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Health Policy Analysis

Development of Seasonal Influenza Vaccination Recommendations: Relevance and Influence of the Evidence on the Decision-Making Process in France and the Netherlands

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ABSTRACT

Background: Target groups for seasonal influenza vaccination are defined at the country level and are based on several factors. However, little is known about the national decision-making procedures. **Objective:** The purpose of this study was to compare the evidence used for the development of recommendations and its impact on the choice of target groups in France and the Netherlands. **Methods:** A preliminary documentary analysis identified institutions to include in the assessment: governmental authorities, research institutions, associations, and manufacturers. At least one expert from each group was invited to our study. Thirty-three semi-structured interviews were conducted in 2013 (16 France, 17 the Netherlands). We used NVivo10® to perform a thematic content analysis. **Results:** Clinical/epidemiological studies were the evidence most used in both countries. Economic models were increasingly being used; these had greater influence on the decision making in the Netherlands than in France, probably because of the presence of a modeler. Generally, the quality of the evidence used was poor, although no systematic use of standard protocol for its assessment was observed. A general protocol was sometimes used in France; however, the personal judgment of the experts was crucial for the assessment in both countries. **Conclusions:** There were differences in the target groups, for example, pregnant women, recommended only in France. France and the Netherlands use similar evidence for developing vaccination recommendations, although different decisions are sometimes made regarding target groups. This could be associated with the lack of systematic standard appraisals, increasing the influence of the experts' judgment on decision making. The development of standards for the appraisal of evidence is recommended.

Keywords: decision making, influenza vaccination, NITAG, qualitative research.

Introduction

More than one-third of countries in the world include seasonal influenza vaccination in their national immunization schedules [1]. However, in Europe, vaccination coverage rates (VCRs) have either stagnated or decreased since the 2008-2009 season [2], despite annual investments from the member states in vaccination campaigns. For example, the Netherlands maintained VCRs above 75% for the elderly until the 2011-2012 season; they have since decreased. In contrast, France has never achieved these VCRs [2].

The national recommendations for seasonal vaccination are constantly changing as they follow ever-changing international recommendations and advice (e.g., from the World Health Organization [WHO] and the European Centre for Disease Prevention and Control [ECDC]), as well as new findings from studies on target groups for influenza vaccination and new vaccine technologies [3,4]. In several countries, the development (modification or update) of seasonal recommendations is performed by National Immunization Technical Advisory Groups (NITAGs) [5–7]; for instance, the Technical Committee on Vaccination (Comité technique des vaccinations) in France and the Committee on the National Immunization Program (within the Health Council) in the Netherlands. However, international literature explaining the decision-making process of the development of the recommendations is scarce. There are only a few studies outside of the United States that have investigated this subject

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during the influenza pandemic of 2009 [8–11]. Reviews have highlighted that the pandemic policies from 2009 have been an important determinant for subsequent seasonal influenza recommendations [3]. Interestingly, the failure of these pandemic policies was noted as one of the reasons for the decreasing acceptance of further seasonal recommendations [12].

The NITAG Resource Center is a platform recently made available by the WHO with the main objective of "supporting evidence-informed decision making for immunization programs and policies" [13]. To increase the acceptance and broaden the implementation of seasonal recommendations, the NITAGs often use a systematic and transparent approach to improve the quality and credibility of their advice [13,14]. This type of approach often requires robust evidence and standard procedures for decision making [13]. To our knowledge, an in-depth investigation of the evidence used in the decision-making procedures undertaken for the development of recommendations for seasonal influenza vaccination has not been carried out in Europe. For this type of analysis, qualitative methods should be used to enable clarification of the beliefs of the NITAG experts and all stakeholders involved directly and indirectly (e.g., stakeholders who provide information to the process) in the decision-making process, and explore their thoughts on this subject [8,15].

We conducted a qualitative study in France and the Netherlands that compared the evidence used in the development of seasonal influenza vaccination recommendations and its impact on the choice of target groups. We were particularly interested in France and the Netherlands because they are geographically close yet culturally different. Therefore, we were interested in knowing whether such differences could play a role in their differential use of evidence and, consequently, choice of target groups [16,17]. For example, although both France and the Netherlands target the elderly for vaccination, the cutoff age is higher in France (France ≥65 years, the Netherlands ≥60 years), and pregnant women are targeted only in France [2]. In addition, we have collaborations with French and Dutch research teams (see coauthor affiliations), which facilitated the work in this study.

Methods

A documentary analysis and semi-structured interviews were used for data collection. Each technique is described in detail below.

Documentary Analysis

A documentary analysis was used to identify the stakeholders engaged in forming the influenza policies in France and the Netherlands and the experts directly and indirectly involved in the development of vaccination recommendations. We used a wide electronic search engine (Google®) and entered keywords in English, French, and Dutch to search for hits regarding health care systems, influenza vaccination policies, and stakeholders. The search was limited to the last 10 years because policy procedures are constantly evolving, and older documents are probably obsolete. All stakeholder Web sites that were involved in policy processes were retained. The identified Web sites were carefully searched using the search strategy presented in Table 1 (see additional material in Supplemental Materials found at http://dx.doi.org/10.1016/j.jval.2016.02.006). Two independent researchers screened the texts on the basis of their titles and abstracts. Documents were included in the study if they provided a description of the development of vaccination recommendations, the type of evidence used, and the stakeholders involved. Additional searches were performed in the libraries of our collaborating research teams, but no further suitable documents were identified.

Interviews

We grouped the stakeholders identified in the documentary analysis into four categories: governmental authorities, research institutions, associations, and manufacturers. For each stakeholder (institution/organization), we identified the experts who were directly or indirectly (e.g., information providers) involved in the development of vaccination recommendations (Table 2).

Table 1 – Strategy for online database searches, keywords (English, French, and Dutch), and main sources of material obtained for France and the Netherlands.

1. Demographics and socioeconomic context		
Keywords (similar for both countries): *health, Gross Domestic Product (GDP), indicators, economy*		
Web sites (similar for both countries): OECD (http://data.oecd.org/gdp/gross-domestic-product-gdp.htm) WHO (http://data.euro.who.int/healthatlas/CoreIndicatorAP/corenotes.htm)		
2. Health systems		
Keywords:	*Système de santé, réforme, France*	*Gezondheidszorg, hervorming, Nederland*
Web sites (similar for both countries): European Observatory on Health Systems and Policies (http://www.euro.who.int/en/about-us/partners/observatory) http://www.cairn.info/revue-les-tribunes-de-la-sante.htm		
3. Influenza vaccination policies and 4. Stakeholders involved in policies*		
Keywords:	*Grippe, vaccination, vaccin, remboursement, stratégie vaccinale, recommandation, avis, rapport, conseil*	*Griep, influenza, vaccinatie, vaccin, vergoeden, vaccinatiestrategie, rapport, advise, recommandatie*
Web sites:		
Ministries of health	http://www.sante.gouv.fr	http://www.rijksoverheid.nl/ministeries/vws
Governmental authorities	http://www.hcsp.fr/explore.cgi http://www.has-sante.fr http://ansm.sante.fr http://www.ameli.fr	http://www.gezondheidsraad.nl http://www.cbg-meb.nl/cbg/nl http://www.zorginstituutnederland.nl http://www.rivm.nl
Laboratories, surveillance networks	http://grog.org http://www.invs.sante.fr	http://www.nivel.nl http://www.snpg.nl
Associations	http://www.infectiologie.com http://www.grippe-geig.com	https://www.nhg.org

* Dutch Web sites were automatically translated to English using the Chrome® browser.