Promoting community acceptance and demand
VIC, September 17

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In spite of substantial supply-side investments overall coverage is flat......time to re-focus?

The Challenge

In some regions with higher # of MICS immunization programmes are struggling to maintain coverage

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**DTP3 coverage**

- African region
- Eastern Mediterranean region
- Global
- Gavi supported
- South East Asia region
- Region of the Americas
- European region
- Region of the Americas
- Western Pacific region
Routine Immunization System

- **GLOBAL**: Planning, Manufacturing, & distribution
- **NATIONAL**: Governance, stability, and national infrastructure
- **LOCAL**: Supply chain & logistics, Storage and distribution, Inventory management

**Governance, stability, and national infrastructure** are essential to vaccination systems but out of scope here.

- **Supply planning**: Inventory management
- **Procurement & distribution**: Manufacturing
- **Storage and distribution**: Procurement
- **Inventory management**: Procurement
- **Supply chain & logistics**: National & sub-national program managers
- **Storage and distribution**: National & sub-national program managers
- **Inventory management**: National & sub-national program managers

**Health worker**
- **Supervisors & FLWs**: National training / professional programs and supervision
- **Motivation**: Training & mentorship
- **Collection & use of data**: Community engagement & demand creation
- **Data to guide national decision making**: Community engagement & demand creation
- **Sufficient supplies at health posts**: Community engagement & demand creation

**Global indicators**
- **Global guidelines**: Community engagement & demand creation

**Global environment**
- **National & sub-national managers**: National training / professional programs and supervision
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**Local**
- **Supply chain & logistics**: National decision making
- **Inventory management**: National decision making
- **Procurement & distribution**: National decision making
- **Storage and distribution**: National decision making

**Global environment**
- **Global guidelines**: National training / professional programs and supervision
- **Global indicators**: National training / professional programs and supervision

**Political commitment**
- **Supervisors & FLWs**: National training / professional programs and supervision
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**Enabling partner environment**
- **National & sub-national managers**: National training / professional programs and supervision
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**Financing & pricing**
- **Supervisors & FLWs**: National training / professional programs and supervision
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**Global environment**
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**Global**
- **Planning**: Planning
- **Manufacturing**: Planning
- **Procurement & distribution**: Planning
- **Storage and distribution**: Planning
- **Inventory management**: Planning

**Finite partner environment**
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# Community Demand Challenges: Case: Nigeria

## Reasons for under-vaccination

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mistrust or fear</td>
<td>21%</td>
</tr>
<tr>
<td>Parents knowledge</td>
<td>36%</td>
</tr>
<tr>
<td>Not prioritised</td>
<td>15%</td>
</tr>
<tr>
<td>Service delivery issues</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: McKinsey analysis of data from the 2016/2017 MICS/NICS
Community Demand Challenges Case: Pakistan

UNVACCINATED

Demand reasons
- Fear of side effects: 23%
- Unaware of need: 35.30%
- Mother/caregiver too busy: 16.60%
- Distance from facility: 13.80%
- Lack of vaccinators/vaccines: 10.70%

UNDERVACCINATED

Demand reasons
- Fear of side effects: 11.20%
- Unaware of need for additional doses: 27.30%
- Postponement for another time: 8.70%
- Mother/caregiver too busy: 14.80%
- Lack of vaccinators/vaccines: 17.70%
- Other: 20.30%

Reasons for non-vaccination and under vaccination among children in Pakistan, Riaz et al., Vaccine, 2018
Community Demand challenges

Case: India

Reasons for under-vaccination

Concurrent Routine Immunisation monitoring data – Jan to Dec 2015
Community Demand Challenges: Case: BiH

Reasons for low uptake: (WHO/EURO, TIP 2018)

- Urban parents, well informed but want alt. medicine and not trust safety and authorities
- No system for monitoring, recording un-/under-/delayed vaccination
- No system for call/reminders
- Roma, low-education and lack of trust (auth)
- Mandatory vaccination not being implemented – an empty threat – confusion in HCWs (laws)
- Low knowledge among some health workers
- Sentiment among health workers of being left alone and unsupported by health system
Community Demand Challenges:
Case: Australia, NSW

Challenge:
Low coverage: 38% of 1-year-olds not fully immunized in East-West Maitland, New South Wales, Australia

Photo credit: Kinda Kapers
Community Demand Challenges:
Case: Australia, NSW

Reasons for low uptake: (NSW Health & WHO/EURO, TIP 2016-17)

• Parents were not opposed to immunization or ‘hesitant’

• Parents experienced socio-economic disadvantage, poor mental health, addiction, poverty, homelessness and domestic violence

• Some parents experienced service access barriers (cost, location, transportation and appointment availability)

• Some parents didn’t trust health services and rarely used them

• A more supportive, family centred primary health care approach was suggested as an effective way to reach out to parents in the target group

• Better use of data from the register, including sharing with relevant stakeholders and monitoring trends – recommended as many were unaware of the problem in Maitland

• Sentiment among health workers of being left alone and unsupported by health system
MIC&HIC particularly affected by vaccination confidence.

Percent Disagreeing with the Statement, “Overall I think vaccines are safe”
The vaccination behavior continuum

Vaccination hesitancy:
Accept some, delay some, refuse some

Resilient Demand
Passive Acceptance
Refuse all vaccines
The journey...
The journey to immunization – what are the barriers?

1. Knowledge & Awareness
   - Lack of awareness or understanding of the value of immunisation, of service (when/where)

2. Intent
   - Negative attitude or fear of immunisation, immunisation not a social norm, or lack of decision making power/perceived behavioural control

3. Preparation
   - Challenging logistics—remembering dates and times, finding transport, childcare, competing priorities

4. Cost & Effort
   - Financial, occupational and social costs as well as lack of convenience

5. Point of Service
   - Health centre convenience: client satisfaction, interpersonal communication, missed opportunities to vaccinate
   - Fully vaccinated
   - 2nd vaccination
   - 1st vaccination

6. After Service
   - After service: feedback, next steps, side effects, cues to action, reinforcement of vaccination as a social norm

UNICEF Journey to Immunization, Social Data Workshop, Amman 2017
Exercise

Increase the # of community members who engage in at least 30 minutes of moderate physical activity 4 or more days a week.
and a (collective) need to move beyond a deficit model

Demand Promotion Framework

1. quality & accountability
   - Interpersonal communication
   - motivation
   - community-planning

2. community engagement
   - Social/behaviour change
   - norms
   - nudes

3. risk & preparedness
   - risk capacity
   - Social listening
   - media engagement

4. social & political will
   - influencers
   - CSOs
   - enabling policies

5. social data
   - tools
   - routine systems
   - data expertise
Vaccination Acceptance and Demand Hub: Comprehensive Framework for Partnership

- Advocacy: Building political will and enabling environment
- Service Quality + Accountability: Tailoring services for quality, acceptability and accountability
- Communication and Community Engagement: C4D to mobilize communities and leaders, promote norms, activate intentions and involve communities in decision making
- Preparedness for VREs: Building national capacity to maintain public trust and manage the response to AEFI and other VREs
### Priority Areas for Collaboration

<table>
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<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Agency-based/siloed generic support</td>
<td>Coordinated and targeted partnership support</td>
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<tr>
<td>Programme and agency-centric planning</td>
<td>Inclusive partnership ecosystem and human-centric programming</td>
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<tr>
<td>Inadequate and inappropriate resource allocation</td>
<td>Well-funded and effective allocation of resources</td>
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<tr>
<td>Reactive partnership demand space</td>
<td>Proactive and agenda-setting partnership demand space</td>
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<tr>
<td>Haphazard partner planning</td>
<td>Joint workplan and/or roadmap</td>
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<tr>
<td>Weak evidence base and assumption-based planning</td>
<td>Strong data driven demand generation programming</td>
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<td>Short-term reactive planning – according to resources</td>
<td>Longer term strategic vision and multi-year scope</td>
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<tr>
<td>Limited partnerships and alliances</td>
<td>Broad and inclusive, multi-sectoral collaborations</td>
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<tr>
<td>Low profile and optics on demand generation</td>
<td>Demand generation advocacy platform established - with assigned champions</td>
</tr>
<tr>
<td>Suboptimal political buy-in and support</td>
<td>Sustainable demand generation programme capacity and support</td>
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The role of industry

- Perceived conflict of interest
- Current entry points: WIW, advocacy and celebratory ‘moments’
- Strategic risk communication capacity strengthening
- Behavioural & social science research and learning
- Pooled funding for demand-related support?
- Topic for Nepal Demand Hub F2F
Thankyou