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Why vaccination-related restrictions work(ed) in Pakistan?

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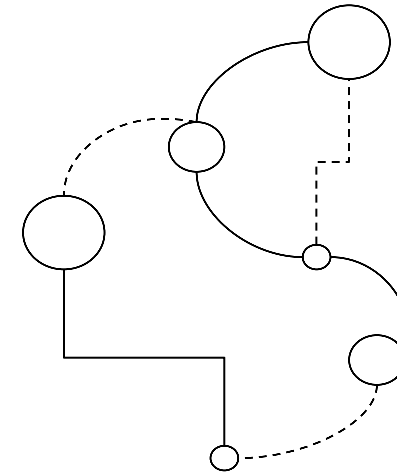

Collective service
Risk Communication and
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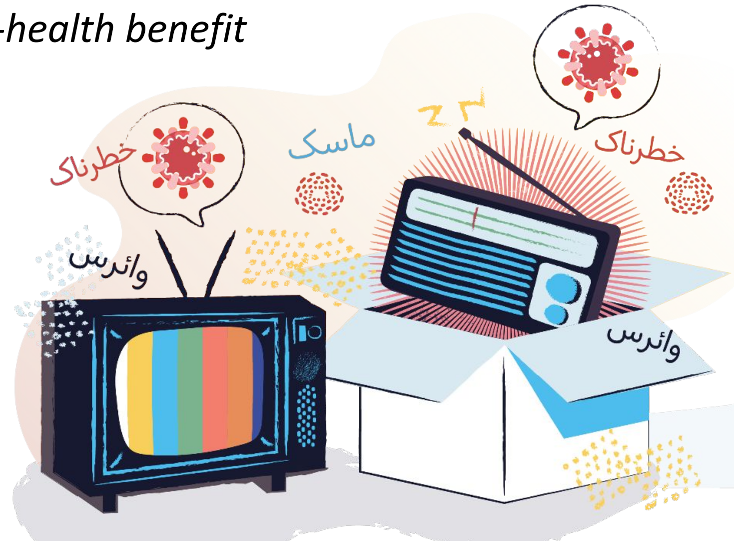
The Problem

Situation overview

- *Persistent vaccine hesitancy: 40% (April '22)*

- *Very low risk perception: 28% (April '22)*
- *Extremely low COVID-19 prevention: 3.35% (Sep '21)*
- *Extremely low knowledge of variants: 5% (April '22)*

- *Government used strategy of **vaccination-related restrictions to influence health-related behaviours and generate demand for vaccines** i.e. outweighing certain rights to achieve public-health benefit*



Problem statement

- ***How do you achieve vaccination compliance in a population that is significantly vaccine hesitant?***

- *Key crisis: Emergence of viral variants*

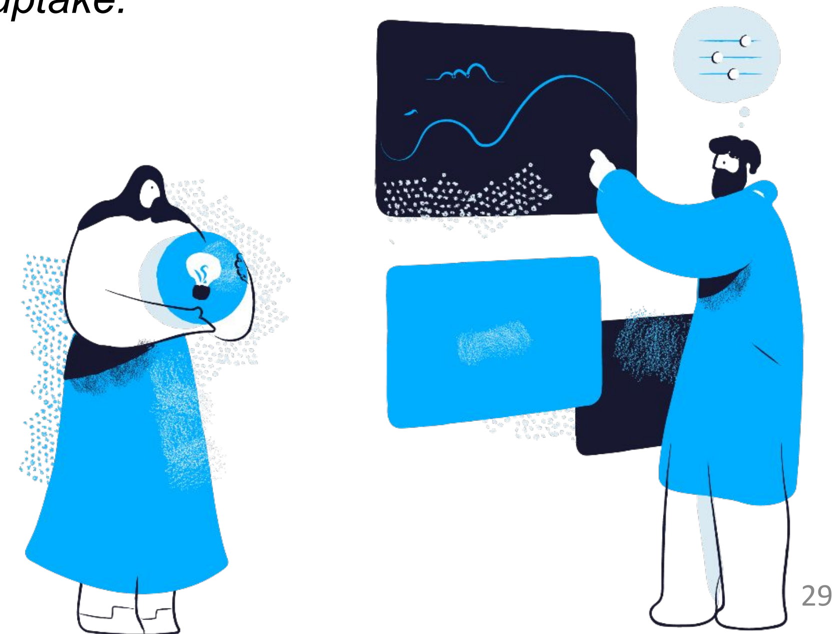
- *Key constraint: Limited resources for standard strategies to increase uptake e.g.*
  - *Community engagement;*
  - *Tailored communication to hesitant populations from trusted sources; and*
  - *Flexible access to vaccination for at-risk and vulnerable groups.*

The Solution

Actions

- *Government introduced **vaccination as a condition to access**:*
    1. *Public goods e.g. education and public offices*
    2. *Livelihood e.g. employment or employment salary and benefits*
    3. *Communications e.g. cellphones, transportation, air travel*
    4. *Association: congregational prayer, religious events, wedding ceremonies, funerals.*
- *Key features:*
    - ***Prioritised but granulated**: targeted at-risk and vulnerable first; then opened up to all other subgroups across gender, age, location, socioeconomic classification.*
    - ***Proximate**: were not far away in time but immediate.*
    - ***High likelihood of detection**: Used centralised mechanisms to detect non-compliance e.g. national database*

- *Effectiveness of these restrictions was measured using longitudinal KAP surveys as well as social media listening and feedback capture from the national helpline.*
- *This was corroborated with incoming data on vaccination uptake.*



Outcomes and Key Learnings

Outcomes and Impact

- *With technical assistance from UNICEF Country Office, federal government achieved high vaccine compliance (82%) despite the persistent vaccine hesitancy (40%).*
- *61% of vaccine hesitant Pakistanis got vaccinated (75% who were unsure and 61% who were sure): 21% of overall population.*
- *Key reason for vaccination was not health but overcoming vaccine-related restrictions.*

Key Learnings

- *Key enablers:*
  - *Whole-of-society effect.*
  - *Centralised delivery mechanism*
  - *Clear public communication using high-exposure, high-frequency channels.*
- *Key challenges:*
  - *Not all subgroups trust, or are affected by, government: outliers e.g. young people and the province of Baluchistan.*
  - *Long-term efficacy, given ethical concerns and community resistance to restrictions as public health benefits become more low stake or vague over time.*

Develop country-specific 'algorithms' that help interventions determine whether, which and when restrictions should be used to achieve vaccination compliance.

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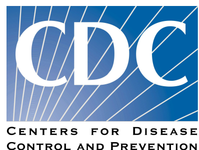
THANK YOU



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