Applying TIP to low and middle income settings: a case study from South Africa

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Background

- TIP developed in Europe and applied in a number of different countries to address pockets of unimmunised or under-immunised children
- Prompted by SAGE Vaccine Hesitancy Working Group
- Could it be adapted for use in low and middle-income country settings?
- Could it be adapted to reduce the technical input by consultants or other social marketing or social and behaviour change communication experts?
Immunisation coverage in South Africa

- 2015: Diptheria outbreak (NICD, 2015)
- 2009-2011: Measles 18,699 lab confirmed cases (NICD, 2013)

Ranges from 32% to 93%
Process of adapting TIP: diagnostics

- Ministry of Health
- Provincial
- Local health authorities

Engaged with EPI managers

Identified health facilities
- Engaged facility managers
- EPI nurses
- Health promoters
- Community Health Workers

Engaged with community
- Stakeholder meetings
- Engaged with parents & primary caregivers

Technical advisory group
Local Health Authority: Ekurhuleni South
Barriers to up-to-date immunisation

• 72% of children under 5 up-to-date
• Drop-off in coverage (97% at 14 wks; 61% at 18m)
• Complacency:
  – Healthy children are not likely to get vaccine-preventable diseases
  – Diseases like measles are a natural event for children
  – Not a priority for some caregivers
Barriers to up-to-date immunisation [2]

• Convenience:
  – Quality of care
    • Attitudes of health care workers (lost health cards, missed appointments)
    • Confidentiality of services (HIV positive mothers)
    • Language (cross-border migrants)

• Confidence:
  – Did not emerge as a barrier in this area
Proposed adaption for implementation of TIP by local health authorities

- Simple step-by-step guide to diagnosing barriers & motivators and designing a local response
  - Simplified & additional practical processes
- Tools to assist with each step
- Implemented by a TIP champion from local health authority
- Supported by a working group
- Engagement of the community
  - Systematic & integrated throughout the process
TIP for local programmes: at a glance

1. Get Started
   - Form a local working group (WG)
   - Orientate Plan Gather resources

2. Assess local situation
   - Community Stakeholder workshop
   - EPI service provider discussions
   - Community Survey
   - Community Stakeholders (SH) prioritise barriers

3. Describe the local problem
   - Summarise information from assessment
   - Describe local problem

4. Specify the changes you want to achieve
   - Set TIP purpose - the desired change in immunisation uptake
   - Set TIP objectives - the desired behavioural changes to achieve TIP purpose/uptake

5. Tailor your local response
   - Stakeholder workshop to generate ideas for activities
   - List dates, people responsible, amount/frequency, costs

6. Implement your tailored response
   - Carry out planned activities
   - Monitor by plan

7. Sustain what works
   - Which activity can become routine practice?
   - Strengthen ongoing service
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