-resource.org)]