# The WHO Tailoring Immunization Programmes approach.

**Presenter: Julie Leask** 

Sydney Nursing School, University of Sydney
TIP review committee

#### Co-authors: Ève Dubé<sup>1</sup>, Katrine Bach Habersaat<sup>2</sup>, Robb Butler<sup>2</sup>

Laval University, Quebec, Canada, TIP Reviewer
 Vaccine-preventable Diseases and Immunization programme
 WHO Regional Office for Europe













### Acknowledgements

#### TIP development team

- Robb Butler WHO Regional Office for Europe
- Katrine Bach Habersaat, WHO Regional Office for Europe
- Nathalie Likhite, Independent Consultant

#### **TIP Evaluation Committee**

- Victor Balaban, US CDC
- Eve Dubé, Research Center of the CHU-Québec, Adjoint Professor, Université Laval
- Benjamin Hickler, UNICEF Programme Division
- **Everold Hosein**, New York University
- Brent Wolff, Global Immunization Division, US CDC















### Disclosure

 Consultancy payments from WHO European office for TIP review and subsequent work

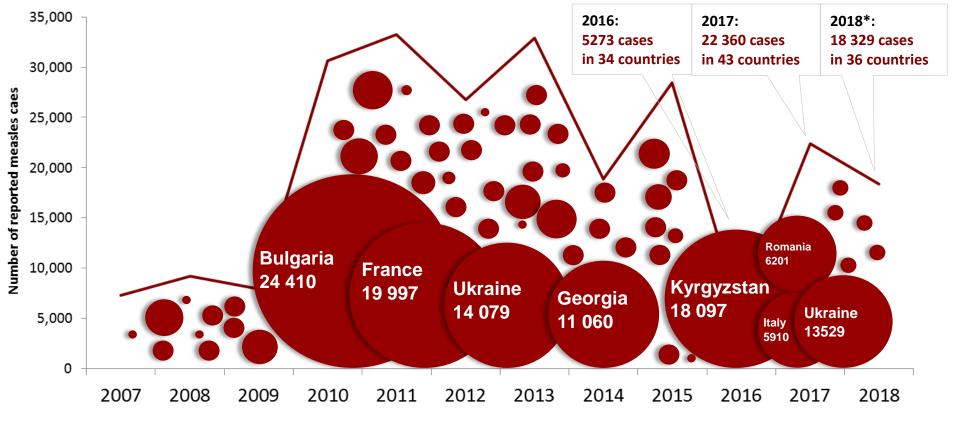








### Number of measles in the WHO European Region, 2007-2018\*



\* Preliminary data for Jan-Mar 2018



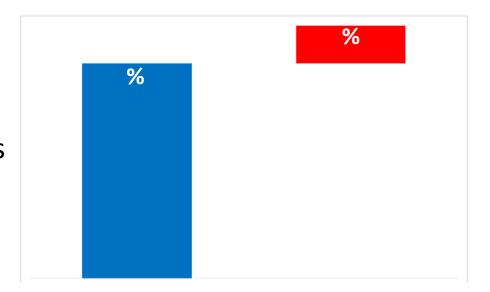






#### The problem in Europe

- Coverage stalling or reducing
- Usual approaches were failing to reach the last 5-10-15%
- Success of behavioural insights in other areas





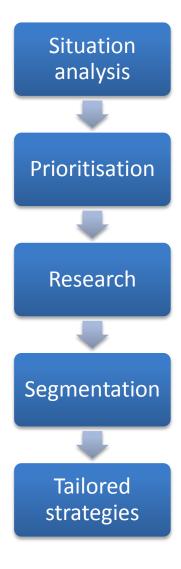






### The TIP process

- A structured process: quantitative and qualitative methods
- Informed by behavioural science Undertaken to understand barriers and enablers
- Intervention matches actual barrier - with local ownership











### **TIP** projects

**Fed. Bosnia and Herzegovina** 2017 HCW and parents

Armenia 2017 medical experts (childhood vacc.)

Montenegro 2014 HCW influenza

Bulgaria 2012 Vulnerable and Roma populations (childhood vacc.)

**Serbia** 2017, health workers hesitancy communication

United Kingdom 2014 Orthodox Jewish Charedi community (measles) Sweden 2013
Somali community,
Undocumented migrants,
Anthroposophic community

**Lithuania** 2014 pregnant women (influenza)

**Inspired by TIP approach** 

**Germany** (measles)

**Finland** (childhood immunization)

Ireland (influenza)

**Italy** (measles)

**Out of Region** 

Australia TIP initiated 2016

Target: vulnerable communities in Maitland, NSW (childhood vaccination)

Mauritania TIP initiated 2018

Target: parents and health workers (to be defined)

Romania 2017 (TIP-inspired). Parents and health workers (measles)

#### **TIP Review**

- 2016
- Committee
  - Victor Balaban, US CDC
  - Eve Dubé, Université Laval, Quebec
  - Benjamin Hickler, UNICEF
  - Everold Hosein, New York University
  - Brent Wolff, Global Immunization
     Division, US CDC
  - Julie Leask, USYD

Evaluation of the WHO Regional Office for Europe *Tailoring Immunization Programmes* (TIP) behavioural insights tool and approach

Final report





Contents lists available at ScienceDirect

#### Vaccine

journal homepage: 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>

# TIP review process



Detailed review of regional and national TIP documents



Regional online survey with 46 Member States



**Missions** to four Member States



Regular telephone meetings and evaluation committee **workshop** 

### Country and issue

### Example of insights gained

#### **BULGARIA**

Vulnerable (mainly Roma)
populations -large measles outbreak

 Doctors assumed apathy of parents about child health. Health services were a barrier.

#### LITHIUANIA

Influenza vaccination for **pregnant** women

 Vaccination not integrated in routine care, nor recommended or supported by health workers.



#### UK

Charedi Jewish community in NE London

 No resistance to vaccination, however, also no community support. Service barriers.



#### **SWEDEN**

Childhood vaccination in anthroposophic parents, Somali community, undocumented migrants

Next slides

## Sweden – Somali community



#### **Challenge:**

MCV2 coverage 70% in three communities (est. Somali population in Sweden 65,000)

National coverage 98%









### Issue

# Response

Concerns about autism

Parent seminars

Nurses – lack of confidence and knowledge for an autism discussion

**Training** 

Community prefer verbal information provision

Peer recommendation critical

Reference group

Video – peer
recommendation

### Sweden – TIP success underpinnings

- Community involvement at all stages
- 2. Partnership between community, Ministry and academia
- 3. Leadership



A/Prof Asli Kulane, Karolinska Institutet



#### **TIP 2.0**



- Retain participatory approach
- Accelerate to the change phase
- Behaviour Change Wheel theoretical guidance
- A focus on evaluation, resources/tools
- Determining coverage changes
- Local ownership
- Capacity building training and community of practice
- Expansion to other countries and awareness raising
- Tailoring <u>Health</u> Programs generic







