

Comprehensive training

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HOSTED BY GAVI, WHO, UNICEF & US
CDC



State of global vaccine confidence and demand

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Problem statement

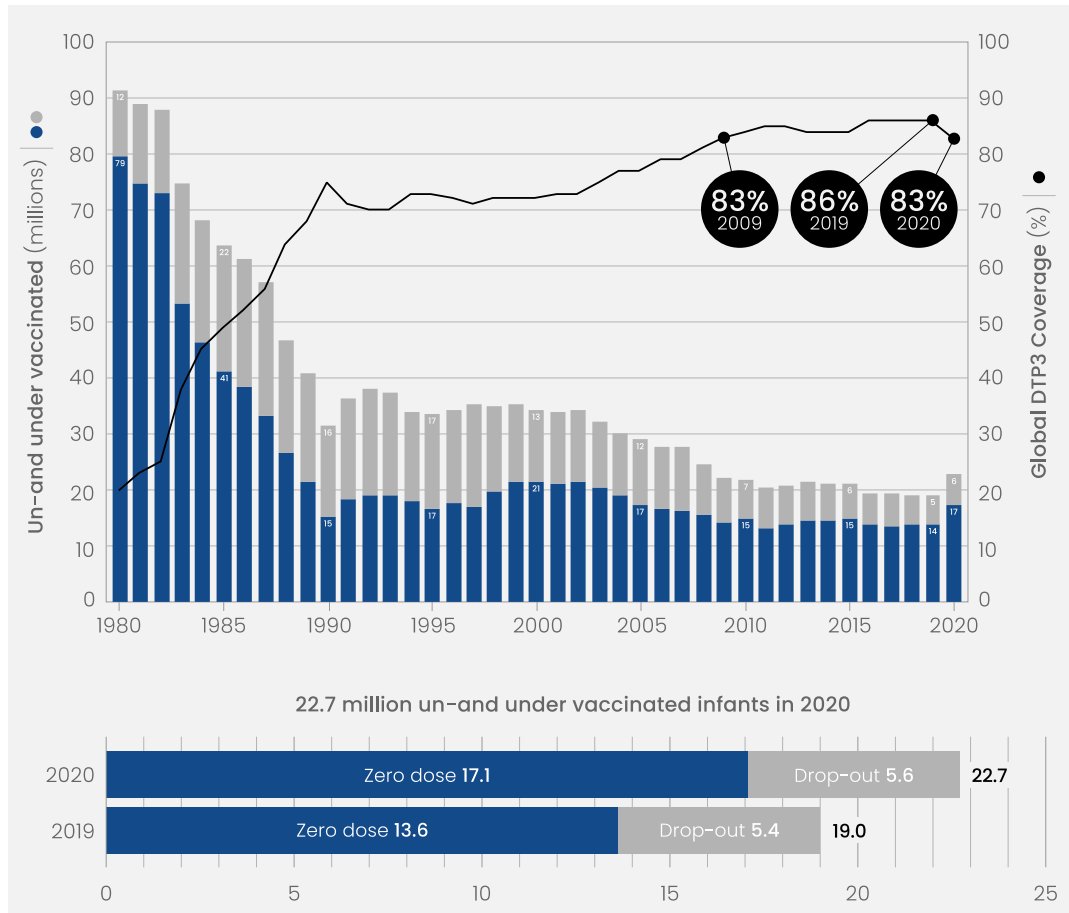
- Global efforts continue to bolster COVID-19 vaccine demand and restore routine immunization.
- However, even before the COVID-19 pandemic, many children were missing out on the chance to receive lifesaving vaccines.
- COVID-19 disrupted immunisation, leading to an additional cohort of 'un-protected' children.
- Majority of 'un-protected' children are 'zero-dose'.



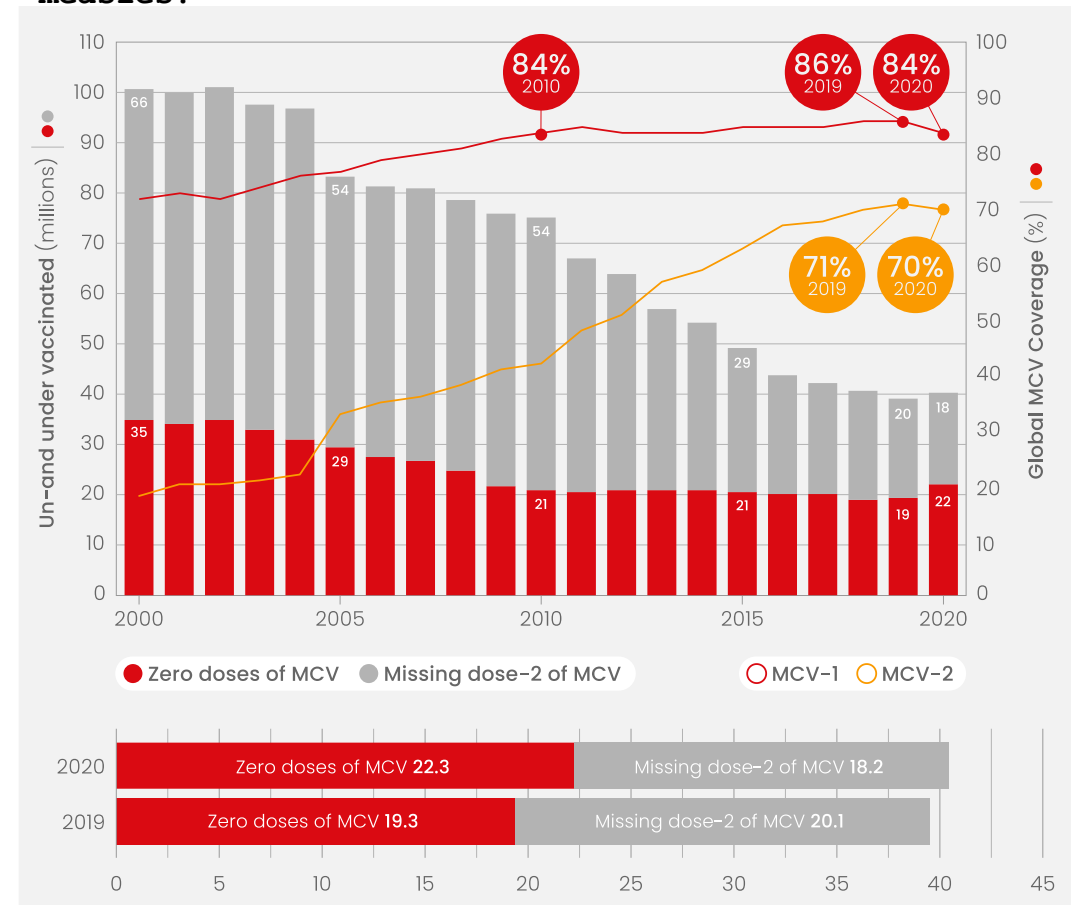
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The vaccine preventable disease immunity gap is growing globally, putting children and communities at risk of outbreaks

In 2020, global DTP3 immunization coverage dropped to 2009 levels (83%), resulting in 22.7 million un- and under vaccinated infants, 3.7 million more than in 2019.



Coverage of the first dose of measles vaccine (MCV-1) dropped to 84% in 2020, the lowest level since 2010, and leading to 22.3 million children vulnerable to measles.



Over 50% of zero-dose children live in three settings: remote rural, urban poor and in conflict.



Source: Equity Reference Group

- Pre-pandemic analyses suggest nearly 50% of vaccine preventable deaths occur among zero-dose children.
- Two-thirds of zero-dose children live in extremely poor households suffering from multiple deprivations including lack of access to reproductive health services, nutrition, water and sanitation.
- Zero-dose children are markers or missed communities.
- Gender-related barriers – on both the demand and supply side – can undermine immunisation programmes' achievements.

Vaccine Hesitancy

A public
health
threat

In 2019, WHO declared vaccine hesitancy as one of the top ten **threats to public health**

The COVID-19 **infodemic** is having a negative impact, eroding vaccine confidence gains made in vaccination

Vaccine hesitancy is a **complex** and **context specific** phenomenon. Influenced by a mix of behavioral determinants

The bedrock of **vaccination acceptance** is **public trust**

Understanding what **motivates** people's decisions to vaccinate helps us engage them, through trusted voices & in a way that resonates



Global Perspective: Contextual factors shaping COVID-19 vaccine uptake

High expectations

High visibility of COVID-19

Pandemic a threat to losing gains on RI

Equity concerns

Multiple uncertainties-multiple variants

Vaccine hesitancy among HWs

Infodemic

New target populations

Safety concerns esp among females

Anti-vaccine activism

Other complexities in time of COVID-19

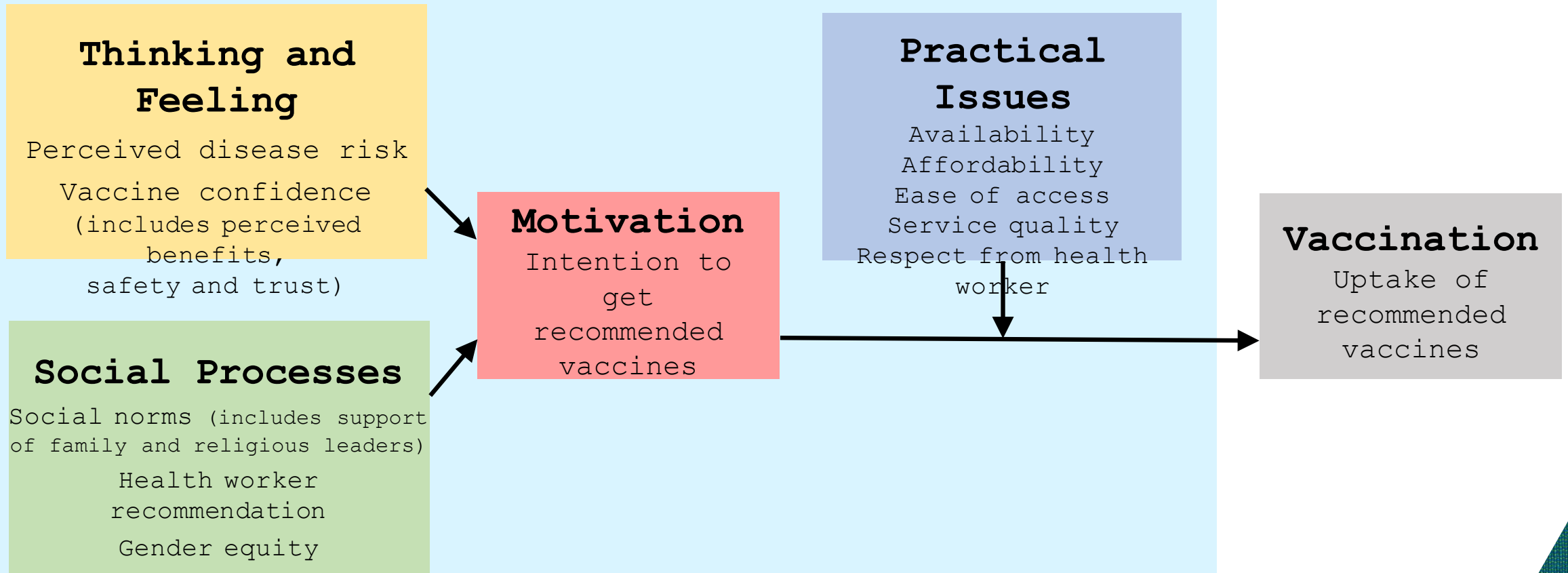
- Emergence of new Variants of Concern (VoC) poses a myriad of challenges in maintaining demand
- More children are getting infected with the COVID-19 virus
- Low risk perception of the disease among adolescents and young people
- Gender issues: women's access to information, mobility issues in some countries
- Registration for vaccines is not easy



Intentions & Drivers of Vaccine Uptake

What Behavioural & Social drivers impact vaccination uptake?

Behavioural and Social Drivers



The Behavioural and Social Drivers (BeSD) Framework. Source: The WHO BeSD working group. Based on Increasing Vaccination Model (Brewer et al., 2017)

Intent to vaccinate for COVID-19 varies across countries and time

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Global

Average indicator value weighted by country's populations (Apr 2022)

90.6%

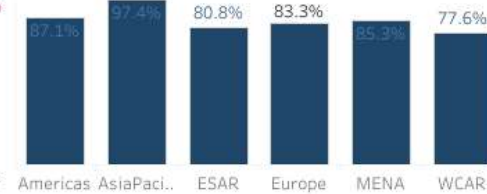
Trend

Average indicator value weighted by country's populations and 95% confidence interval

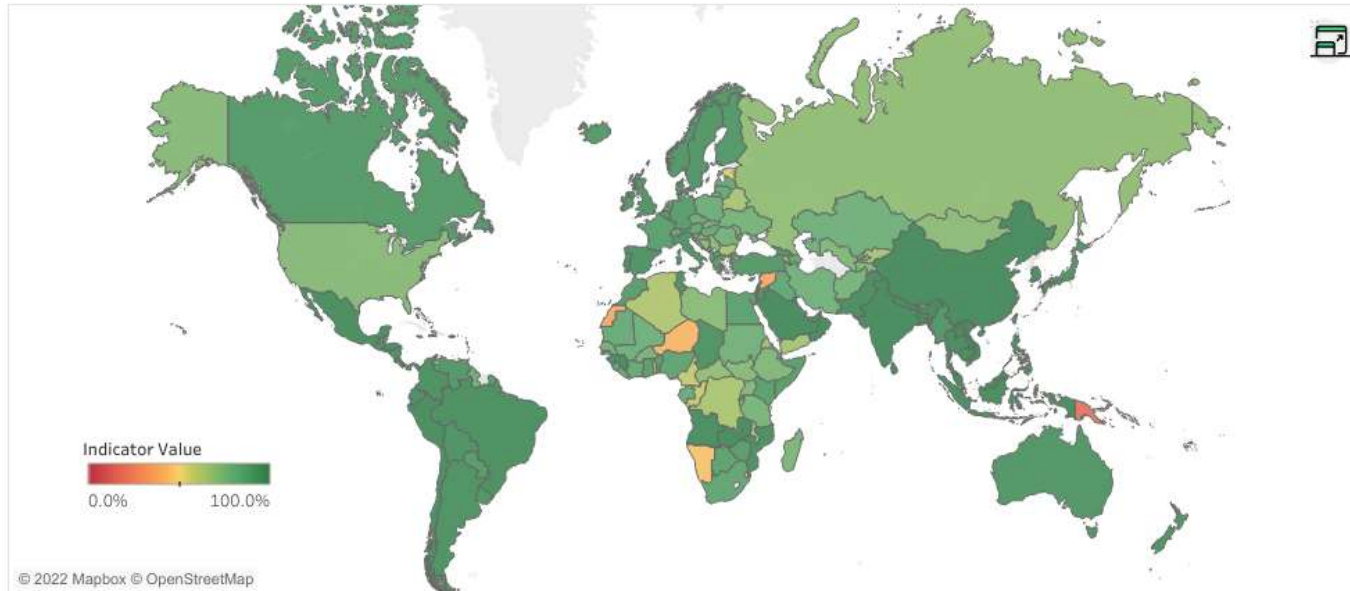


Region

Average indicator value weighted by country's populations (Apr 2022)



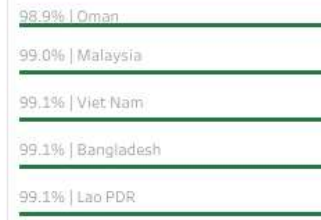
Map



Lowest Rates



Highest Rates



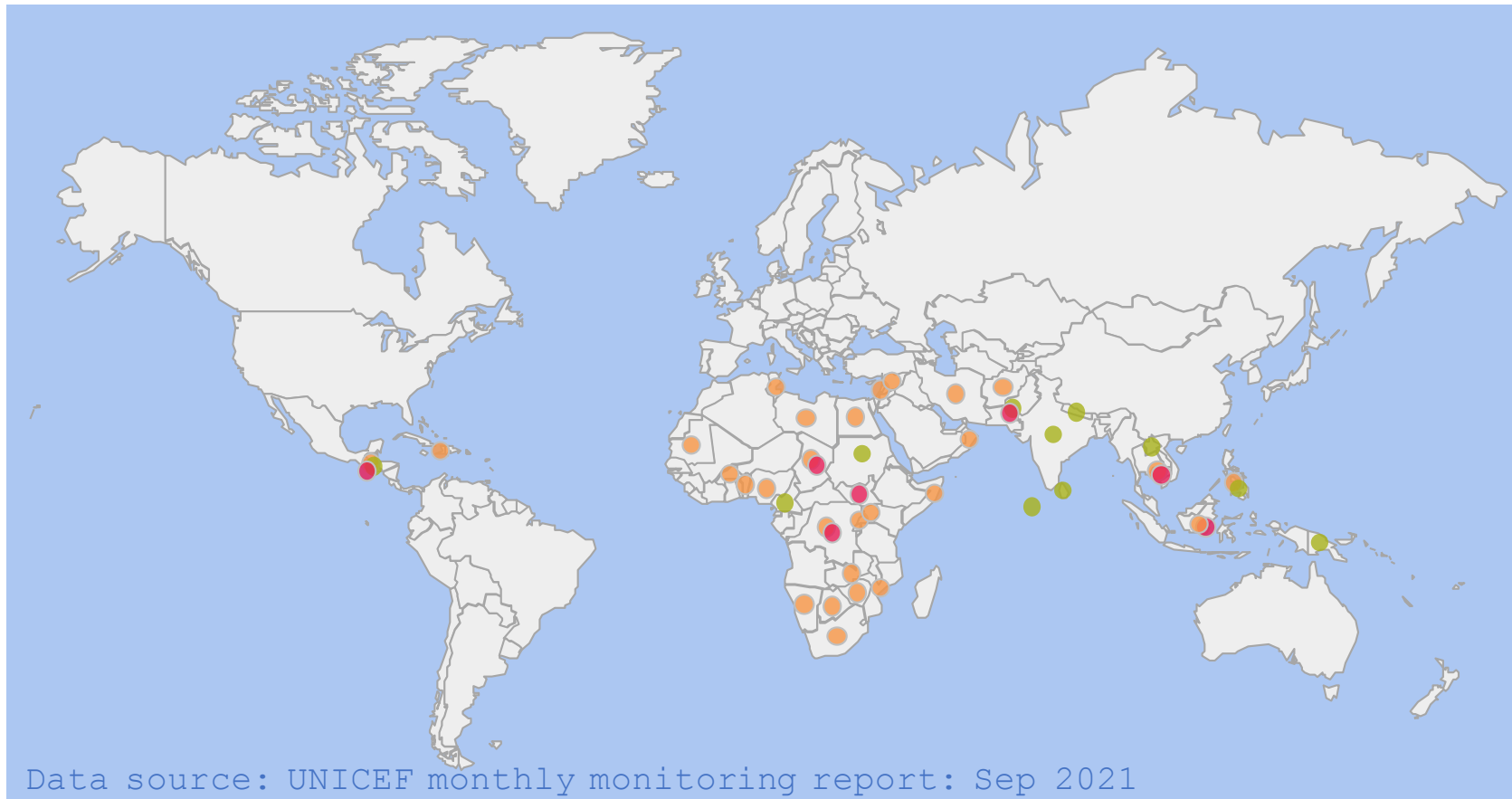
<https://www.rcce-collective.net/data/behavioural-indicators/>



Global dashboard: Critical barriers to vaccine uptake

Countries and reasons for low uptake - only key issues highlighted

- Practical/logistical factors
- Thinking and Feeling
- Social Processes



32

Countries with primarily practical/logistical issues

23

Countries with primarily thinking and feeling issues

7

Countries with primarily social processes



Strategic priorities-what needs to be done

- Focusing on zero dose communities and under-vaccinated areas
- Continue listening to community concerns, fears, perceptions-social listening, social data collection, analysis and using data for action
- Building country capacity on demand promotion
- Engaging communities in planning, implementing and monitoring
- Co-creating and co-designing with communities
- Promote pro-equity, gender sensitive, evidence-based tailored strategies to encourage vaccine uptake and maintain public trust in vaccines
- Make vaccination easy, convenient - Integrate into PHC package of services
- Work with HWs to improve service experience
- Integrated approach to demand promotion: immunization plus other public health interventions



Country Example: Indonesia

Issue: Misinformation and rumours on social media threatening uptake of COVID-19 guidance

- A nationwide survey conducted in 2020 nationwide survey found that between **64 and 79 percent** of respondents were susceptible to dis/misinformation online.
- An overwhelming majority said they primarily seek information through social media and share with others.
- Risk of people believing fake news or hoaxes, especially religious and political, making it difficult to change their minds.



Country Example: Indonesia

Response/Action:

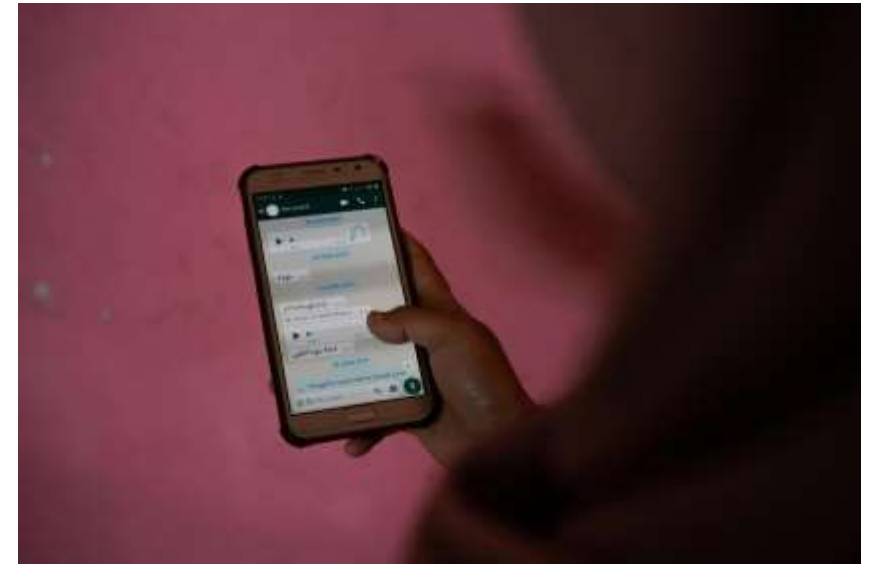
- When a national emergency was declared in March 2020, UNICEF supported development of country's official www.COVID19.go.id website.
- UNICEF worked with MAFINDO to create a 'Hoaks Busters' section that has produced over 870 articles evaluating online content related to COVID-19 over the past year.
- Inoculation 2.0: a project implemented to provide accurate information and build digital literacy as pre-emptive approach in elderly populations via trusted community workers →



Country Example: Indonesia

Result:

- Increased awareness about misinformation to address misinformation and protect hoaxes.
- Capacity built 92,000 vaccinators on use of techniques
- A Nielsen survey conducted between March found that vaccine acceptance among increased 20 per cent since the end of
- More than half (51 per cent) now say they the vaccine.



UNICEF/UNI347424/Ijazah

Source: <https://www.unicef.org/indonesia/coronavirus/stories/countering-infodemic-amid-pandemic22>

Country Example: South Sudan

- Survey to measure the behavioral and social drivers (BeSD) of COVID-19 vaccination showed lower uptake among females in the country.
- Demand strategy was subsequently revised to put more emphasis on women-centric approaches.
- Interviews of influential women including the Undersecretaries of MoH and the ministry of gender getting vaccinated and positive human-interest stories were showcased.
- Communication material developed focusing on women
- Specific concerns of women around vaccine safety were addressed.
- These interventions contributed to a

40% increase in vaccination rate among

COVID-19 VACCINES ARE SAFE FOR WOMEN

GET VACCINATED
protect yourself,
your family and your
community.

COVID-19 vaccines

- ✓ Are proven safe and effective against COVID-19, including the Delta variant
- ✓ **DO NOT** affect fertility or pregnancy
- ✓ Are safe for breastfeeding women and their babies
- ✓ Reduce risk of serious illness and death

Encourage women to be vaccinated

For more information, call the Ministry of Health
Hotline at 6666

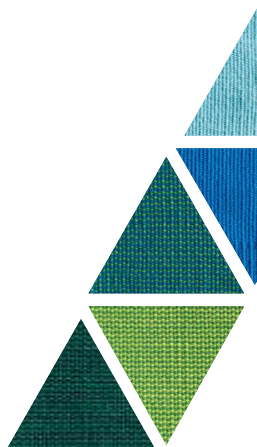
Gavi
The Vaccine Alliance

Health Protection
SOUTH SUDAN

World Health Organization

Challenges

- Competing health systems priorities and stretched workforce continue to mount as COVID-19 workforce is the same needed to restore routine immunization and other essential health services
- Interruption of routine immunization after the pandemic has contributed to leaving many children unvaccinated and vulnerable
- Other disease outbreaks requiring attention
- Reaching people in underserved communities
- Changing and evolving situation of COVID-19 virus
- Epidemiological surveillance systems have been weakened during the pandemic, making it more difficult to detect and respond to new outbreaks, leaving children and communities vulnerable



Opportunities

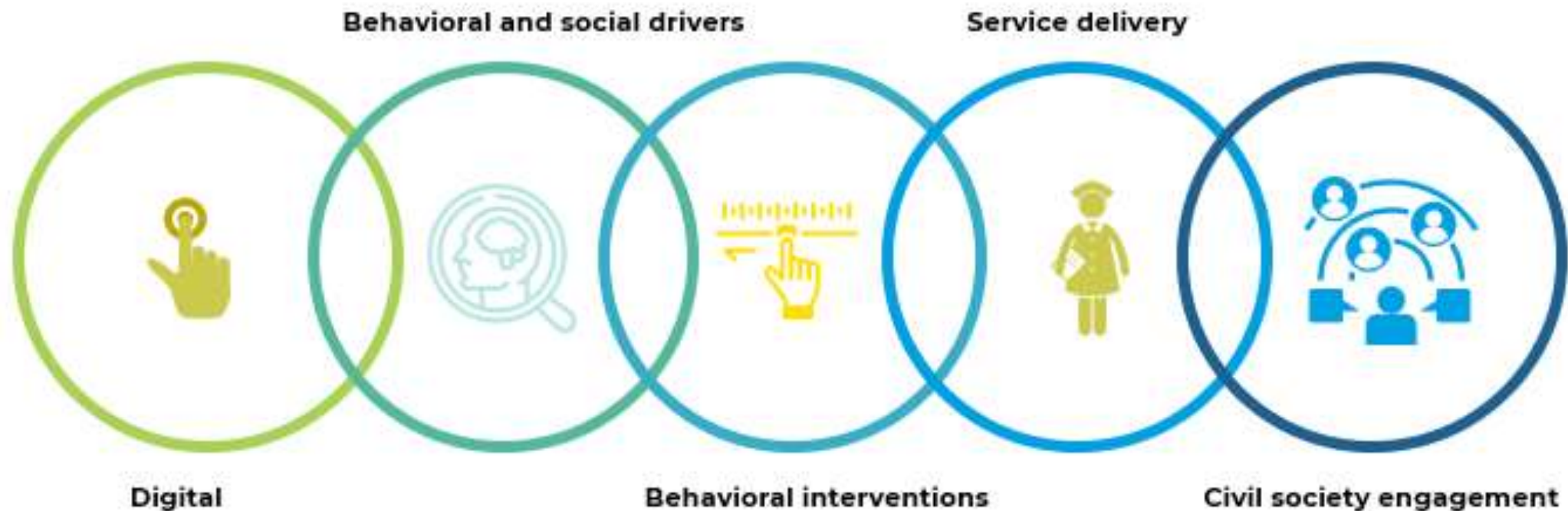
- Systems strengthened for COVID 19 can be leveraged for promoting routine immunization and new vaccine introduction (social listening, social and behavioural data collection and use, coordination mechanism etc)
- Capacity building of frontline workers on IPC will benefit RI and broader primary health care
- Partnerships established for COVID 19 can be leveraged for other areas
- Integration of C-19 into RI
- Opportunity to strengthen preparedness and response to future pandemic



UNICEF/UN0413749/Mawa

Connecting with the training with Vaccine Demand Hub priorities

Areas this training will cover:





World Health
Organization



BILL & MELINDA
GATES *foundation*



Achieving Results Together:

Global partnerships that will support your efforts to strengthen immunization for all people everywhere





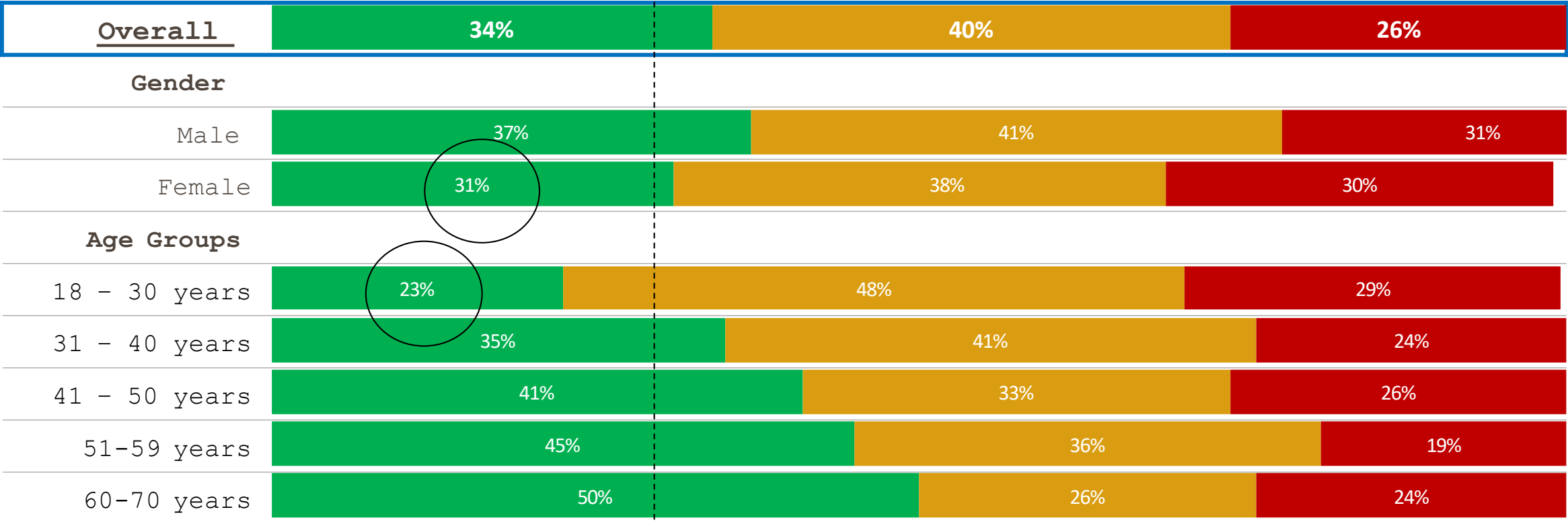
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Extra slides

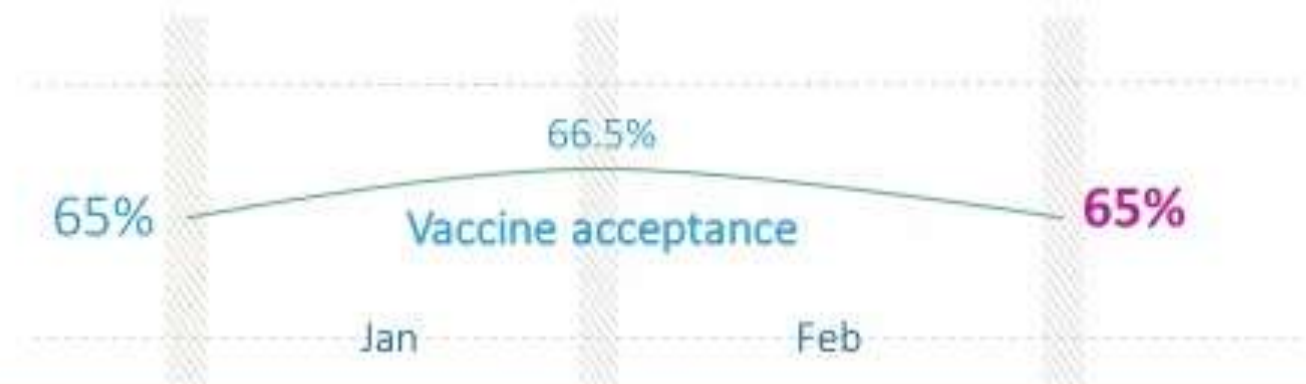
Country Example: Pakistan

Evidence from Pakistan on vaccine hesitancy (KAP 2021)



Country Example: Pakistan

Increasing in vaccine information alone did not make a difference in vaccine acceptance



What was affecting their attitudes? Info / Trust / Side effects



Insight. People's trusted source of information strongly determines their attitude towards the COVID-19 vaccine. Religious leaders remain a key source of information & misinformation.. Halal or haram?

Action. Advocate for high-level consensus meeting with RL to agree on national Ramadan guidelines.



Country Example: Pakistan

- Religious leaders are extremely influential in Pakistan
- Polio Religious Support Groups, other religious leaders at local level were engaged to influence communities
- Mosque announcements to inform populations about COVID-19 and protective measures
- Religious leaders gave talks in radio and TV and shared messages through WhatsApp



Country Example: Pakistan

Response:

- National and sub-national RCCE plan development and implementation based informed by social data
- Specific gender response to reach women with lady health workers, CSO mobilizers and dedicated face book campaign to promote vaccine uptake
- Partnerships with CSO and other UN agencies and partners and differentiated strategies to reach various segment of populations: urban slums, rural areas, densely populated cities etc.
- Collaboration with **religious leaders** at national, sub-national and local level
- **Result:**
 - Increased awareness on COVID-19 preventive behaviours
 - Engagement of religious leaders in mobilizing communities



Country Example: Nigeria

- Some of the rumours and misinformation about vaccines:
 - That people died immediately after vaccination
 - blood clotting in the site of vaccination
 - that one can lose a limb
 - It causes sterility
- Response:
 - Health workers were presented with facts about the pandemic and the vaccines.
 - More than 98,000 U-Reporters are mobilized to listen to community conversations
 - Engagement with religious leaders
 - Social mobilization
 - HWs leading by examples by being vaccinated
- Result:
 - Increased trust in vaccination
 - HWs have accurate information



Photo credit: UNICEF Nigeria
2021