



The Department of Immunization, Vaccines and Biologicals thanks the donors whose unspecified financial support has made the production of this document possible.

Planning guide to reduce missed opportunities for vaccination ISBN 978-92-4-151294-7

© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Planning guide to reduce missed opportunities for vaccination. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland



to Reduce

Missed Opportunities for Vaccination





Table of Contents

Acknowledge Acronyms .	ements	iii . iv
Introduction 1		
What is a missed opportunity for vaccination (MOV)?		. 2 . 2 . 3
STEP 1	Plan for an MOV Assessment	. 7
STEP 2	Prepare for the assessment and secure commitment for follow-up interventions	11
STEP 3	Conduct field work for the rapid assessment of MOV	23
STEP 4	Analyze preliminary data and identify key themes	25
STEP 5	Brainstorm on proposed interventions and develop an action plan for implementation	28
STEP 6	Debrief with MOH leadership and immunization partners on proposed next steps	31
STEP 7	Implement the interventions.	34
STEP 8	Provide supportive supervision and monitor progress	36
STEP 9	Conduct rapid field evaluation of outcomes/impact of interventions (6-12 months later)	39
STEP 10	Incorporate into long term immunization plans to ensure gains are sustainable	41
Annexes		
Annex A.	Summary Table of the MOV Strategy	Α-1
Annex B.	Sample size estimation for quantification of the magnitude of MOV in a defined target population	B-1
Annex C.	Budget template for an MOV Assessment	



Preface

Missed opportunities for vaccination (MOV) include any contact made with health services by a child (or adult) who is eligible for vaccination, but which does not result in the individual receiving all the vaccine doses for which he or she is eligible.

National immunization programmes across the globe continue to seek alternative strategies to explore the reasons for stagnating vaccination coverage and to design tailored strategies to address them. This suite of documents provides an additional strategy in the toolbox of a programme manager at the national or subnational level. Using a participatory mixed-methods approach, it provides step-by-step guidance on how to conduct a bottom-up root-cause analysis of bottle-necks in the immunization programme and to design relevant strategies to address them. When applied appropriately, the steps outlined in these guides have the potential to result to an increase in vaccination coverage and equity and an improvement in timeliness of vaccination.

The MOV strategy should not be viewed as a stand-alone or discreet "project"; rather as complementary to existing microplanning and programme improvement approaches such as RED ('Reaching Every District'). The MOV strategy is conceived as a health system-wide service improvement effort targeted at vaccination as well as other health services.

This document is one of a three-part document, designed to be used together.

For up-to-date information on the MOV strategy and the latest tools and materials, please visit: http://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/.

Acknowledgements

This document was developed by the World Health Organization (WHO) and was written by Ikechukwu Udo OGBUANU of the Department of Immunization, Vaccines & Biologicals, WHO headquarters (WHO-HQ).

We are grateful to our colleagues who contributed to the preparation of this document through their unwavering support of the strategy and by reviewing the early drafts and providing constructive comments, including the following (in alphabetical order): Blanche-Philomene Melanga ANYA (WHO-AFRO), Laura CONKLIN (US-CDC), Danni DANIELS (US-CDC), Michael FAVIN (MCSP/JSI), Rebecca FIELDS (JSI), Tracey GOODMAN (WHO-HQ), Terri HYDE (US-CDC), Anyie LI (US-CDC), Joseph OKEIBUNOR (WHO-AFRO), Ana Maria Henao RESTREPO (WHO-HQ), Stephanie SHENDALE (WHO-HQ), Lora SHIMP (MCSP/JSI), Robert STEINGLASS (MCSP/JSI), Aaron WALLACE (US-CDC), Kathleen A. WANNEMUEHLER (US-CDC) and Kirsten WARD (US-CDC).

Special thanks are due to the numerous other organizations and partners who contributed to the development of these documents through their membership on the MOV partner coordination platform (in alphabetical order): Agence de Médecine Préventive (AMP), the Bill and Melinda Gates Foundation (BMGF), United States Centers for Disease Control and Prevention (US-CDC), the Clinton Health Access Initiative (CHAI), Gavi, the Vaccine Alliance, John Snow, Inc. (JSI), Médecins San Frontières (MSF), the Pan-American Health Organization (PAHO), VillageReach, UNICEF and the ministries of health in 18 countries in the Americas, sub-Saharan Africa and South-East Asia.

During its April 2016 meeting, the Strategic Group of Experts on Immunization (SAGE) reviewed the initial results from the MOV pilot countries and provided valuable inputs to this methodology to make it more programmatically feasible and useful to countries at different levels of development. Similarly, two WHO advisory committees reviewed early drafts and provided constructive criticism: the Immunizations and Vaccines related Implementation Research Advisory Committee (IVIR-AC) and the Immunization Practices Advisory Committee (IPAC).

Finally, we would like to specifically thank our colleagues at the ministries of health and WHO country offices in Chad and Malawi for allowing us to pilot the draft methodology in their respective countries in 2015. The experiences of the pilot helped to refine and finalize the methodology as presented in this suite of documents.



Acronyms

AFR WHO African Region

AMR WHO Region of the Americas

cMYP comprehensive multi-year plan

cso civil society organization

DTP diphtheria-tetanus-pertussis vaccine dose 3
DHIS2 district health information system, version 2

DHS demographic and health survey

DVD-MT district vaccination data management tool

EPI Expanded Programme on Immunization

FBO faith-based organization
FGD focus group discussion
GPS Global Positioning System
GVAP Global Vaccine Action Plan

HMIS health management information system

HSIS health system and immunization strengthening

HF health facility

interagency coordinating committee

in-depth interview

IRB institutional review board

JRF joint reporting form

KAP knowledge, attitude and practices

MCV measles-containing vaccine

MICS multi-indicator cluster sampling survey

MOH Ministry of Health

MOV missed opportunity for vaccination

PII personally identifiable information

RED reaching every district (strategy)

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 26208



