Promoting community acceptance and demand

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The Challenge

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

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

- **GLOBAL**
  - Manufacturing
  - Procurement & distribution

- **NATIONAL**
  - Inventory management
  - Storage and distribution
  - Supply planning
  - Supply chain data
  - Sufficient supplies at health posts
  - Collection & use of data
  - Data to guide national decision making
  - National motivation
  - National training / professional programs and supervision
  - National & sub-national program managers
  - National & FLWs
  - Training & mentorship
  - Motivation
  - Individual
  - Community engagement & demand creation

- **LOCAL**
  - Health worker
  - Community
  - Suppliers
  - Individual
  - Enrollment

- **Supervisors**

**Supervisors & FLWs**

**Enabling partner environment**

**Global indicators**

**Global guidelines**

**Political commitment**

**Financing & Pricing**

**Enabling partner environment**

- Courtesy of BMGF
Community Demand Challenges: Case: Nigeria

Reasons for under-vaccination

Demand reasons
- Mistrust or fear: 21%
- Parents knowledge: 36%
- Not prioritised: 15%
- Service delivery issues: 21%

Supply reasons
- Other: 6%

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

UNVACCINATED

- 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

- 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

- Lack of knowledge: 33%
- Service delivery: 12%
- Mistrust or fear: 32%
- Child travelling: 10%
- Other: 13%

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

Resilient Demand

Passive Acceptance

Vaccination hesitancy:
Accept some, delay some, refuse some

Refuse all vaccines

Source: GVAP Strategic Objective 2 Working Group
The journey...
The journey to immunization – what are the barriers?

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

2. Intent
   - Negative attitude or fear of immunisation, immunisation not a social norm, 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

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
   - Nudges

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

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<thead>
<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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<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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<td>Limited partnerships and alliances</td>
<td>Broad and inclusive, multi-sectoral collaborations</td>
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<td>Low profile and optics on demand generation</td>
<td>Demand generation advocacy platform established - with assigned champions</td>
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<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
• Strategic risk communication capacity strengthening
• Behavioural & social science research and learning
• Pooled funding for demand-related support?
• Topic for Nepal Demand Hub F2F
Thankyou

@RobbButler2  #VaccinesWork