



Contents lists available at ScienceDirect

Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)

## The WHO Tailoring Immunization Programmes (TIP) approach: Review of implementation to date

Eve Dubé<sup>a</sup>, Julie Leask<sup>b</sup>, Brent Wolff<sup>c</sup>, Benjamin Hickler<sup>d</sup>, Victor Balaban<sup>e</sup>, Everold Hosein<sup>f</sup>, Katrine Habersaat<sup>g,\*</sup>

<sup>a</sup> Institut national de santé publique du Québec & Université Laval, 2400 D'Estimauville, Québec, QC G1E 4C4, Canada

<sup>b</sup> School of Public Health, University of Sydney, Sydney, NSW 2006, Australia

<sup>c</sup> Centers for Disease Control and Prevention, Global Immunization Division, 1600 Clifton Rd, Atlanta, GA 30333, USA

<sup>d</sup> United Nations Children's Fund Programme Division, UNICEF House, 3 United Nations Plaza, New York, NY 10017, USA

<sup>e</sup> Centers for Disease Control and Prevention, Center for Global Health, 1600 Clifton Rd, Atlanta, GA 30333, USA

<sup>f</sup> New York University, New York, NY 10003, USA

<sup>g</sup> World Health Organization (WHO) Regional Office for Europe, Marmorvej 51, DK-2100 Copenhagen, OE, Denmark

### ARTICLE INFO

#### Article history:

Received 23 May 2017

Received in revised form 1 December 2017

Accepted 5 December 2017

Available online xxx

#### Keyword:

Vaccine demand

Vaccination coverage

Tailoring immunization programmes

Behavioural science

Health-seeking behaviour

Vaccine hesitancy

Review

### ABSTRACT

**Introduction:** The WHO Regional Office for Europe developed the *Guide to tailoring immunization programmes (TIP)*, offering countries a process through which to diagnose barriers and motivators to vaccination in susceptible low vaccination coverage and design tailored interventions. A review of TIP implementation was conducted in the European Region.

**Material and methods:** The review was conducted during June to December 2016 by an external review committee and was based on visits in Bulgaria, Lithuania, Sweden and the United Kingdom that had conducted a TIP project; review of national and regional TIP documents and an online survey of the Member States in the WHO European Region that had not conducted a TIP project. A review committee workshop was held to formulate conclusions and recommendations.

**Results:** The review found the most commonly cited strengths of the TIP approach to be the social science research as well as the interdisciplinary approach and community engagement, enhancing the ability of programmes to “listen” and learn, to gain an understanding of community and individual perspectives. National immunization managers in the Region are generally aware that TIP exists and that there is strong demand for the type of research it addresses. Further work is needed to assist countries move towards implementable strategies based on the TIP findings, supported by an emphasis on enhanced local ownership; integrated diagnostic and intervention design; and follow-up meetings, advocacy and incentives for decision-makers to implement and invest in strategies.

**Conclusions:** Understanding the perspectives of susceptible and low-coverage populations is crucial to improving immunization programmes. TIP provides a framework that facilitated this in four countries. In the future, the purpose of TIP should go beyond identification of susceptible groups and diagnosis of challenges and ensure a stronger focus on the design of strategies and appropriate and effective interventions to ensure long-term change.

© 2017 Published by Elsevier Ltd.

### 1. Introduction

The success of immunization programmes is one of the reasons why many countries in the World Health Organization (WHO) European Region (hereafter the Region) enjoy some of the highest life expectancy levels in the world. However, sub-optimal vaccination coverage, often in specific population pockets, poses a continuous threat of outbreaks of preventable disease and death and

jeopardizes further progress towards disease elimination [1]. This has been illustrated by the current measles outbreaks in Belgium, Germany, Italy, Romania and Tajikistan [2]. The European Vaccine Action Plan 2015–2020 identifies tailored, innovative strategies as critical in reaching population groups with sub-optimal vaccination coverage [3].

Prompted by the European Technical Advisory Group of Experts on Immunization, in 2012 the WHO Regional Office for Europe developed the Tailoring Immunization Programmes (TIP) approach [4]. TIP offers a step-wise model and a theoretical framework for country processes, guided by principles of broad stakeholder and

\* Corresponding author.

E-mail address: [habersaatk@who.int](mailto:habersaatk@who.int) (K. Habersaat).

beneficiary engagement and listening. Drawing on behavioural science, social marketing and qualitative and quantitative research, the TIP approach offers countries a process through which to (1) identify and characterize population groups with low uptake; (2) diagnose vaccination behaviour barriers and motivators and segment target groups based on this; and lastly (3) develop interventions that tailor not only how services are promoted but how they are delivered to overcome barriers and increase vaccination coverage.

The intention with TIP was to inspire the traditionally more supply-oriented immunization programmes to apply a more people-centred and comprehensive approach, built on listening to the intended beneficiaries and taking into account the complexity and the wide range of factors influencing vaccination uptake. These include not only individual motivation, attitudes and beliefs, but to a high degree social, community and cultural factors as well as legislative, institutional and structural factors [5]. Between 2012 and 2016, the TIP approach was applied and tested in four countries in the Region, and was also adapted for seasonal influenza and antimicrobial resistance programmes, with additional projects in four countries. WHO provided technical support in all projects; however to varying degrees ranging from being a driving force together with national coordinators to limiting activities to engagement in workshops and ongoing feedback when requested.

From the beginning, WHO aimed to continuously refine the approach. Encouraged by the Strategic Advisory Group of Experts Working Group on Vaccine Hesitancy, which in 2014 identified tailored strategies as critical to address vaccine hesitancy [6], WHO Regional Office for Europe in 2016 asked a team of external experts to review TIP implementation. The group was specifically asked to explore the use, usefulness and effectiveness of the TIP approach for national routine immunization programmes, providing recommendations for the next phase of development for this approach. The terms of reference were to: (1) assess the knowledge, understanding and attitudes to TIP as well as the decision-making process and concerns in relation to implementation in countries; (2) document the outcome and impact of TIP and lessons learned in countries that have conducted TIP projects; and (3) identify areas within the existing approach and guidance material that require revision.

## 2. Materials and methods

The WHO Regional Office for Europe coordinated the review during June to December 2016 using an external expert committee, representing behavioural science academics as well as international organizations working with vaccination demand issues globally. The review process followed the terms of reference which were fit for purpose – rather than following a formalized evaluation framework, these were specifically oriented to the unique nature of TIP, being heterogeneous in its implementation, and the questions posed by WHO.

In addition to regular committee telephone meetings to discuss the framework and focus, activities and preliminary outcome of activities, the review was based on visits to four countries that had conducted TIP projects (Bulgaria, Lithuania, Sweden and the United Kingdom), review of national and regional TIP documents and an online survey of the 46 Member States in the Region that had not conducted a TIP project. The outcome was a review report [7].

### 2.1. Review visits

Three countries had completed TIP processes to diagnose barriers and enablers to vaccination in specific population groups, and

received review visits (Bulgaria, Sweden, United Kingdom). Two TIP projects were ongoing and therefore not included (Germany, Kazakhstan). While the focus was on routine immunization, one TIP project on flu vaccination was included to learn from the full range of vaccine-related TIP projects (Lithuania). Review visits lasted 4–5 days and were conducted by 1–3 experts committee member along with a WHO coordinator as an observer. The visits involved semi-structured interviews with a broad range of key stakeholders (from 10 in the United Kingdom to 23 in Lithuania) who had participated in, or been observers of, the process. They included representatives of the Ministry of Health and national and sub-national health and immunization institutions as well as community representatives, frontline health workers, non-governmental organizations, research institutions and others. An interview guide was developed and modified by the expert committee and piloted outside the European Region within a country that was also using the TIP approach. The interview guide covered the pre-TIP context; activities and methods used; utilization, usefulness and value of the guidance material and technical support from WHO; implementation of interventions following research and suggestions for TIP in the future. Interviews resulted in a country report based on a fixed template with conclusions and recommendations regarding the respective national TIP processes and implementation, and with recommendations for the regional TIP review report.

### 2.2. Online survey

In a web-based survey conducted in November 2016, national immunization programme managers were asked about their views on challenges related to vaccination uptake, need for and experience with behavioural insights and behaviour change interventions in their country, plans for and capacity and resources available to conduct such work as well as their perceptions of the TIP itself. The questionnaire was developed in English by the expert committee and translated into Russian. The survey was pre-tested in both languages over two rounds with 12 test respondents. The final questionnaire included 15 closed questions and eight open-ended questions. At the end of the survey, an optional question invited respondents to give their names and contact information. The survey was sent by the WHO Regional Office for Europe via a link in an email to 69 respondents (the national immunization manager in each Member State and an additional person with a similar position in 23 Member States). A reminder was sent a week after the initial invitation.

### 2.3. Data analysis

National and regional TIP documents were reviewed by the expert committee prior to the four country visits. Information was summarized according to five main themes defined in a review framework developed for the purpose: (1) the situation leading to TIP implementation; (2) the rationale for applying the TIP approach; (3) the TIP process; (4) the outcome and impact of applying TIP in the country and (5) each country's recommendations for further development of the TIP approach. Notes were taken during semi-structured interviews with key stakeholders along the main themes discussed in a generic interview guide. Notes were used to complete and revise the information retrieved from the written documents and to develop country-specific reports. Each country's findings were discussed in the expert committee to reach consensus on the main points of the review. After the four review visits, a three-day workshop of the expert committee was held to compare findings from each country, agree on to the general conclusions and recommendations and prepare an review report [8].

Download English Version:

<https://daneshyari.com/en/article/8485977>

Download Persian Version:

<https://daneshyari.com/article/8485977>

[Daneshyari.com](https://daneshyari.com)