



Capacity Strengthening for EPI Prioritization

Vaccine Prioritization and Optimization (VPOP) Webinar Series

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Summary

This brief outlines and evaluates the effectiveness of the webinar series “Applying Vaccine Prioritization Strategies for Optimized Public Health Outcomes”, which was co-hosted by the CHOICES 2.0 project and NISH at UCT, in partnership with the WHO.

Statement of Credit

CHOICES 2.0, funded by the Gates Foundation, is a visionary project designed to provide technical assistance to countries’ decision-making processes to systematically review and improve vaccine program prioritization and optimization to meet their immunization program needs. This project is implemented by JSI with support from Development Catalysts, George Mason University, the Task Force for Global Health.



Key Learnings

- Webinars provided a platform for sensitization, supporting countries that are making vaccine prioritization and optimization decisions. For action, targeted and well-coordinated technical support is likely required.
- Adult learning methodologies that combine didactic, experiential, and interactive approaches are effective for knowledge sharing related to vaccine prioritization and optimization.
- Opportunities for the practical application of decision-making tools can increase the effectiveness of vaccine prioritization and optimization webinars.
- Ensuring that webinar recordings are available can allow for continuous learning and foster sustainability.

Purpose and Context

Countries continually face complex decisions related to their vaccination programs. National Immunization Programs (NIPs) develop multi-year National Immunization Strategies (NIS) and make decisions related to vaccine products, schedules, and delivery strategies, all while operating within constrained fiscal and operational environments. The past year brought profound changes in global resources that support immunization, including sharp decreases in external/donor funding and major revisions to Gavi funding processes.

The growing availability of new vaccine products and the expansion of global immunization programs have increased the complexity of vaccine decision-making. Country national immunization technical advisory groups (NITAGs) significantly support NIPs by developing evidence-based recommendations for vaccine choices and introductions. New tools have been developed to help NITAGs make decisions in this increasingly multifaceted environment, and orientation and guidance for NITAGS on these tools can inform the recommendations they make to their NIPs. Given the changing landscape, there is an urgent need to build upon and sustain country-level capacity to prioritize and optimize vaccine use, particularly in low- and middle-income countries (LMICs) seeking Gavi support.

CHOICES 2.0, funded by the Gates Foundation and managed by JSI with support from Development Catalysts, George Mason University, and the Task Force for Global Health, has implemented several initiatives to support country-level vaccine decision-making, with input from key global partners including the World Health Organization (WHO), Gavi, and UNICEF. These include developing tools, supporting country vaccine prioritization workshops, and developing and conducting a webinar series with global and Africa regional partners focused on vaccine prioritization and optimization. This brief outlines the webinar series [Applying Vaccine Prioritization Strategies for Optimized Public Health Outcomes](#), which was co-hosted by CHOICES 2.0 and the NITAG Support Hub (NISH) at the University of Cape Town (UCT), in partnership with the WHO.

Objectives

CHOICES 2.0 and NISH co-designed this webinar series to strengthen the capacity of NITAGs, NIPs, and ministries of health in the Africa region to make evidence-based decisions regarding prioritizing and sequencing the introduction of new vaccines and optimizing the vaccines and schedules in their NIPs.

Approach and Methodology

Workshop Target Audience

The webinar series was designed as a virtual, five-part approach to foster broader participation and sustainability than an in-person convening allows. It was conducted between October 2025 and January 2026 with presentations, discussions, and question-and-answer sessions in English and French on successive days. The webinar series targeted 19 countries¹ in the Africa region facing timely vaccine prioritization decisions, as identified with the VPOP working group,² and was open to interested persons within the WHO Africa Region (AFRO) region as well as globally.

To ensure diverse participation, NISH (in coordination with CHOICES/JSI) and WHO AFRO led promotion efforts through their regional communication channels, NIP networks, and direct outreach to NITAG chairs, secretariats, and ministry of health (MOH) officials, as well as to past or current participants of NISH's Annual African Vaccinology Courses (AAVC and AVCN).

The primary target audiences were country NITAG and secretariat members. In addition, participants also included NIPs and Expanded Program on Immunization (EPI) managers, MOH officials, and global technical partners, (e.g., WHO, UNICEF, CDC, community services organizations, and the Gates Foundation).

Workshop Design

The webinar series was designed to strengthen conceptual understanding, practical tool use, and regionally contextualized learning through country user case studies and peer-led facilitation (Box 1). The series focused on the application of the New Vaccine Introduction Prioritization and Sequencing Tool (NVI-PST)³ and incorporated the newly developed Optimization Module (launched in January 2026)⁴ to help guide country transitions toward anticipated Country Vaccine Budget (CVBs) ceilings to be proposed under the Gavi 6.0 strategy beginning in 2026.

Box 1. Overview of VPOP Webinars

Webinar 1 (W1) introduced the fundamental concepts of vaccine prioritization and optimization within a global context of expanding vaccine availability and constrained fiscal space. W1 is available here: <https://health.uct.ac.za/nish/session-1-overview-new-vaccine-introduction-prioritization-and-vaccine-program-optimization#session-1-details>

Webinar 2 (W2) focused on the technical methodology of the NVI-PST, specifically Framework Adaptation, the first phase of the process. This webinar guided participants through the steps required to align the tool with specific national priorities and the NIS cycle. W2 is available here: <https://health.uct.ac.za/nish/session-2-introduction-nvi-pst-tool>

1. Targeted Countries: Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Senegal, Sierra Leone, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe

2. Vaccine Prioritization and Optimization Portfolio global working group

3. NITAG Resource Center website: Prioritization Tools <https://www.nitag-resource.org/training/building-and-strengthening-technical-competencies/prioritizing-new-vaccines-introduction>

4. NITAG Resource Center website: Optimization Tools <https://www.nitag-resource.org/training/building-and-strengthening-technical-competencies/vaccine-prioritization-and-portfolio>

Webinar 3 (W3) focused on the evidence-gathering phase of the NVI-PST. This webinar was a critical bridge between NVI-PST W1 (Context) and W2 (Adaptation) formats, teaching participants how to search for and synthesize high-quality data to justify vaccine introduction scenarios and featuring summaries and discussions of real-world experiences from Uganda, Ethiopia, Niger, and the DRC. W3 is available here: <https://health.uct.ac.za/nish/session-3-nvi-pst-tool-defining-criteria>

Webinar 4 (W4) moved from data collection to the practical application of ranking and sequencing. The webinar demonstrated how NITAGs use a 4-quadrant importance-versus-feasibility matrix to reach a final consensus on which vaccines should be “frontloaded” or deferred and included shared experiences from Iran, Ethiopia, Niger, and the DRC. W4 is available here: <https://health.uct.ac.za/nish/session-4-nvi-prioritization-application-lessons-learned>

Webinar 5 (W5) provided a technical deep dive introduction to the newly released Vaccine Program Optimization tool, focusing on improving efficiencies of existing vaccine portfolios, and included examples of optimization and interactive discussion from South Africa, Tanzania, Côte d’Ivoire, and Guinea. The webinar also addressed the urgent need for African countries to manage the expected reduction in external health financing and the shift toward fixed CVBs under the Gavi 6.0 strategy. W5 is available here: <https://health.uct.ac.za/nish/session-5-deep-dive-vaccine-program-optimization>

Each webinar consisted of: 1) expert presentations on training modules and tools for vaccine prioritization, 2) key aspects of vaccinology, 3) and recent case studies on prioritization workshops and experiences. Interactive discussions were held after each presentation, moderated by VPOP facilitators and country NITAG experts who had undertaken facilitated prioritization workshops. Slides and learning materials for the webinars were made available on the NISH website in both English and French. Given the important timing, webinar 5 incorporated an overview of the Vaccine Program Optimization tool, which was released in January 2026 and follows a similar format and structure to the NVI-PST tools and process. Webinar speakers included representatives from WHO, UNICEF, NITAGs, EPIs, NISH, and CHOICES.

Evaluation Methods

Before each webinar, participant data were collected to enable monitoring of participant engagement and feedback. In addition, Zoom analytics, live polls, post-webinar surveys, and open-ended feedback questions were used to assess the series effectiveness. Participant engagement included information on nationality, NITAG affiliation, and time spent in the webinar (max 90 minutes), divided into engagement categories (<30% was casual, 50% was basic, 66% was moderate, 75% was high, and 90% was strict).

The webinar series solicited feedback on the usefulness of the webinars, strengths and weaknesses, and anticipated future use of the materials. NISH sent surveys to webinar participants following the first two webinars, and participants could provide feedback through in-webinar polling during webinars 3–5. A support survey targeting all participants was conducted beginning with webinar 2 and continued through one week after completion of the webinar series to gather information on post-webinar support needs. The support survey was designed to identify countries requiring further VPOP assistance, priority challenges related to optimization and prioritization, and preferred types of support aligned with NITAG advisory functions.

Results

Engagement

Across the series, there were a total of 442 cumulative participants across the sessions offered in French and English, with approximately two-thirds of the participants attending the English sessions and one-third attending the French sessions. This included 228 NITAG representatives and 214 non-NITAG participants. Participants from 48 different countries joined at least one webinar, and there was consistent participation across the series from the 19 targeted countries. Participation for the first four webinars ranged from 71 to 95 participants per session and increased substantially in the fifth webinar, which had 132 participants. The increase for the last webinar is partially attributable to the coordinated launch of the Vaccine Program Optimization toolkit that week. See Table 1 for webinar focus and participant information.

Table 1: Attendance by NITAG Status (Global)

Webinar	Non-NITAG	NITAG	Total Attendance
Webinar 1: Overview of Vaccine Prioritization and Optimization	39	56	95
Webinar 2: Introduction to NVI-PST Tool	23	50	73
Webinar 3: NVI-PST: Defining Criteria and Evidence	28	43	71
Webinar 4: NVI-PST: Application and Lessons Learned	27	44	71
Webinar 5: Deep Dive: Vaccine Program Optimization	97	35	132
Total	214	228	442

More than half the participants (234) were from the 19 countries prioritized by the VPOP working group. Countries with high-engagement—meaning they participated in more than 75% of the webinar time—included participants from Benin, Burkina Faso, Côte d’Ivoire, Ghana, Kenya, Madagascar, Malawi, Lesotho, Senegal, South Africa, and Tanzania. Participant engagement was lower from Liberia, Chad, Uganda and Sierra Leone. NITAG attendance was highest in Cameroon, Tanzania, South Africa, Zambia, and Senegal.

Survey Results

Post-webinar survey results showed an increasing confidence in understanding the NVI-PST tool, how to use it, and how it differed from optimization. By the end of the webinar series, 54% of survey respondents felt that they could use the tool with support from technical partners, and 23% felt that they could use the tool on their own.

Survey results identified five main challenges to prioritization and optimization, including the need for 1) access to training around evidence-informed decision making (37%); 2) improved access to local epidemiological and cost data (31%); 3) support (technical and/or financial) in conducting evidence reviews (23%); 4) technical assistance in following the VPOP methodology (6%); and 5) support in increasing collaborations with universities and research institutions (3%).

Webinar Format

Survey results show that 100% of respondents found the webinars useful and an appropriate delivery method. More than 90% of the participants found the content relevant and satisfactory. There was also an appreciation for the case studies, country examples, and the diversity of speakers.

100%

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The three key challenges related to webinar format included: 1) lack of practical application of the tool, 2) scheduling around busy schedules and the difficulty in committing to five 90-minute sessions, and 3) a request for sharing the slides and materials prior to the session.

Lessons Learned



The webinar series was a useful bilingual tool for sensitization around prioritization and optimization broadly and tools to support prioritization and optimization specifically; however, **webinars alone do not appear to be sufficient for most countries to directly apply the tools**. Continued support and engagement will be necessary to convert learning into sustained use of the tools.



The combination of **adult learning methodologies**—didactic training in methods and tools, country examples, and interactive discussions—**was an effective learning approach**.



Keeping country cohorts together across multiple sessions was challenging, suggesting the need to explore alternative approaches to ensure continuity of knowledge sharing across countries.



There was limited participation by the NITAGs' full membership; as such, the dissemination of information will **depend on NITAG participants sharing what they learned with their peers**, including the NITAG Secretariat and all members.



Countries with more active participation have stronger NITAGs, suggesting that the **webinar series approach may work best for countries with stronger NITAGs**.

Pathway Forward

Webinar series are an effective tool for sensitization but may not be sufficient for fully training a NITAG to independently move forward with VPOP activities, particularly given NIP resourcing and operational considerations linked with the NIS. Continued investment in strengthening technical capacity directly within each country and across NITAG and NIP expertise will be essential to ensure that country vaccine decisions are sustainable and equitable in the face of evolving public health needs. As public health donor funding shifts, Gavi requirements change, and new vaccine products are introduced, the need for simple tools and approaches for vaccine prioritization and optimization will increase. Vaccines are one of the most successful public health interventions; however, for their benefits at the population level to be realized, country decision-makers must be equipped with the knowledge and tools to make evidence-based decisions to protect the health of their citizens.

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