TERMS OF REFERENCE FOR HEPATITIS B BIRTH DOSE POST INTRODUCTION EVALUATION (PIE)

Title of assignment	Design and implement the Post Introduction Evaluation (PIE) for Hepatitis B vaccine Birth Dose
Type of consultancy	Consultancy Agency
Category of consultancy	National
Duration of assignment	Two months

1. Background

Hepatitis B virus (HBV) infection remains a major global public health challenge despite the availability of an effective vaccine and antiviral treatment. According to the World Health Organization (WHO), an estimated 240 million people were living with chronic HBV infection worldwide in 2024, representing about 2.9% of the global population, and approximately 0.9 million new chronic infections occurred that year. The burden is disproportionately high in the WHO African Region, which accounts for about 68% of new HBV infections globally. HBV continues to be a leading cause of liver cirrhosis and hepatocellular carcinoma, resulting in an estimated 1.1 million deaths annually. Although new infections have declined by 32% since 2015 due to expanded vaccination programs, progress toward elimination remains off track. Low birth-dose vaccination coverage, limited prevention of mother-to-child transmission, and inadequate access to testing and treatment are the underlying factors to the achieving HBV elimination.

The timely administration of the Hepatitis B birth-dose vaccine within 24 hours of birth is one of the most effective strategies for achieving HBV elimination, as it prevents mother-to-child transmission, which is a major source of chronic HBV infection worldwide. Providing a universal birth dose, followed by completion of the routine infant hepatitis B vaccination series, can prevent perinatal infections and reduce the future burden of chronic liver disease, cirrhosis, and liver cancer. As a cornerstone of the global hepatitis elimination agenda, high and equitable coverage of the hepatitis B birth dose is essential to interrupt transmission and move countries closer to eliminating HBV as a public health threat.

2. Justification

Rwanda is committed to eliminating Hepatitis B as a public health threat by 2030 through universal newborn vaccination within 24 hours of birth, prevention of mother-to-child transmission, high

routine immunization coverage, expanded screening and treatment services, and achievement of WHO elimination targets, including reducing HBsAg prevalence among children under five years to less than 0.1%

In January 2026, Rwanda introduced the universal Hepatitis B birth dose vaccine in all public and private health facilities offering maternity services, marking a significant step toward the elimination of mother-to-child transmission of Hepatitis B.

WHO recommends conducting a Post-Introduction Evaluation (PIE) after the introduction of new vaccines or vaccine delivery strategies, typically within 6 to 12 months of implementation. The purpose is to assess how well the vaccine has been integrated into the routine immunization system, identify operational strengths and gaps, and ensure that the introduction is achieving its intended public health impact. The evaluation examines key areas such as planning and coordination, vaccine supply and logistics, training and supervision, service delivery, monitoring and reporting, and community acceptance. The PIE findings should be used to guide corrective actions, strengthen immunization systems, and improve the quality, efficiency, and sustainability of vaccination services.

3. Objectives of Post Introduction Evaluation

The PIE aims to assess the impact of the introduction of Hepatitis B Borth Dose on the immunization system to identify strengths and operational gaps and generate recommendations to optimize programme performance and contribute to the national goal of hepatitis B elimination, in line with WHO guidance. Specifically, the PIE will:

1. assess the pre-introduction planning and introduction process
2. evaluate the availability and management of Hepatitis B birth dose vaccines, transport and logistics, injection supplies, and cold chain capacity at all levels
3. evaluate the capacity of health workers to administer the birth dose according to national guidelines and within 24 hours of birth, Injection safety and waste management
4. assess birth dose coverage, timeliness of vaccination, and reporting practices.
5. review the integration and coordination of birth dose vaccination services within maternal, newborn, and immunization programmes.
6. evaluate data recording, reporting, monitoring, and use of immunization information for decision-making.
7. assess community awareness and acceptance of the Hepatitis B birth dose vaccine.
8. identify operational challenges, best practices, and lessons learned during the introduction phase.

4. Assignment of the consultant or consulting agency

The consultancy firm/agency will conduct the following activities:

1. Design the protocol for the PIE of the Hepatitis B vaccine Birth Dose
2. Seek all necessary clearances and approvals to conduct the evaluation in accordance with national policies, regulations, and established ethical and administrative procedures
3. Train the evaluation team, including data collectors and all researchers involved in the study
4. Conduct field data collection, analysis, produce and submit final PIE report

5. Key deliverables

1. Submission of an inception report with the comprehensive methodology and implementation timelines
2. PIE protocol developed, and field data collection and analysis completed
3. Report produced and submitted

6. Scope of work and collaborations

The PIE will be conducted in collaboration with Rwanda Biomedical Centre (RBC) through the Maternal Child and Community Health (MCCH)/Vaccine Preventable Diseases Program Unit. WHO and RBC will provide the necessary support to the consultancy agency such as facilitating communication with relevant stakeholders for a smooth implementation of the work.

7. Requirements for the Consultant or consultant agency

The consultancy agency should:

- Demonstrate experience in designing and implementing qualitative and quantitative research, supported by the relevant expertise and experience of the proposed consulting team members.
- Prove experience in evaluating immunization programme interventions, including the design and implementation of immunization coverage surveys.
- Have good understanding of Rwanda's immunization system, with demonstrated experience in data analysis, interpretation and communication, as well as engagement and collaboration with diverse stakeholders.
- Proven experience in planning and conducting vaccine Post-Introduction Evaluations (PIEs) in accordance with WHO guidelines would be an added advantage.
- Previous experience working with Ministries of Health, National Immunization Programmes/EPI, WHO, UNICEF, or other relevant public health institutions would be an asset

8. Proposal documents and submission

The consulting agency will submit a comprehensive proposal comprising of all technical and financial details. The proposal should be a narrative detailing the approach that will be used to successfully conduct the evaluation. In addition, a detailed timeline for each delivery should be highlighted. Financial details can show all costs related to the evaluation including fieldwork activities, and other necessary costs. Moreover, the consulting agency should submit all documents highlighting the background and expertise of the research team.

9. How to apply

Interested agencies shall submit their proposals with their full address to afwcorwbids@who.int
The title of the submission email should be: "***Consultancy to design and implement Post-Introduction Evaluation of Hepatitis B Birth Dose"***
Document shall be sent in PDF. Documents sent on Google drive or another shared format will not be accepted.

The deadline for submission of proposals is 14th September 2026

10. Selection and contract signing

After analysis of proposals, WHO will notify the winner in writing and call for discussion followed by contract signing if fully agree. The work is expected to start immediately after contract signing.

WHO Rwanda reserves the right to cancel any or all the proposal without assigning any reason thereof.

Done at Kigali, 02 September 2026

WHO Representative