



World Health
Organization

A guide for conducting an Expanded Programme on Immunization (EPI) Review



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

WHO/IVB/17.17

© 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. A guide for conducting an Expanded Programme on Immunization Review. Geneva: World Health Organization; 2017 (WHO/IVB/17.17). 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



A guide for conducting an Expanded Programme on Immunization (EPI) Review

Contents

Acknowledgements	vi		
Abbreviations & acronyms	vii		
Glossary of EPI Review terms	viii		
Introduction	2		
What is an EPI Review?	2		
Rationale and objectives of these guidelines	3		
Guiding principles	4		
EPI Review framework	6		
EPI Review stages	8		
The seven basic EPI Review topics	12		
Beyond the basics: aligning & integrating other assessments and enhancing country priorities	14		
Stage 1: Develop concept	34		
1.A Concept note development	35		
1.B Conducting the desk review	38		
1.C Protocol and methods	41		
Stage 2: Plan and prepare	54		
2.A Review management and participants	55		
2.B Inviting external participants	59		
2.C Logistics	60		
2.D Team training	62		
Stage 3: Field review	64		
3.A Best practices	65		
3.B Data collection	67		
Stage 4: Synthesis of findings and recommendations	68		
4.A Synthesis of findings and recommendations	69		
4.B Presentation and written reports	73		
Stage 5: Translating recommendations into action	74		
5.A Translate recommendations into plans	75		
5.B Follow-up on recommendations	76		
5.C Advocacy for sustainable funding	77		
Useful links overview			156

LIST OF BOXES

BOX 1. EPI Review framework	6
BOX 2. Five stages of an EPI Review	8
BOX 3. EPI Review timeline and checklist	10
BOX 4. The seven basic immunization topics of an EPI Review	12
BOX 5. Examples of EPI Review special topics	14
BOX 6. Series of boxes on integrating or aligning assessments	16
BOX 7. Series of boxes on enhancing country priorities	30
BOX 8. Types of sites to visit and interviews to conduct	43
BOX 9. Criteria to consider for sampling Review sites	45
BOX 10. Example of site visits for seven teams	46
BOX 11. Example of field team activity plans	47
BOX 12. Steps for developing standard questionnaires	51
BOX 13. Tips for designing standard questionnaires	53
BOX 14. EPI Review management and human resources	56
BOX 15. Steps for synthesizing findings and preparing for the final debriefing	70

LIST OF ANNEXES

ANNEX 1. Desk review and national-level review tools	79	ANNEX 5. Supplemental questions	118
1.A Desk review: summary of existing EPI data	80	5.A Supplemental questions for integrating a PIE	119
1.B Desk review: build on previous assessments	82	5.B Supplemental questions for integrating an HPV PIE	122
1.C Desk and national-level review: checklist and resources by topic	86	5.C Supplemental questions for integrating a surveillance review	125
1.D Desk review: health systems analysis	90	5.D Supplemental questions for financial sustainability assessments	130
1.E Desk review: VPD surveillance tool	92	5.E Supplemental questions related to advocacy and communications	132
		5.F Supplemental questions for missed opportunities for vaccination	133
ANNEX 2. Terms of reference for EPI Review roles	96	ANNEX 6. Reporting templates	134
2.A Desk Review Lead ToRs	97	6.A Concept note template	135
2.B Review Manager ToRs	98	6.B Desk review report template	136
2.C Review Coordinators (External & National) ToRs	99	6.C Protocol template	138
2.D Topic Lead ToRs	100	6.D Topic report template	140
2.E Field Team Lead ToRs	101	6.E Final EPI Review report template	141
2.F Field Team Member ToRs	102	6.F Presentation template – Team debrief presentation	142
		6.G Presentation template – Topic-specific presentation	144
ANNEX 3. Other planning considerations and tools	103	6.H Presentation template – Final debrief presentation	146
3.A Country examples of enhancing EPI Reviews with special topics	104	ANNEX 7. Synthesis templates	149
3.B Similarities and differences between EPI Reviews and EVMAs	106	7.A Template of 'Road mapping' recommendations	150
3.C Lessons on use of tablets or smartphones for data collection	108	7.B Example of summarizing EPI Review findings for advocacy purposes	154
ANNEX 4. Core questions	110		
4.A Core questions for the seven topic areas for each administrative level	111		
4.B Core questions for interviewing a caregiver	116		
4.C Core questions for observing an immunization session	117		

Acknowledgements

We gratefully acknowledge the contributions of the following immunization specialists to the development of these guidelines.

Independent experts

Jorge Aldana-Mendoza
Paul Colrain
John Grundy
Perpetua Kabuba
Eric Laurent
David Oh

GAVI Alliance

Alan Brooks
Laura Craw
Peter Hansen
Chung Won Lee
Lisa Lee (Consultant)
Stefano Malvolti
Sara Sa Siva
Riswana Soundardjee

John Snow International

Mike Favin
Michel Othepa
Lora Shimp
Robert Steinglass
Asnakew Tsega

UNICEF

Richard Duncan
Katrine Habersaat
Maya Vandenant

US Centers for Disease Control

Terri Hyde
Aaron Wallace
Kirsten Ward

WHO's IPAC¹

World Health Organization

Madhava Ram Balakrishnan
Joseph Biey
Paul Bloem
Charles Byabamazima
Tania Cernuschi
Irtaza Chandhri
Diana Chang Blanc
Thomas Cherian
Adam Cohen
Fussum Daniel
Carolina Danovaro

Philip Duclos
Rudi Eggers
Messeret Eshetu Shibeshi
Marta Gacic-Dobo
Jan Grevendonk
Katrine Bach Habersaat
Karen Hennessey
Md. Shafiqul Hossain
Xiao Xian Huang
Christopher Kamugisha
Carsten Mantel
Gillian Mayers
Lisa Menning
Charles Mbugua Muitherero
Nasrin Musa
Ike Ogbuanu
Roberta Pastore
Minal Patel
Claudio Politi
Alba Maria Ropera
Isabelle Sahinovic
Stephanie Shendale
Nadia Teleb
Patrick Zuber

Abbreviations & acronyms

2YL	second year of life	HMIS	health management information system
AEFI	adverse event following immunization	HPV	human papillomavirus (vaccine)
AFP	acute flaccid paralysis	HR	human resources
AFR	acute fever and rash	HSS	health systems strengthening
BD	birth dose	IBD	inflammatory bowel disease
CDC	Centers for Disease Control and Prevention	ICC	interagency coordinating committee
CHAI	Clinton Health Access Initiative	IIP	Immunization in Practice
cMYP	comprehensive multi-year plan	ILI	influenza-like illness
CRS	congenital rubella syndrome	IPV	inactivated polio vaccine
CSO	civil society organization	ISC	immunization supply chain
DHIS2	district health information system, version 2	JANS	Joint Assessment of National Health Strategy and Plans
DHS	demographic and health survey	JE	Japanese encephalitis
DPT3	diphtheria-tetanus-pertussis vaccine dose 3	JICA	Japan International Cooperation Agency
ds	doses	JRF	joint reporting form
EPI	Expanded Programme on Immunization	KAP	knowledge, attitude and practice
EQA	external quality assessment	MCH	maternal and child health
EVM	effective vaccine management	MCV	measles-containing vaccine
EVMA	effective vaccine management assessment	MICS	multi-indicator cluster sampling survey
FAQs	frequently asked questions	MLM	Mid-Level Managers
GAVI	GAVI Alliance	MoE	Ministry of Education
GVAP	Global Vaccine Action Plan	MoH	Ministry of Health
HCW	health-care worker	MOV	missed opportunity for vaccination
HepB	hepatitis B (vaccine)	MSD	measles second dose
HF	health facility	MTEF	medium term expenditure framework
		NGO	nongovernmental organization

NHA	national health accounts	VPD	vaccine-preventable disease
NITAG	National Immunization Technical Advisory Group	VVM	vaccine vial monitor
NIP	National Immunization Programme	WHO	World Health Organization
NT	neonatal tetanus		
NVI	new vaccine introduction		
PCV	pneumococcal conjugate vaccine		
PHC	primary healthcare		
PIE	post-introduction evaluation		
PIRI	periodic intensification of routine immunization		
REC	reaching every community (strategy)		
RED	reaching every district (strategy)		
RI	routine immunization		
RV	rotavirus vaccine		
SARA	service availability and readiness assessment		
SARI	severe acute respiratory illness		
STI	sexually transmitted infection		
SWCR	strengths, weaknesses, conclusions and recommendations		
TIP	Tailoring Immunization Programme (WHO)		
ToRs	terms of reference		
UNDP	United Nations Development Programme		
UNICEF	United Nations Children's Fund		
USAID	United States Agency for International Development		

Glossary of EPI Review terms

Align assessments (also referred to as “integrating assessments”)

Refers to designing assessments so that they complement each other in timing, design, or technical content, to avoid duplication of effort. It can mean conducting assessments at the same time, e.g. they are fully integrated such as in a post-introduction evaluation (PIE) or a surveillance review, or partially integrated such as including data verification to field team tasks to contribute to a data systems review. It can also refer to designing one assessment so that it includes follow-up of recommendations contained in the other.

Comprehensive multi-year plan for immunization (cMYP)

A strategic plan for the national immunization programme, including situation analysis, objectives, strategies and activities, costing and financial analysis and monitoring and evaluation frameworks.

Concept note

Describes the EPI Review objectives, methods, timelines and human and financial resources required. The note is important for securing government approval and facilitating communication with stakeholders. The note is often updated after a desk review to reflect any new directions.

Core questions

In an effort to promote standards, facilitate a modular approach to designing field tools and minimize programme disruption by reducing the length of field tools, this document provides a set of core variables for each of the seven EPI Review topics (see [Annex 4](#)).

External determinants

Refers to those events or systems that are external to the immunization programme but which substantially affect (either positively or negatively) programme performance.

External participant

“External” in this context means external to government service or national immunization programme. It often refers to a participant representing an international organization or consultant from outside the country, especially when referring to the External Coordinator or Topic Leads.

Field-review stage of the EPI Review

This is the period of active data collection, observation and report-writing in the field.

Follow-up stage of the EPI Review

This is a multi-year stage commencing with debriefing and report-writing, and extending to overseeing implementation through planning and review systems of the ministry of health (MoH).

Immunization system components (topics)

The seven immunization system components are linked to the health systems building blocks and are aligned with system components in cMYP guidance (see [Box 4](#)).

Integrating assessments (see “align assessments”)**EPI Review (or Review)**

Also referred to as an EPI Review. It is a systematic investigation of the strengths and weaknesses of the immunization programme, used to identify priority areas in order to improve programme performance and guide strategic planning process.

EPI Review Coordinators

The Review Coordinators can be a designated EPI staff person (National Coordinator), and an external consultant (External Coordinator). Review Coordinators report to the EPI Review Managers and are responsible for the preparation, implementation and final reporting of the Review. See [Box 14](#) for management context; [Annex 2](#) for ToRs.

EPI Review Field Team Leads

An external review participant who leads the field trip in an assigned geographical area, synthesizes findings, conclusions and recommendations and reports back at field and national levels. See [Box 14](#) for management context; [Annex 2](#) for ToRs.

EPI Review Managers

In-country immunization leaders (usually the EPI manager and WHO immunization officer) responsible for initiating, facilitating and overseeing all stages of the Review. See [Box 14](#) for management context.

EPI Review scope

The basic scope of an EPI Review includes assessing each of the seven immunization system components (see “Immunization system components”). However, the scope may be modified if one of the components has recently been assessed (scope decreased) or if other assessments will be integrated (scope increased).

EPI Review stages

The five EPI Review stages are: (1) concept development and desk review; (2) planning and preparation; (3) implementation; (4) synthesis and recommendations; (5) translation into action. See [Box 2](#).

EPI Review topic

Topics can refer to: (1) one of the seven immunization components; (2) an assessment that is being integrated; (3) any other special area of emphasis such as external or health system factors. The purpose of delineating topics is to track technical areas and link them to experts who will be responsible for conclusions and recommendations for a given topic.

EPI Review Topic Leads

These are external review participants who have been nominated to lead a Review topic; this means being responsible for leading the synthesis of findings, conclusions and recommendations across national and all field teams. See [Box 14](#) for management context; [Annex 2](#) for ToRs.

Post-introduction evaluation (PIE)

Evaluation of the implementation and lessons learnt from recent new vaccine introductions.

Introduction

What is an EPI Review?

The purpose of the Review is to provide evidence for the programme's strategic directions and priority activities.

An EPI Review, also referred to as National Immunization Programme Review, is the comprehensive assessment of the strengths and weaknesses of an immunization programme at national, subnational and service-delivery levels. The purpose of the Review

is to provide evidence for the programme's strategic directions and priority activities. With this in mind, an EPI Review should be conducted before the immunization programme's strategic planning cycle, such as the cMYP. Review findings are presented formally to the Ministry of Health (MoH), other relevant ministries, and often the country's interagency coordinating committee (ICC) for their responses and endorsement for incorporation into the next strategic plan.

There are many ways an EPI Review can be conducted. The purpose of these guidelines is to establish a benchmark against which deviations from the standard can be made explicit. For example, EPI Reviews include external technical experts to provide greater technical depth, promote impartiality and increase the visibility and credibility of the findings. If EPI Review teams are

Rationale and objectives of these guidelines

RATIONALE

An EPI Review serves as the foundation of a programme's strategic planning process and therefore should be of the highest quality and tailored to meet country needs. It should aim to have an impact on the quality and access of immunization services and contribute to the mobilization of resources for the programme.

Conducting a high-quality EPI Review has become challenging because of the increasing complexity and scope of immunization programmes. Additionally, there is a risk of Reviews being driven by external pressures and not sufficiently country-driven or valued. This is a result of the increasing number of global and local immunization partnerships, each of which may have different interests and ideas for gathering information. Lastly, if country engagement and preparation time are inadequate, an EPI Review may fail to address critical questions or provide relevant recommendations.

Along with the need to improve the quality of EPI Reviews, there has been a growing need to align or integrate other assessments. The growing complexity of national immunization programmes has brought a wealth of country evaluation and assessment exercises. This has led to serious concerns regarding the amount of time national immunization managers must spend on conducting assessments, as well as the efficiency and added value of the various assessments. In line with global recommendations, the present guidelines aim to promote integration of EPI Reviews with other assessments, where feasible. Of note, it is no longer necessary to conduct post-new vaccine introduction evaluations (PIE) after each vaccine introduction unless the vaccine product, schedule, route of administration or strategy is significantly different from current practice. To facilitate integration and honing in on country priorities, these guidelines have been designed in a modular way by indexing tools and resources by topic.

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_26043

