Tailoring Immunization Programmes (TIP)
An introductory overview

Based on the TIP guidance produced by the WHO Regional Office for Europe
May 2018
Tailoring Immunization Programmes (TIP)

A structured, adaptable, and participatory process

For under-vaccinated or hesitant target populations

Based on a behavioural theoretical model, linking research to interventions to M&E

Undertaken to understand enablers and barriers to vaccination

To define and evaluate evidence-informed interventions to increase coverage
Why was TIP developed?

TIP offers an evidence-based, people-centered approach:

- Behaviours are complex
- Populations are diverse
- A holistic programme view is needed
- Solutions are targeted and tailored

TIP is not:

- A “one size fits all” approach
- A communications-based intervention
Recent recommendations from SAGE

October 2017 (GVAP report):
“Each country should develop a strategy to increase acceptance and demand for vaccination, which should include ongoing community engagement and trust-building, active hesitancy prevention, regular national assessment of vaccine concerns, and crisis response planning.”

WHO Strategic Advisory Group of Experts on Immunization, October 2017
Vaccine hesitancy: a delay in acceptance or refusal of vaccines, despite available services. Is complex and context specific, varying across time, place, and vaccine
Factors contributing to hesitancy

- **Complacency**
  - Low perceived risk of vaccine-preventable diseases, and vaccination not deemed necessary. Other life/health issues are a higher priority.

- **Confidence**
  - Low levels of trust in vaccines, in the delivery system, and in health authorities.

- **Convenience**
  - Barriers related to geographic accessibility, availability, affordability, and acceptability of services.

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MacDonald NE and SAGE Working Group on Vaccine Safety. Vaccine 2015; 33(34): 4161-4
Why focus on vaccination behaviours?

In order for immunization programmes to reach their goals, they must be designed using the latest research on human behaviour and psychology.

This starts by gathering evidence to understand:

- Why some populations are under-vaccinated
- How target behaviours are influenced

→ The resulting behavioural insights generated (using TIP) can guide national authorities to develop better services and strategies that support and enable recommended vaccination behaviours.

→ Interventions based on behavioural research and insight are more cost-effective, less intrusive, and lead to better results than interventions that are not informed by behavioural research, because they target documented barriers identified with the beneficiaries.
### What does TIP explore?

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Environmental and institutional factors</td>
<td>Outside of the control of the caregiver, and maximize or minimize opportunities to vaccinate (e.g. vaccine supply and services).</td>
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<tr>
<td>Social and supportive factors</td>
<td>Shape beliefs and attitudes, encourage or dissuade caregivers’ to act in favour of vaccination (e.g. practical knowledge, health provider and family support).</td>
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<tr>
<td>Personal motivation factors</td>
<td>Caregiver beliefs, attitudes and heuristics, related to the well-being of their children, medical care, vaccines and vaccine-preventable diseases.</td>
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<tr>
<td>Health worker encounter</td>
<td>May correspond with the moment when a caregiver’s decision to vaccinate a child and the act itself overlap.</td>
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Summary example of the TIP process

A flexible and adaptable phased approach for sustainable vaccination behaviour change
1. Engage

2. Analyse and prioritise

3. Research and design

4. Implement and monitor

5. Evaluate and document

**Carry out process planning:**
- Gather background information
- Explore initial planning
- Agree budget, timeline, roles and responsibilities

**Launch the TIP:**
- Brief and build capacity
- Gather initial information and data
- Engage with key stakeholders
- Establish an initial assessment of TIP priorities through preliminary analyses
Develop a situation analysis:
- Review programme data (coverage, surveillance, etc.) and existing studies
- Review available studies: access and use of services, knowledge, attitudes, and practices, etc.

Engage stakeholders:
- Explore collective knowledge/insights
- Identify gaps in knowledge
- Segment and prioritize target groups
- Identify behavioural barriers and enablers
- Agree on a focus for the research phase, including methods, timeline, roles and responsibilities, etc.
1. Engage

2. Analyse and prioritise

3. Research and design

4. Implement and monitor

5. Evaluate and document

Conduct the research:
- Develop the research protocol
- Implement the research using mixed methods where possible, e.g. semi-structured interviews, surveys, focus groups, observational studies, etc.

Translate the research findings into an intervention:
- Convene a stakeholder workshop to review findings and further prioritise
- Identify the target behaviour
- Design and plan the intervention(s)
- Develop a monitoring and evaluation framework
Implement planned activities:
- Continuously collect data and information to monitor implementation
- Make any iterative adjustments if needed
1. Engage

2. Analyse and prioritise

3. Research and design

4. Implement and monitor

5. Evaluate and document

Evaluate the outcomes and impact:
- Engage stakeholders to review findings
- Assess the need for adjustments to interventions to enhance/sustain effects
- **Document** the initiative as a reference for future planning or advocacy
- Consider potential for scale-up of interventions
COM-B: The theoretical model used in TIP

Three factors need to be in place for a behaviour to take place: Capability, Motivation, Opportunity.

- **Capability**
  - Psychological and physical abilities that activate or inhibit the behaviour

- **Motivation**
  - Reflective and automatic mechanisms that activate or inhibit the behaviour

- **Opportunity**
  - Physical or social environment factors that activate or inhibit the behaviour

Mitchie et al. Implementation science. (2011)
Mapping interventions to diagnosed barriers using COM-B

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<tr>
<th>COMPONENTS</th>
<th>Education</th>
<th>Persuasion</th>
<th>Incentivization</th>
<th>Coercion</th>
<th>Training</th>
<th>Restriction</th>
<th>Environmental restructuring</th>
<th>Modelling</th>
<th>Enablement</th>
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<td>Psychological capability</td>
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<td>Physical opportunity</td>
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<td>Social opportunity</td>
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<td>Automatic motivation</td>
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<td>Reflective motivation</td>
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Core values and principles of TIP

**Values** guiding the focus

- **People-centred**: End user needs and perspectives are valuable and guide action
- **Equity**: Ensuring equal access to and utilization of health services and health for all are critical
- **Participatory**: Stakeholders are engaged and consulted – for knowledge, sustainability and ownership

**Principles** guiding the process

- **Health goals**: THP is initiated with a focus on reaching health programme targets
- **Evidence**: Evidence informs the THP process – and the subsequent action
- **Comprehensive**: Theoretical model acknowledges that barriers and drivers to health behaviours are complex and many
Overview of recent TIP projects

BULGARIA: Vulnerable populations

• 2009-2011 measles outbreak, suboptimal coverage in mainly Roma populations
• Insights gained via TIP about mistrust and false assumptions on the service-side. Responded with a health mediator programme and continuous education for vaccinators.

SWEDEN: Migrant communities

• Low coverage among Somali community in Stockholm
• TIP informed a multi-faceted response: involvement of Somali community leaders in information dissemination, health worker training in responding to rumours re autism, etc.

SOUTH AFRICA: Districts with high poverty

• Chronically low coverage, recurrent outbreaks of measles and diphtheria
• TIP identified information gaps, insufficient/inadequate health cards, and systems-side shortcomings, e.g. no SOPs for tracking missed infants
TIP examples globally

**Bulgaria** Initiated 2012
Target: vulnerable and Roma populations (childhood vacc.)

**Fed. Bosnia and Herzegovina** Initiated 2017
Target: health workers and parents (childhood vacc.)

**Serbia** Initiated 2017
Target: health worker tools and training to address hesitant parents

**Sweden** Initiated 2013
Targets: Somali community + Undocumented migrants + Anthroposophic community (childhood vaccination.)

**Lithuania** Initiated 2014
Target: pregnant women (influenza)

**Montenegro** Initiated 2014
Target: health workers (influenza)

**Romania** Initiated 2017
Target: parents and health workers (measles)

**Australia** Initiated 2016
Target: vulnerable communities in Maitland, NSW (childhood vaccination)

**United Kingdom** Initiated 2014
Target: orthodox Jewish Charedi community (measles)

**Armenia** Initiated 2017
Target: medical experts (childhood vaccination)

**Mauritania** Initiated 2017
Target: parents and health workers (to be defined)
Where to find more information?

General information on TIP from the WHO Regional Office for Europe:

Evaluation report and publication of the TIP tool and approach in Europe, 2017:

Details on TIP country projects in Bulgaria, Germany, Sweden, and UK:

TIP report from the UK:

TIP report from Sweden:
https://www.folkhalsomyndigheten.se/contentassets/5db4b41a40f94e98b0e1d0d4a596bae8/barriers-motivating-factors-mmr-vaccination-communities-low-coverage-sweden-15027.pdf

Or contact the Immunization Department, WHO HQ, Geneva: vaccines@who.int
Thank you