

# Comprehensive training

28 June - 21 July 2022

HOSTED BY GAVI, WHO, UNICEF & US  
CDC



# State of global vaccine confidence and demand

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# Problem statement

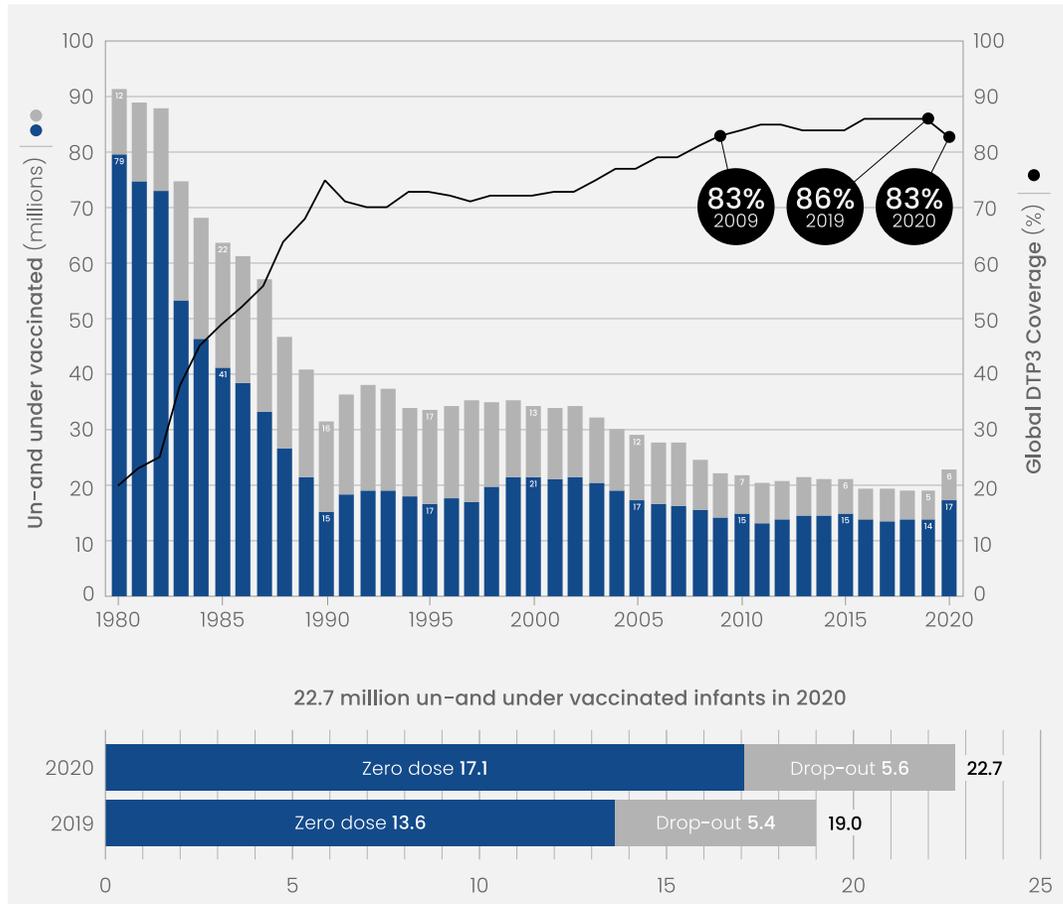
- Global efforts continue to bolster COVID-19 vaccine demand and restore routine immunization.
- However, even before the COVID-19 pandemic, many children were missing out on the chance to receive lifesaving vaccines.
- COVID-19 disrupted immunisation, leading to an additional cohort of 'un-protected'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



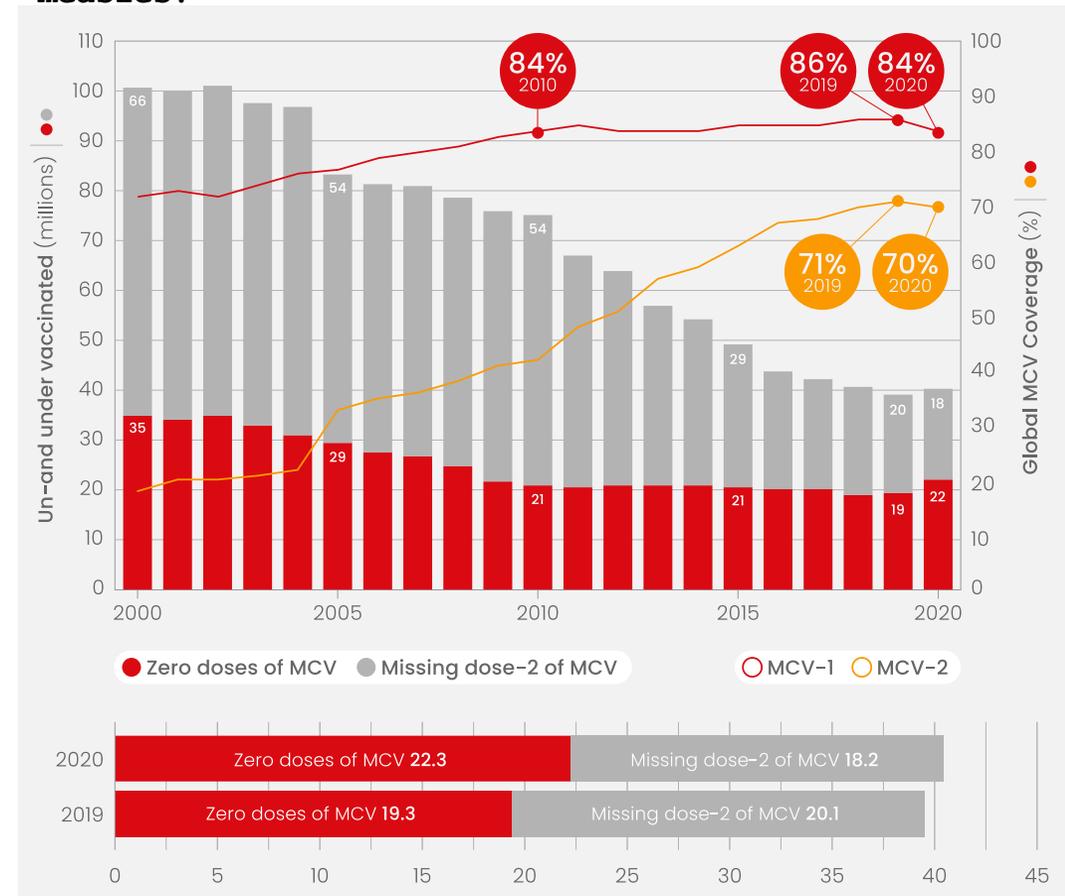
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# The vaccine preventable disease immunity gap is growing globally, putting children and communities at risk of outbreaks

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

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

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

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

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

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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

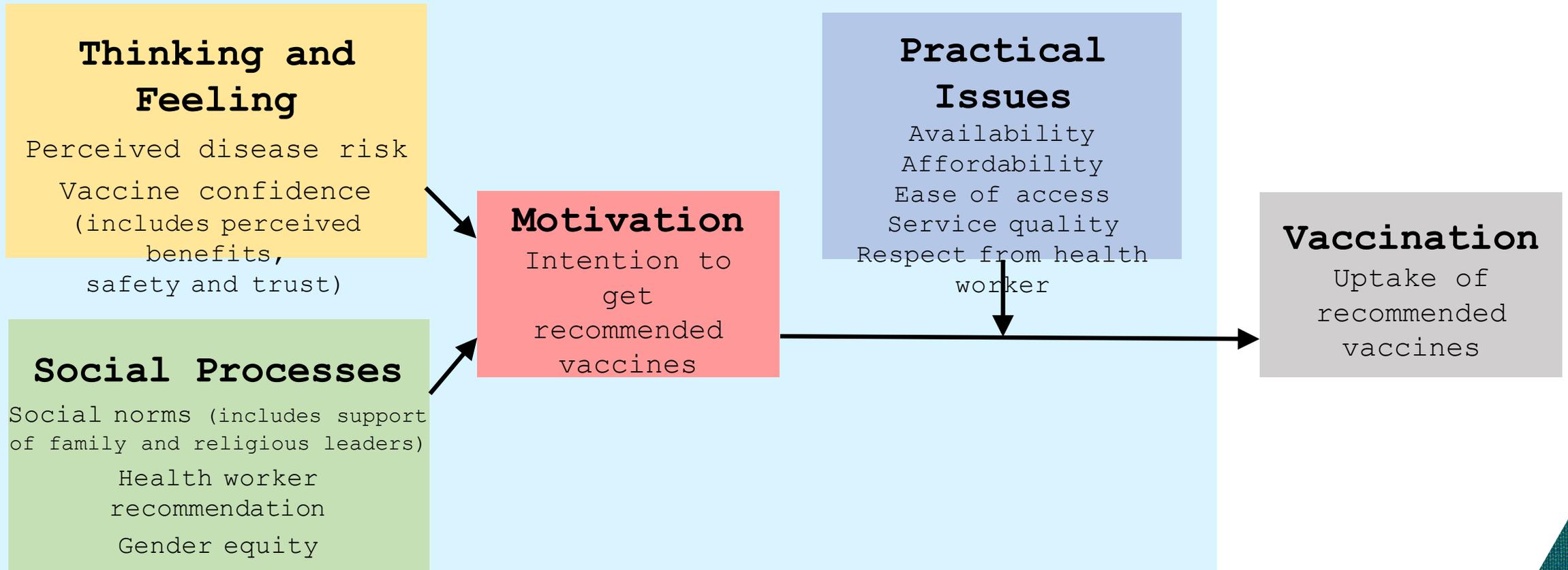
- Emergence of new Variants of Concern (VoC) poses a myriad of challenges in maintaining demand
- More children are getting infected with the COVID-19 virus
- Low risk perception of the disease among adolescents and young people
- Gender issues: women's access to information, mobility issues in some 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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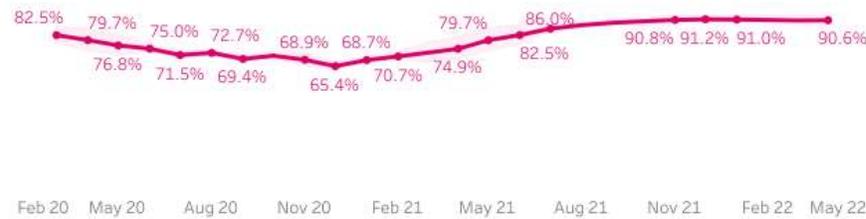
## Global

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

90.6%

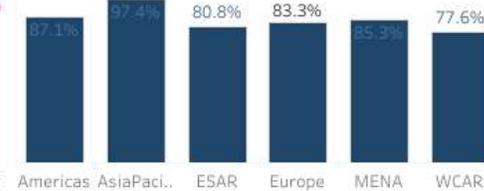
## Trend

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

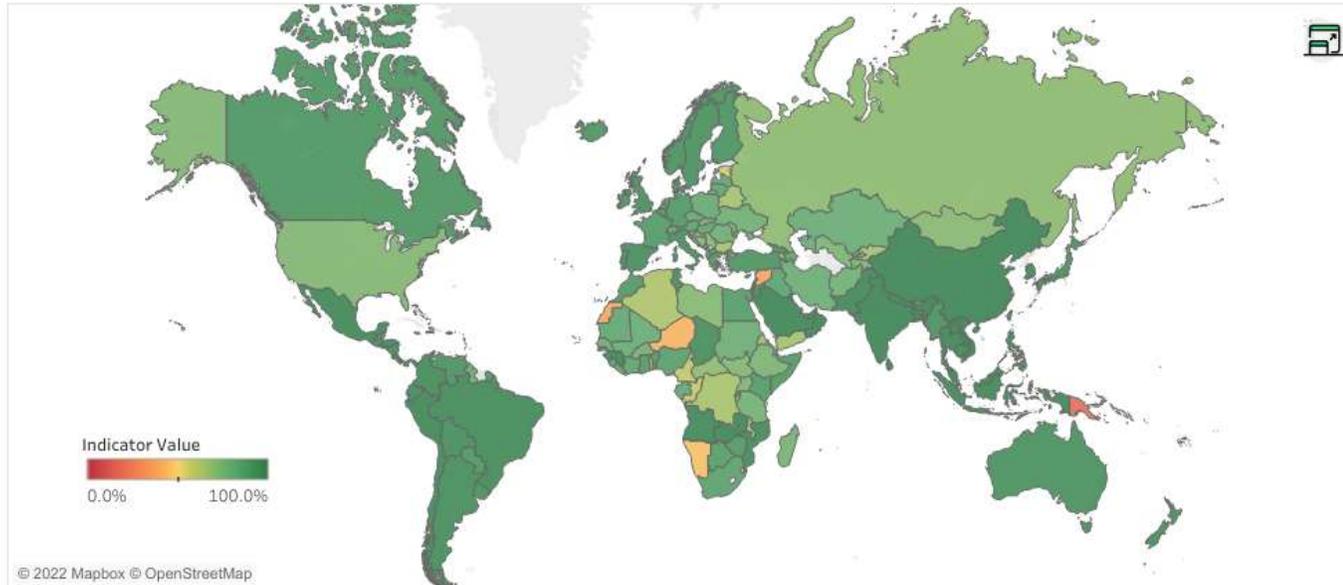


## Region

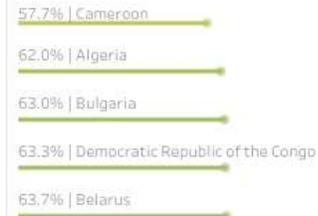
Average indicator value weighted by country's populations (Apr 2022)



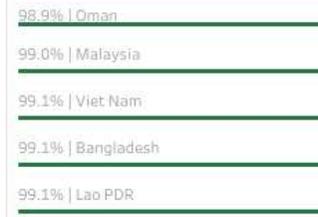
## Map



### Lowest Rates



### Highest Rates



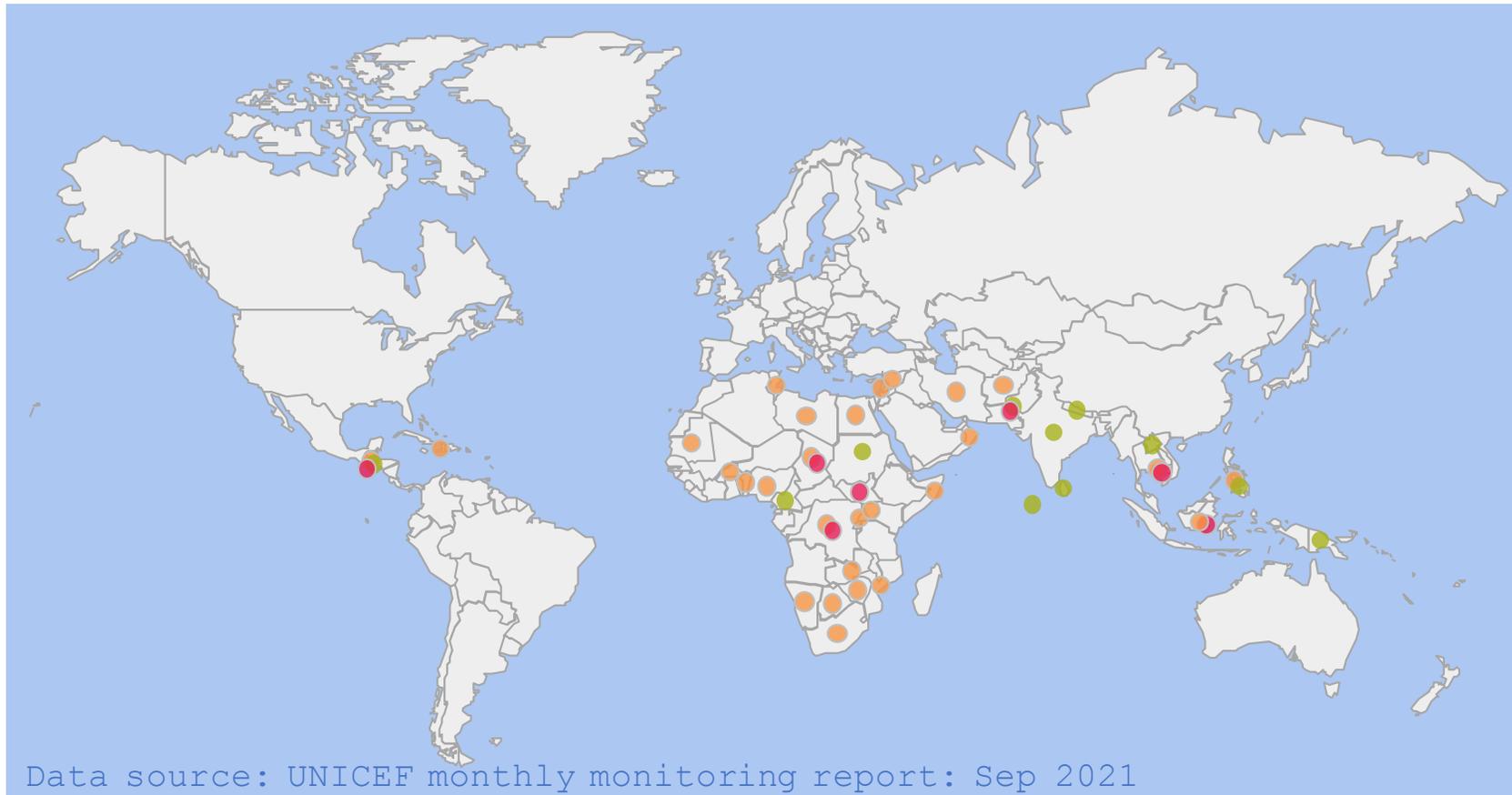
<https://www.rcce-collective.net/data/behavioural-indicators/>



# 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



Data source: UNICEF monthly monitoring report: Sep 2021

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

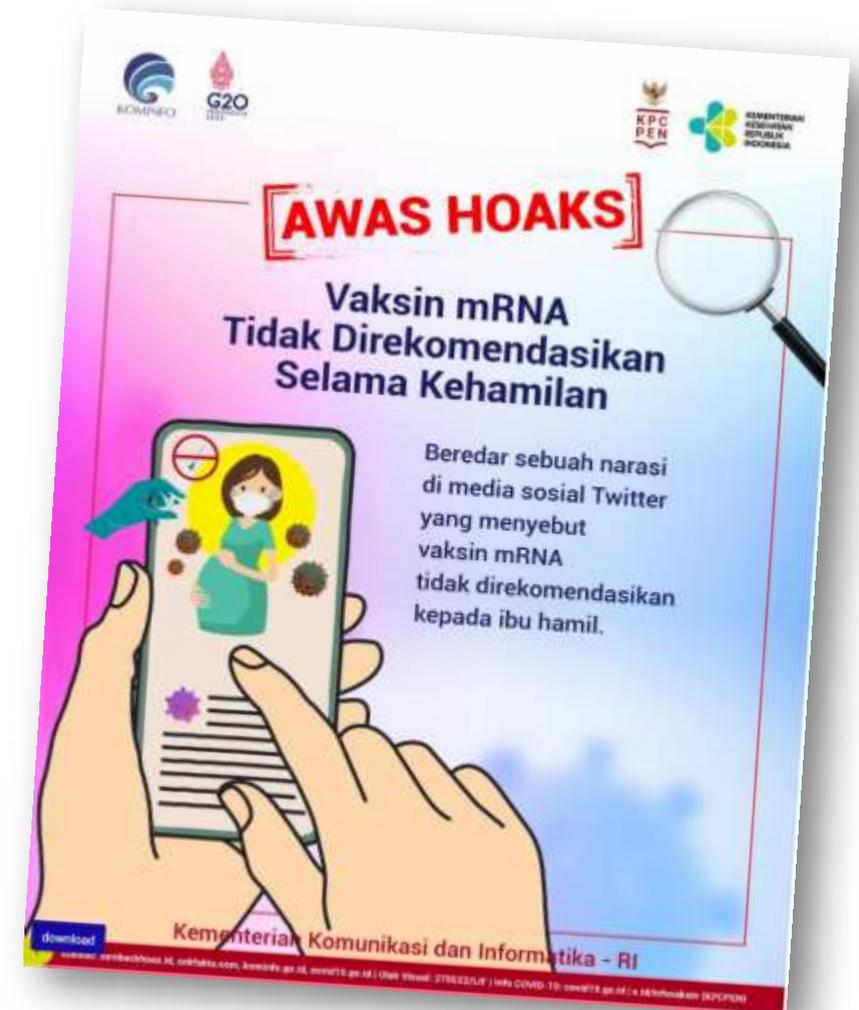
- Focusing on zero dose communities and under-vaccinated areas
- Continue listening to community concerns, fears, perceptions-social listening, social data collection, analysis and using data for action
- Building country capacity on demand promotion
- Engaging communities in planning, implementing and 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:

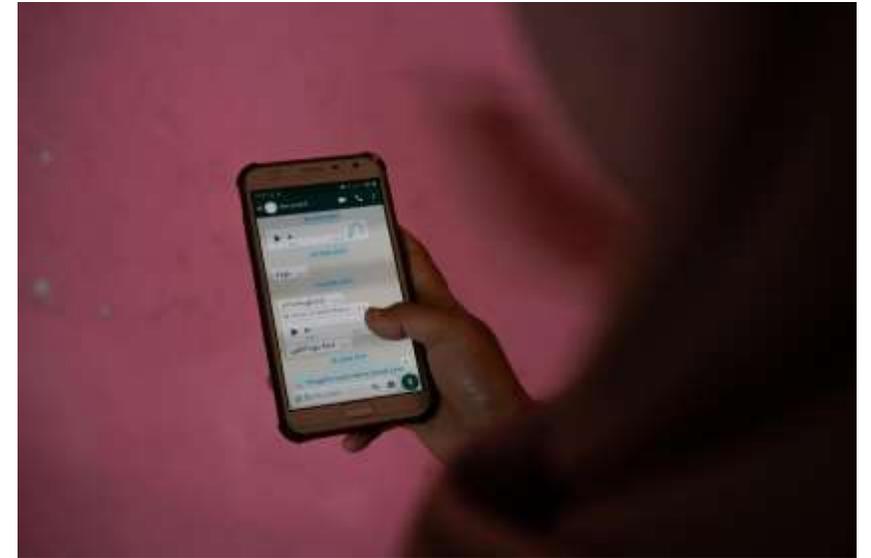
- When a national emergency was declared in March 2020, UNICEF supported development of country's official [www.COVID19.go.id](http://www.COVID19.go.id) website.
- UNICEF worked with MAFINDO to create a 'Hoaks Busters' section that has produced over 870 articles evaluating online content related to COVID-19 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

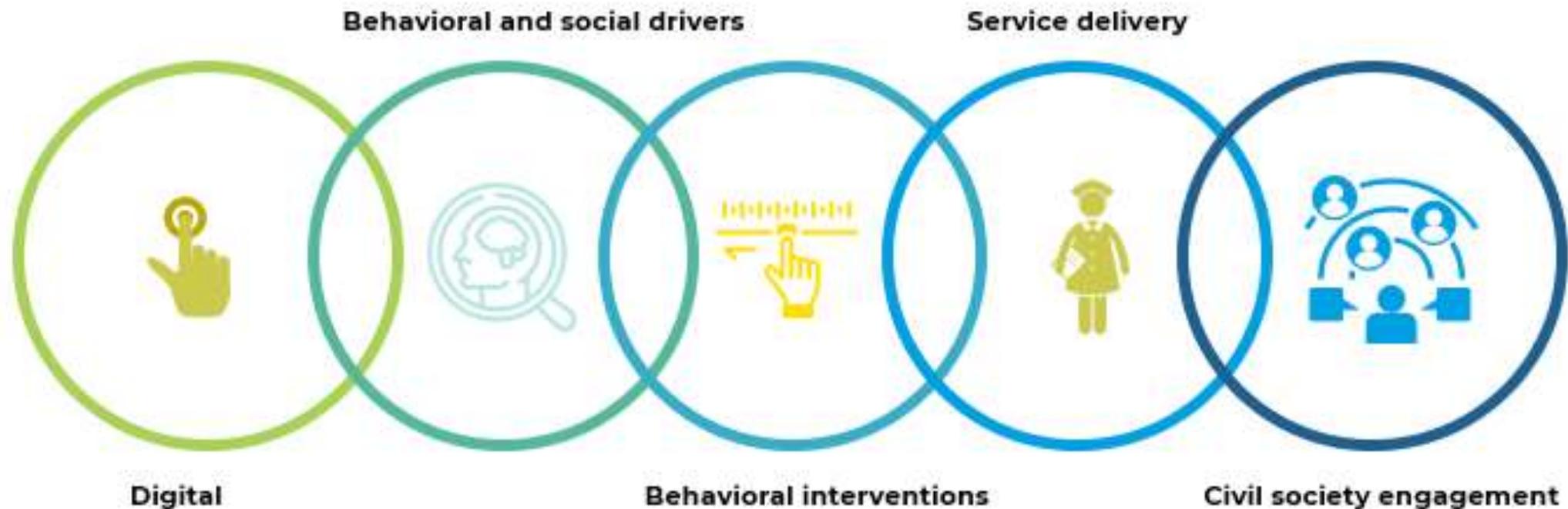
- Systems strengthened for COVID 19 can be leveraged for promoting routine immunization and new vaccine introduction (social listening, social and behavioural data collection and use, coordination mechanism etc)
- Capacity building of frontline workers on IPC will benefit RI and broader primary health 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



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# Connecting with the training with Vaccine Demand Hub priorities

Areas this training will cover:

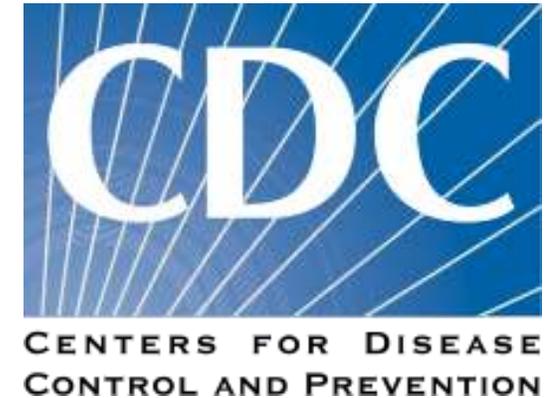




World Health  
Organization



BILL & MELINDA  
GATES *foundation*



## Achieving Results Together:

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



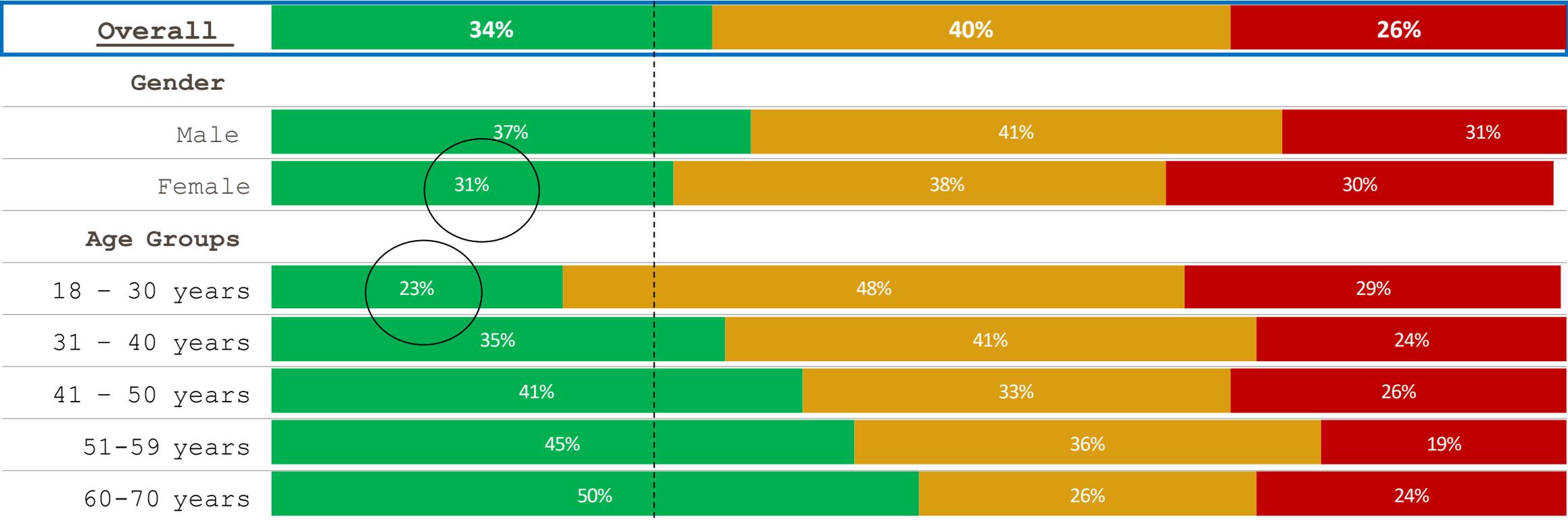
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# Extra slides

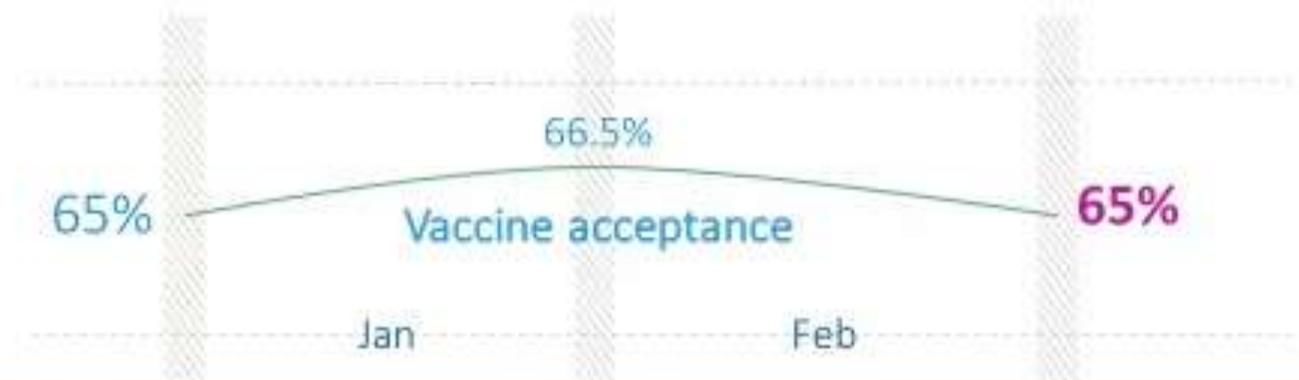
# Country Example: Pakistan

Evidence from Pakistan on vaccine hesitancy (KAP 2021)

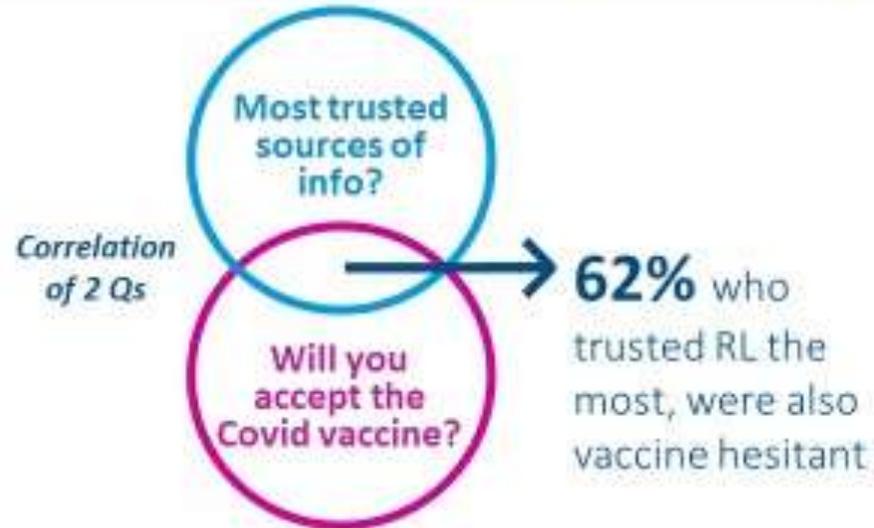


# Country Example: Pakistan

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