

List of background documents – April SAGE

Session 8: Missed Opportunities for Vaccination

Please find attached the following background documents for the missed opportunities session.

1. WHO Global Planning Guide for Assessing and Reducing Missed Opportunities (Draft)

WHO has recently updated the protocol and tools for conducting missed opportunities for vaccination (MOV) assessments, as well as the guidance for follow-up interventions/solutions. In collaboration with WHO Regional Offices, MOV assessments have been undertaken in Dominican Republic, Panama, Peru and Colombia (Bogota), Chad and Malawi and are in the planning stages for DRC, Mauritania, Kenya, Guinea, Timor Leste and Indonesia.

This *Planning Guide* provides a high-level overview of the WHO proposed strategy for assessing and reducing missed opportunities. It is targeted at national or district level managers, and will be accompanied by two additional documents: (a) a methodology/protocol document with generic questionnaires and field tools, targeted at the assessment/field team; and (b) an intervention guidebook that provides specific guidance for health facilities to translate the results of the field assessments into concrete actions to reduce missed opportunities for vaccination.

2. Two systematic literature reviews of missed opportunities for immunization that span a period of more than 30 years:

- a) Sridhar, et al. 2014. *A systematic literature review of missed opportunities for immunization in low- and middle-income countries. Vaccine 32 (2014) 6870–6879*
- b) Hutchins, et al., 1993. *Studies of missed opportunities for immunization in developing and industrialized countries; Bulletin of the World Health Organization, 71 (5): 549-560 (1993)*

These systematic reviews included 138 studies in more than 60 countries from all six WHO regions and provide the global perspective on missed opportunities by summarizing published data over more than 30 years. They present a strong justification for promoting the reduction of missed opportunities as a viable strategy to improve coverage and reduce equity, by demonstrating that: (1) the extent of missed opportunities have remained high (and unchanged) during the period of the review; (2) the underlying causes of missed opportunities have not changed significantly in the intervening years; (3) missed opportunities continue to occur in low, middle as well as high-income countries; and (4) that interventions to reduce missed opportunities are generally low-cost and feasible in most settings (such as emphasizing routine supervision and periodic in-service training of health workers; promoting simultaneous immunizations; facilitating integration of curative and preventive services; reinforcing information about true contraindications; and improving health workers' attitudes and practices).