

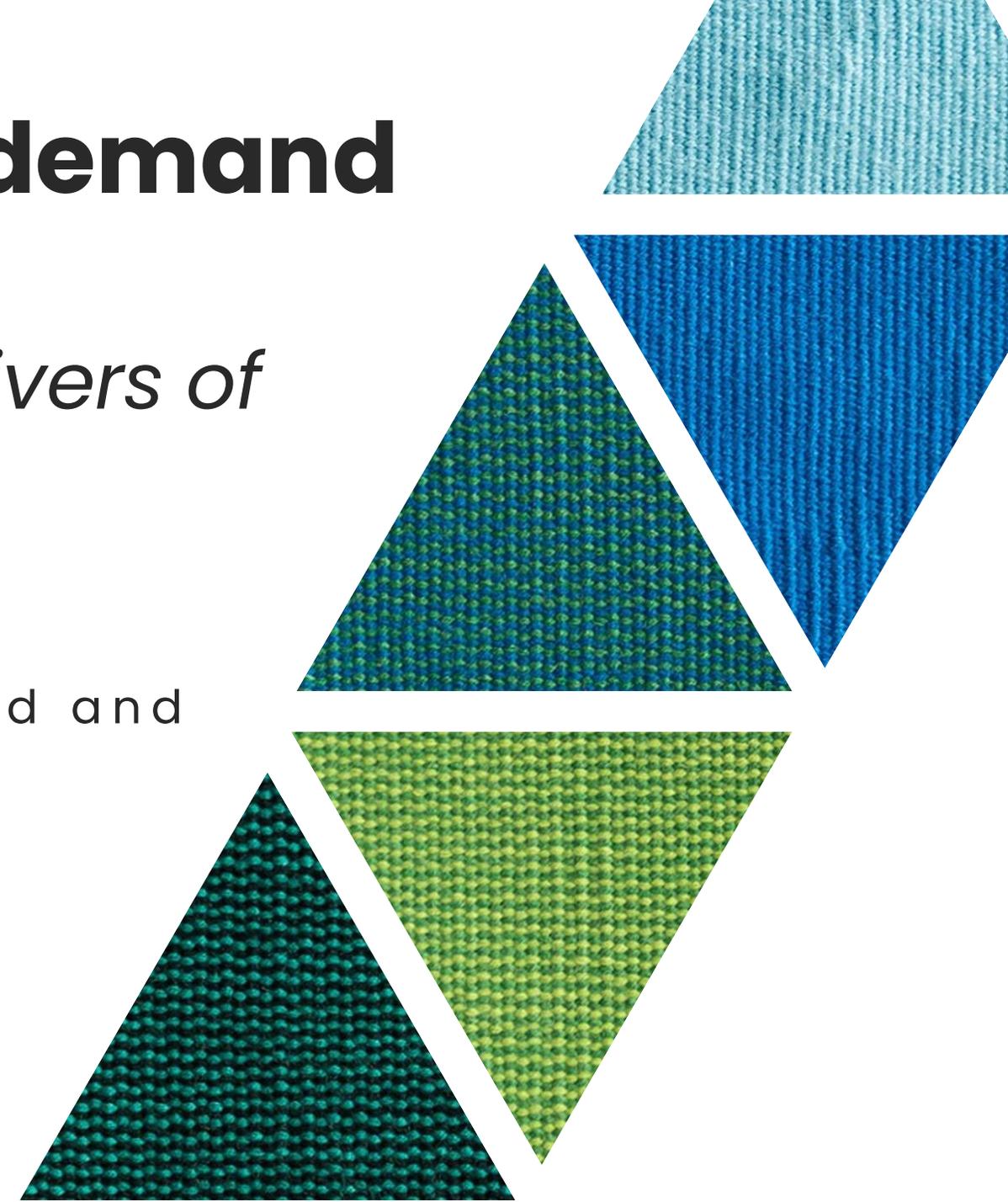
Increasing vaccine demand and uptake

*Behavioural and social drivers of
vaccination*

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Learning objectives

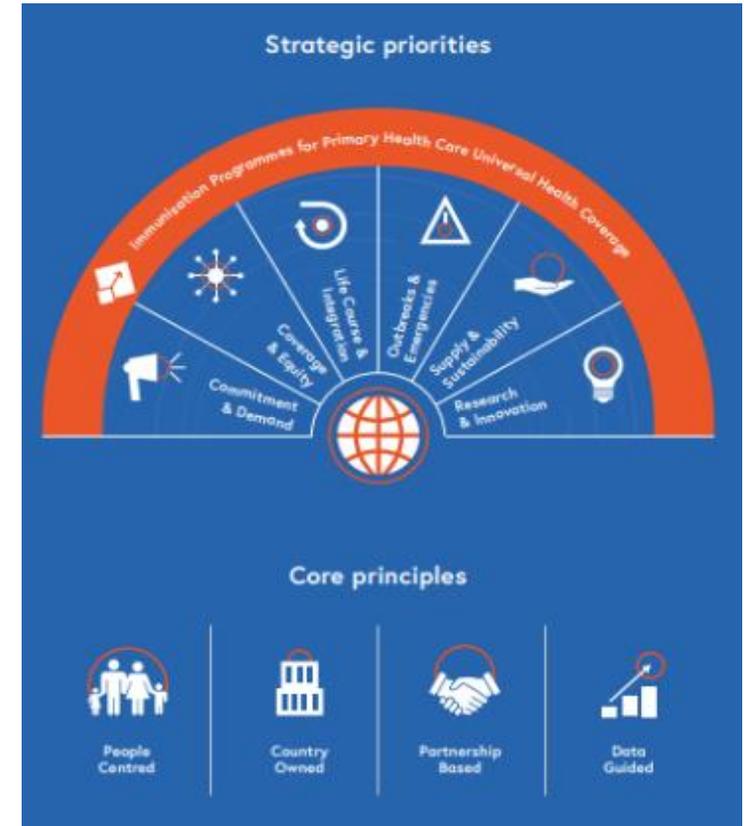
- Participants will...
 - Understand the behavioural and social drivers (BeSD) of vaccination framework and its domains and constructs
 - Describe the advantages of using the BeSD surveys, interview guides and priority indicators
 - Understand what tools to use to address what challenges
 - Identify the opportunities and key steps for integrating BeSD questions and indicators into existing programme data collection activities and assessments – or be used to supplement
 - Understand the main steps to using the BeSD tools and who to engage in the process



The context

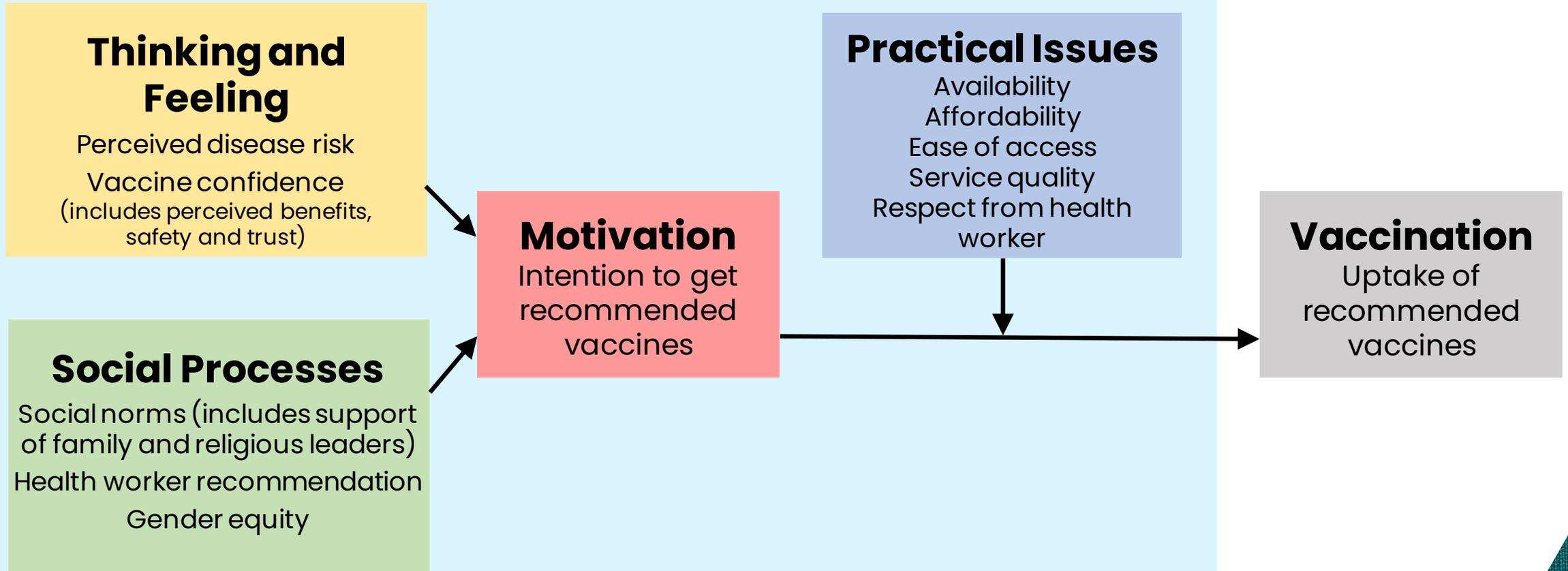
- Routine immunization coverage has plateaued in recent years
- IA2030 highlights demand and people-centred approaches
- COVID-19 has led to a major shift for immunization:
 - Increased awareness of vaccination
 - Engagement of new prioritised populations
 - More attention on equity within and between countries
 - Global interest in hesitancy and trends in uptake
- However, the causes of low uptake are poorly measured
- Our understanding of the reasons for low uptake has evolved in recent years, including contribution of hesitancy

→ *This topic was presented to SAGE at its October 2021 meeting, with resulting recommendations*



What are we measuring?

Behavioural and Social Drivers

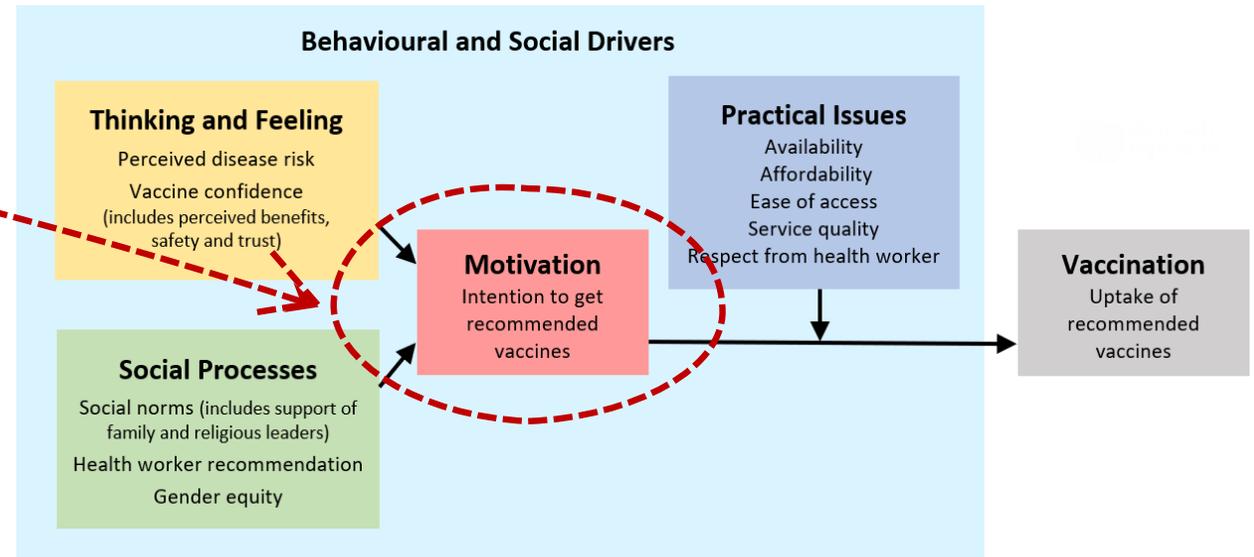


The Behavioural and Social Drivers (BeSD) Framework. Source: The WHO BeSD working group. Based on Increasing Vaccination Model (Brewer et al., 2017)

What about hesitancy?

“Vaccine hesitancy” is part of the *Motivation* domain.

Hesitancy is a motivational state of being conflicted about, or opposed to, getting vaccinated; includes intentions and willingness.



What tools and guidance are available?

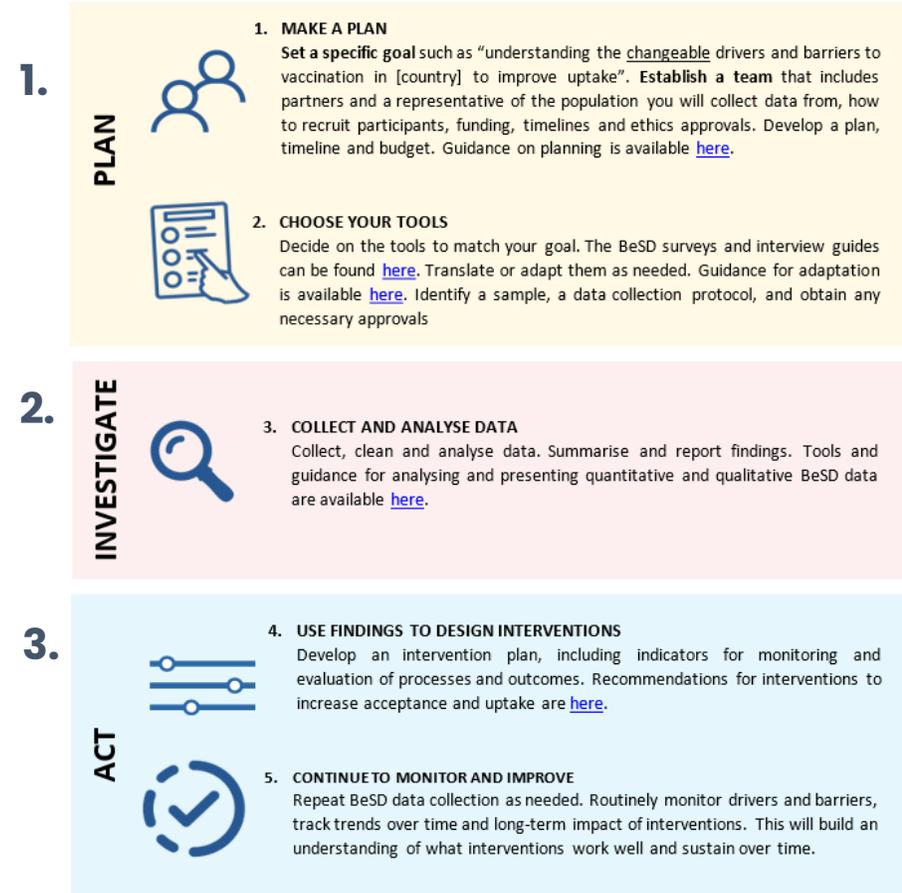
Childhood vaccination tools

- **Survey:** for parents of children under 5 years
- **Qualitative tools:** 1) parents, 2) health workers, 3) community stakeholders, and 4) authorities

COVID-19 vaccination tools

- **Surveys:** for 1) adults, 2) health workers
- **Qualitative tools**

Practical implementation guidance



Why measure BeSD?

- Understand main reasons for low uptake
- Contribute to knowledge on trends, measures and interventions
- Guide policy-making, planning and evaluation
- Tailor and evaluate specific interventions
- Better allocate resources
- Enhance transparency and ownership
- Support training programmes
- Strengthen stakeholder engagement

IA2030 Global Indicators for Strategic Priority 2

SP2: Commitment and demand

2.1 Proportion of countries with legislation in place that is supportive of immunization as a public good

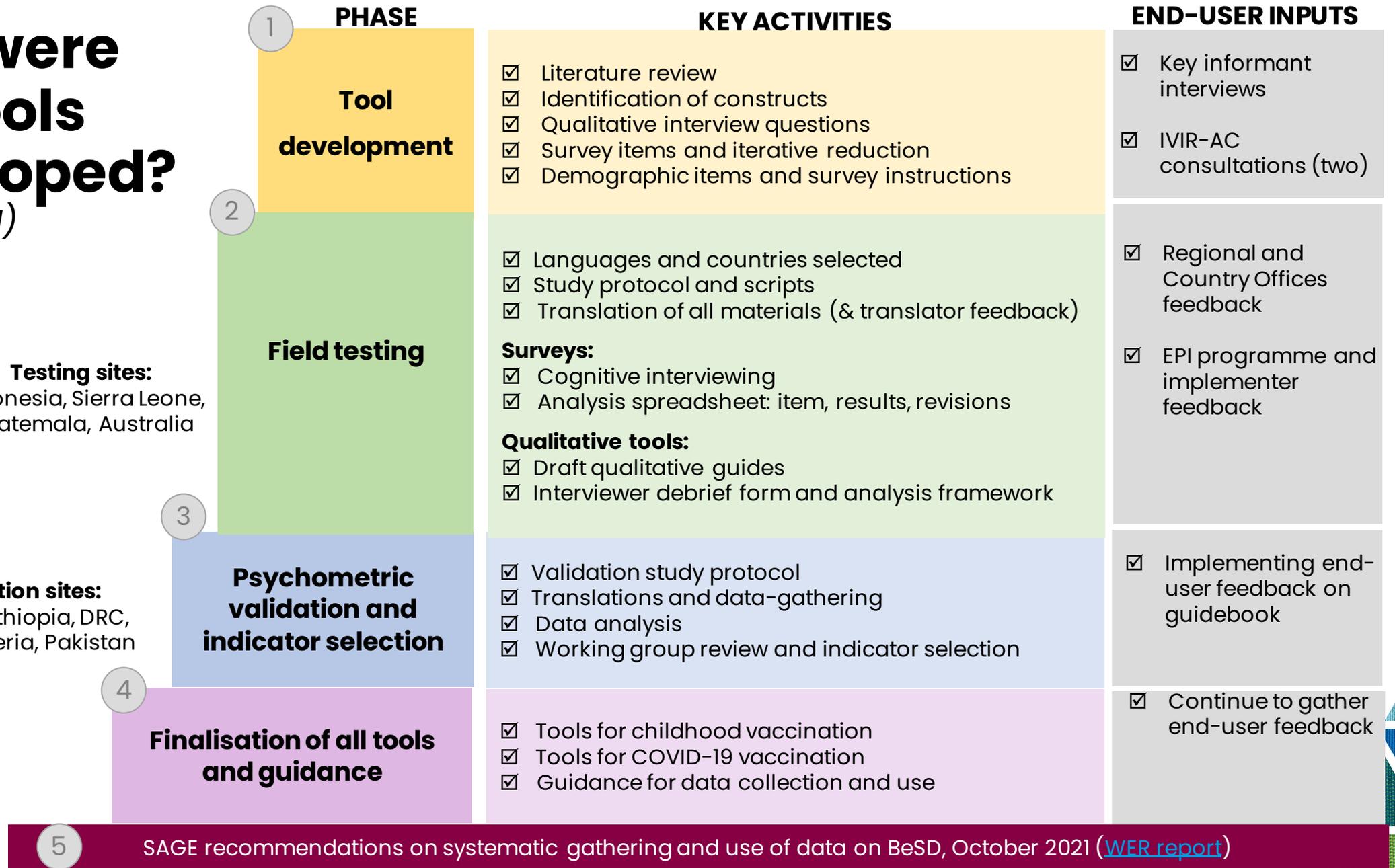
2.2 Proportion of countries that have implemented behavioural or social strategies (or demand generation strategies) to address under-vaccination

How were the tools developed?

(2019–2021)

Testing sites:
Indonesia, Sierra Leone, Guatemala, Australia

Validation sites:
Angola, Ethiopia, DRC, India, Nigeria, Pakistan



Summary of all topics measured: COVID-19 vaccination survey

Thinking and feeling	Motivation	Social processes	Practical issues
<ul style="list-style-type: none"> ★ Confidence in COVID-19 vaccine benefits 	<ul style="list-style-type: none"> ★ Intention to get vaccinated 	<ul style="list-style-type: none"> ★ Family norms 	<ul style="list-style-type: none"> ★ Know where to get vaccination
<ul style="list-style-type: none"> ● Confidence in COVID-19 vaccine safety 	<ul style="list-style-type: none"> ● Vaccine confidence – brand 	<ul style="list-style-type: none"> ● Peer norms 	<ul style="list-style-type: none"> ★ Affordability
<ul style="list-style-type: none"> ● COVID-19 vaccine – see friends and family 	<ul style="list-style-type: none"> ● Willingness to recommend vaccine to others 	<ul style="list-style-type: none"> ● Religious leader norms 	<ul style="list-style-type: none"> ● Received recall
<ul style="list-style-type: none"> ○ Perceived risk – self 		<ul style="list-style-type: none"> ● Community leader norms 	<ul style="list-style-type: none"> ● Ease of access
<ul style="list-style-type: none"> ○ Confidence in health workers 		<ul style="list-style-type: none"> ● Health worker recommendation 	<ul style="list-style-type: none"> ● Reasons for low ease of access
		<ul style="list-style-type: none"> ○ Workplace norms 	<ul style="list-style-type: none"> ● Service satisfaction
		<ul style="list-style-type: none"> ○ Gender equity – travel autonomy 	<ul style="list-style-type: none"> ● Service quality
			<ul style="list-style-type: none"> ○ On-site vaccination

- Main survey question.
- ★ Priority question in main survey.
- Optional question.

Demographics
Age
Gender
Occupation
*Health worker role
COVID-19 risk
COVID-19 diagnosis



Priority indicators for routine M&E (with questions)

DOMAIN/ construct	COVID-19 vaccination survey	
	Priority question	Indicator
THINKING AND FEELING Confidence in vaccine benefits	How important do you think getting a COVID-19 vaccine will be for your health? Would you say... <input type="checkbox"/> Not at all important <input type="checkbox"/> A little important <input type="checkbox"/> Moderately important, or <input type="checkbox"/> Very important?	<i>% of adults/health workers who think a COVID-19 vaccine is “moderately” or “very” important for their health</i>
SOCIAL PROCESSES Family norms	Do you think most of your close family and friends want you to get a COVID-19 vaccine? <input type="checkbox"/> NO <input type="checkbox"/> YES	<i>% of adults/health workers who think most of their close family and friends want them to get a COVID-19 vaccine</i>
MOTIVATION Intention to get vaccine	Do you want to get a COVID-19 vaccine? Would you say... <input type="checkbox"/> No, you do not want to, <input type="checkbox"/> Yes, you do want to, or are you <input type="checkbox"/> Not sure?	<i>% of adults/health workers who want to get a COVID-19 vaccine</i>
PRACTICAL ISSUES Know where to get vaccination	Do you know where to go to get a COVID-19 vaccine for yourself? <input type="checkbox"/> NO <input type="checkbox"/> YES	<i>% of adults/health workers who know where to get a COVID-19 vaccine for themselves</i>
PRACTICAL ISSUES Affordability	How easy is it to pay for vaccination? When you think about the cost, please consider any payments to the clinic, the cost of getting there, plus the cost of taking time away from work. Would you say... <input type="checkbox"/> Not at all easy <input type="checkbox"/> A little easy <input type="checkbox"/> Moderately easy, or <input type="checkbox"/> Very easy?	<i>% of adults/health workers who say vaccination is “moderately” or “very” easy to pay</i>



Priority indicators for routine M&E (with questions)

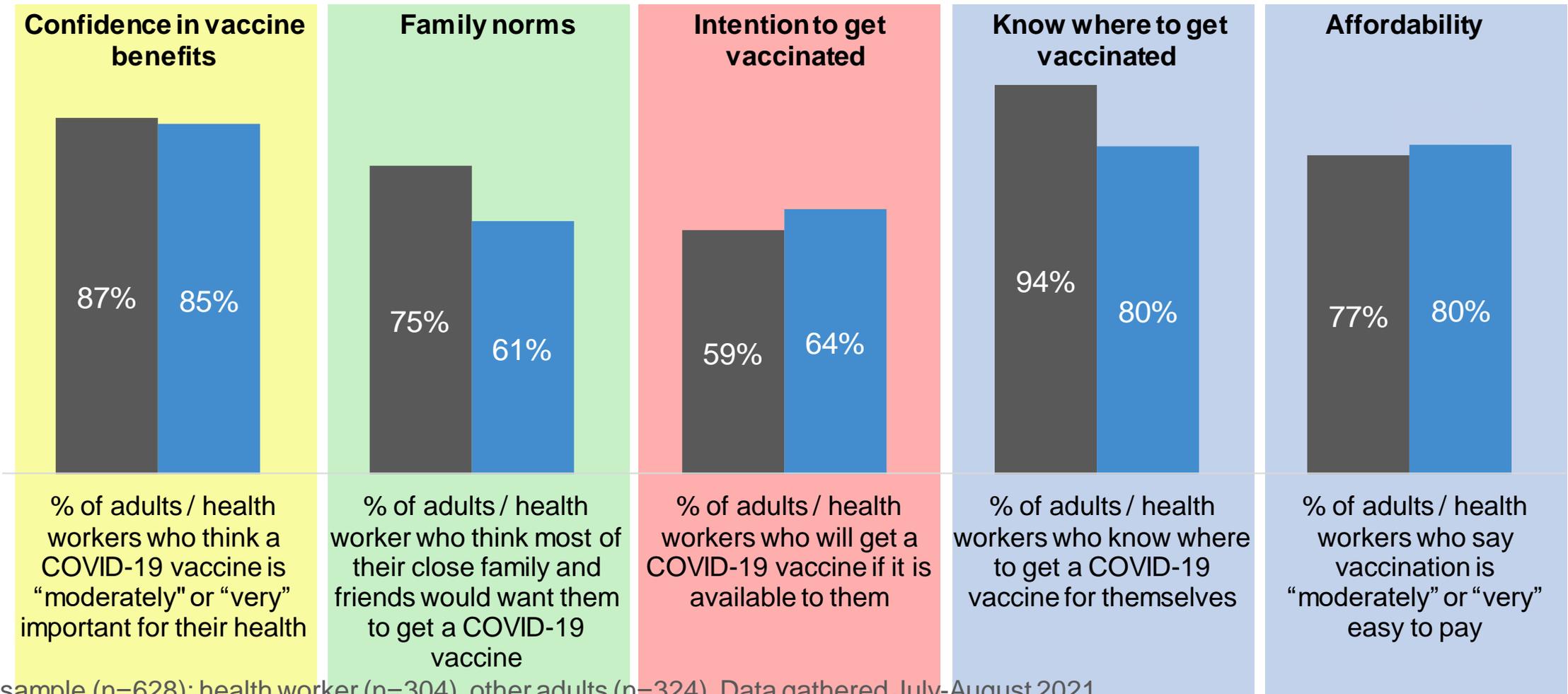
DOMAIN/ construct	Childhood vaccination survey	
	Priority question	Indicator
THINKING AND FEELING Confidence in vaccine benefits	How important do you think vaccines are for your child's health? Would you say... <input type="checkbox"/> Not at all important <input type="checkbox"/> A little important <input type="checkbox"/> Moderately important, or <input type="checkbox"/> Very important?	% of parents/caregivers who say that vaccines are "moderately" or "very" important for their child's health
SOCIAL PROCESSES Family norms	Do you think most of your close family and friends want you to get your child vaccinated? <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who say most of their close family and friends want their child to be vaccinated
MOTIVATION Intention to get vaccine	[COUNTRY NAME] has a schedule of recommended vaccines for children. Do you want your child to get none of these vaccines, some of these vaccines or all of these vaccines? <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> ALL	% of parents/caregivers who want their child to get "all" of the recommended vaccines
PRACTICAL ISSUES Know where to get vaccination	Do you know where to go to get your child vaccinated? <input type="checkbox"/> NO <input type="checkbox"/> YES	% of parents/caregivers who know where to get their child vaccinated
PRACTICAL ISSUES Affordability	How easy is it to pay for vaccination? When you think about the cost, please consider any payments to the clinic, the cost of getting there, plus the cost of taking time away from work. Would you say... <input type="checkbox"/> Not at all easy <input type="checkbox"/> A little easy <input type="checkbox"/> Moderately easy, or <input type="checkbox"/> Very easy?	% of parents/caregivers who say vaccination is "moderately" or "very" easy to pay for



A snapshot of findings from Ethiopia

Priority indicators for COVID-19 vaccination

■ Health workers ■ Other adults



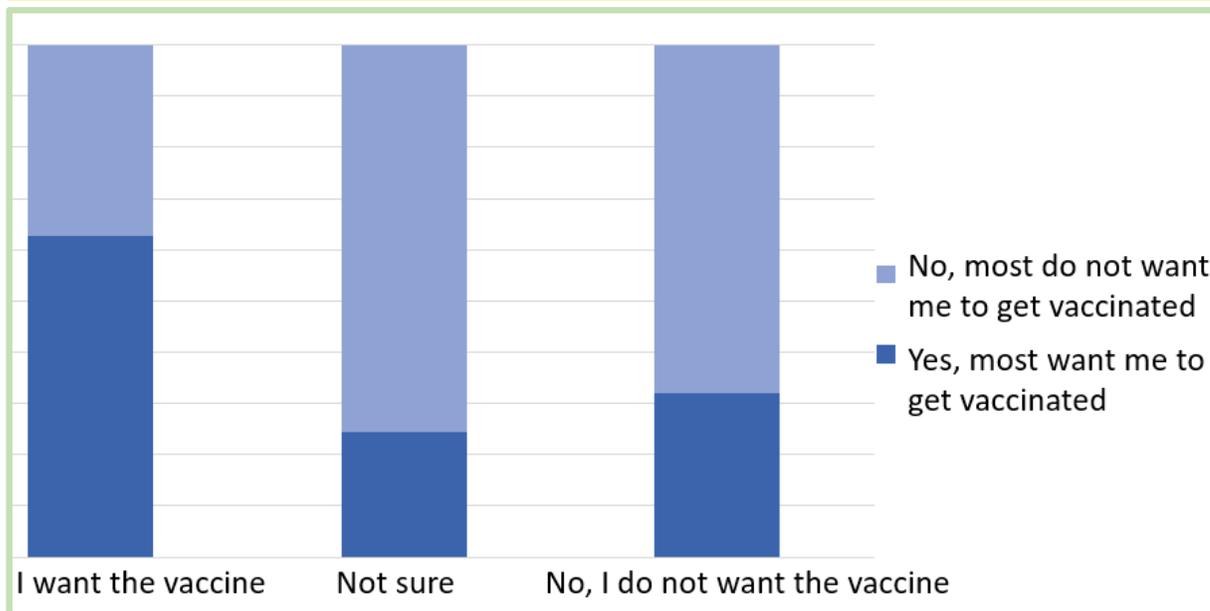
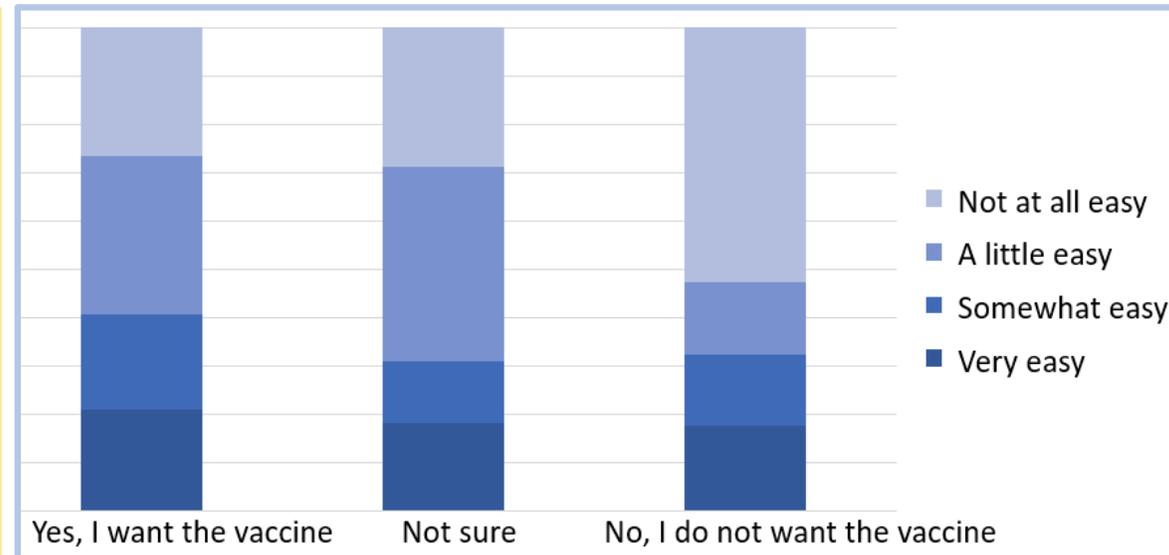
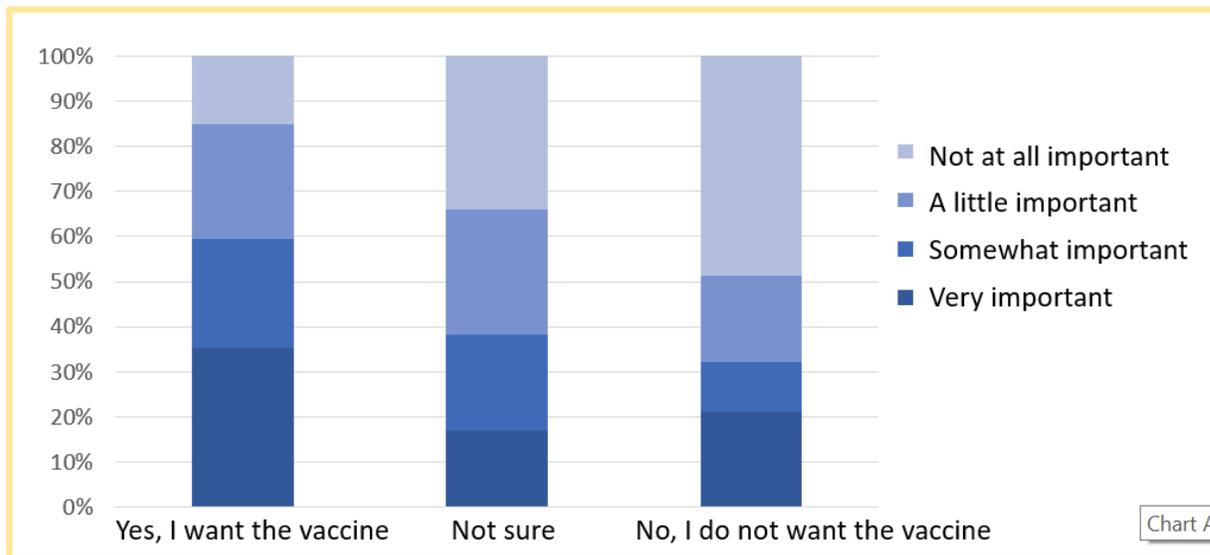
Total sample (n=628); health worker (n=304), other adults (n=324). Data gathered July-August 2021



South Africa: From data to action for COVID-19 vaccines

	KEY FINDINGS	ACTIONS TAKEN
Practical Issues	<ul style="list-style-type: none"> Only 19% think vaccine will be very easy to access 	<ul style="list-style-type: none"> Expanded sites Disseminated list of vaccination sites Explainer videos (steps for registration; steps on site)
Thinking and Feeling	<ul style="list-style-type: none"> 80% feel vaccine is important for their health <p><i>BUT</i></p> <ul style="list-style-type: none"> 32% will trust the vaccine "very much" 31% noted concerns about efficacy 26% concerns on safety 14% trust in authorities being main reasons for not wanting the vaccine 	<ul style="list-style-type: none"> Live TV broadcast of HWs, President and Minister of Health getting vaccinated, then union leaders Health Minister webinars – national and provincial Carried out daily press conferences Intensified social listening Launched website, disseminated social media GIFs Targeted communications in specific sites Videos of health workers supporting vaccination
Social Processes	<ul style="list-style-type: none"> 50% think adults in communities and co-workers will vaccinate 74% would recommend vaccine to others 	<ul style="list-style-type: none"> Targeted community engagement in specific areas 'Vaxscenes' – video stories of people targeted in each phase talking about their experience getting vaccinated
Motivation	<ul style="list-style-type: none"> 70% said they will take the vaccine 	<ul style="list-style-type: none"> Planning behavioural interventions

Congo Republic: Rapid data collection



- Summary of barriers to COVID-19 vaccination
- Vaccine access challenges
 - Local HF don't have doses
 - Too far to go to major hospitals for vaccination
 - Do not know where to go
 - Not sure if eligible
- Low risk perception of COVID-19 compared to perceived importance of vaccination
- Concerns about efficacy and AEFIs/safety



Moving from data to action:

Promising interventions by BeSD domain to guide planning

Domain where problem is identified	Interventions shown to increase vaccination
Thoughts and feelings and Motivation	Campaigns to inform or educate the public about vaccination Dialogue-based interventions, including one-to-one counseling to encourage vaccination
Social processes	Community engagement Positive social norm messages Vaccine champions and advocates Recommendations to vaccinate from health workers
Practical issues	Reduced out-of-pocket costs Service quality improvements Reminder for next dose /recall for missed dose Onsite vaccination at home, work and school Default appointments Incentives School and work requirements (mandates)



Strong emphasis on M&E of interventions for continuous learning

Example of M&E framework included in guidebook:

DOMAIN and INDICATORS	INTERVENTION	INPUTS	ACTIVITY / OUTPUTS	OUTCOMES
<p><u>Practical Issues</u></p> <p>% of adults/ HCWs who know where to get vaccines for themselves</p> <p>% of adults/HCWs who believe that accessing vaccination for themselves is "very" or "moderately" easy</p>	<p>Improve access to vaccination</p> <p>Mailed or phone offer of appointment</p> <p>Outreach</p> <p>Reminders, standing orders and walk-in clinics.</p>	<p>Messages to invite, remind, follow-up and inform</p> <p>Mechanisms for delivery of personal invitations</p>	<p>Messages are ready on schedule, pilot-tested, revised and ready for roll-out</p> <p>Mechanisms are available and ready to be put into action</p>	<p>↑ Know where to get vaccine</p> <p>↑ Believe that accessing vaccination for themselves is "very" or "moderately" easy</p> <p>↑ Readiness to seek vaccination</p> <p>↓ Perceived barriers to access</p>



SAGE conclusions and recommendations:

“SAGE recommended the systematic gathering and use of data on behavioural and social drivers to assess the reasons for low uptake, for routine tracking of trends, and monitoring and evaluation of interventions.”

SAGE, October 2021

WHO Position Paper on BeSD:

<https://apps.who.int/iris/bitstream/handle/10665/354458/WER9720-eng-fre.pdf>



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Meeting of Strategic Advisory Group of Experts on Immunization, October 2021: conclusions and recommendations

The Strategic Advisory Group of Experts (SAGE) on Immunization met on 4–7 October 2021. This report summarizes their discussions, conclusions, and recommendations.

Report from the WHO Department of Immunization, Vaccines and Biologicals

The report titled "Immunization equity in the COVID-19 pandemic era" highlighted inequities in access to COVID-19 vaccination between countries and the exacerbation of inequities in delivery of childhood immunizations caused by the pandemic.

Three aspects of vaccine inequity were considered: immunization coverage, introduction of new vaccines, and vaccine supply.

- Childhood immunization coverage was adversely affected in all WHO regions, with 23 million children unimmunized or underimmunized in 2020. However, the effect on coverage

Réunion du Groupe stratégique consultatif d'experts sur la vaccination, octobre 2021: conclusions et recommandations

Le Groupe stratégique consultatif d'experts (SAGE) sur la vaccination s'est réuni du 4 au 7 octobre 2021. Le présent rapport résume les discussions, conclusions et recommandations auxquelles il est parvenu.

Rapport du Département Vaccination, vaccins et produits biologiques de l'OMS

Le rapport intitulé «Immunization equity in the COVID-19 pandemic era» (L'équité en matière de vaccination à l'ère de la pandémie de COVID-19) a mis en évidence les inégalités dans l'accès à la vaccination contre la COVID-19 entre les pays et l'exacerbation des inégalités dans la vaccination des enfants causée par la pandémie.

Trois aspects de l'inégalité vaccinale ont été examinés: la couverture vaccinale, l'introduction de nouveaux vaccins et l'approvisionnement en vaccins.

- La couverture vaccinale des enfants a été affectée négativement dans toutes les Régions de l'OMS, avec 23 millions d'enfants non vaccinés ou sous-vaccinés en 2020. Toutefois, l'effet sur la couverture a



Steps to use BeSD for local data?

1. **ENGAGE:** Establish a core group with key stakeholders
2. **PARTNER:** Identify implementing partner to assist with methods, data collection and analysis
3. **PRIORITIZE:** Review existing data and challenges, identify prioritized population, formulate research question
4. **TOOLS:** Decide what BeSD tools to use: survey (with priority indicators), or interview guides. Test and adapt tools to match local needs and context.
5. **PLAN:** Develop project plan including timelines, budget, process for data collection and analysis
6. **ACT:** Consider how findings may be used to guide planning and implementation
7. **MONITOR:** Continue M&E to guide iterative improvements



Research top tips

1. Know your objectives
2. Make sure people understand what you're asking: translate and test the questions first
3. Do not change the question wording unless thorough testing indicates otherwise
4. Do not add or remove response options
5. Add demographic questions to suit the local setting
6. Avoid convenience samples for surveys – unless constrained by time and budget
7. Only measure what you can use



Need more information?

BeSD tools and guidance:

<https://apps.who.int/iris/handle/10665/354459>

WHO Position Paper on BeSD:

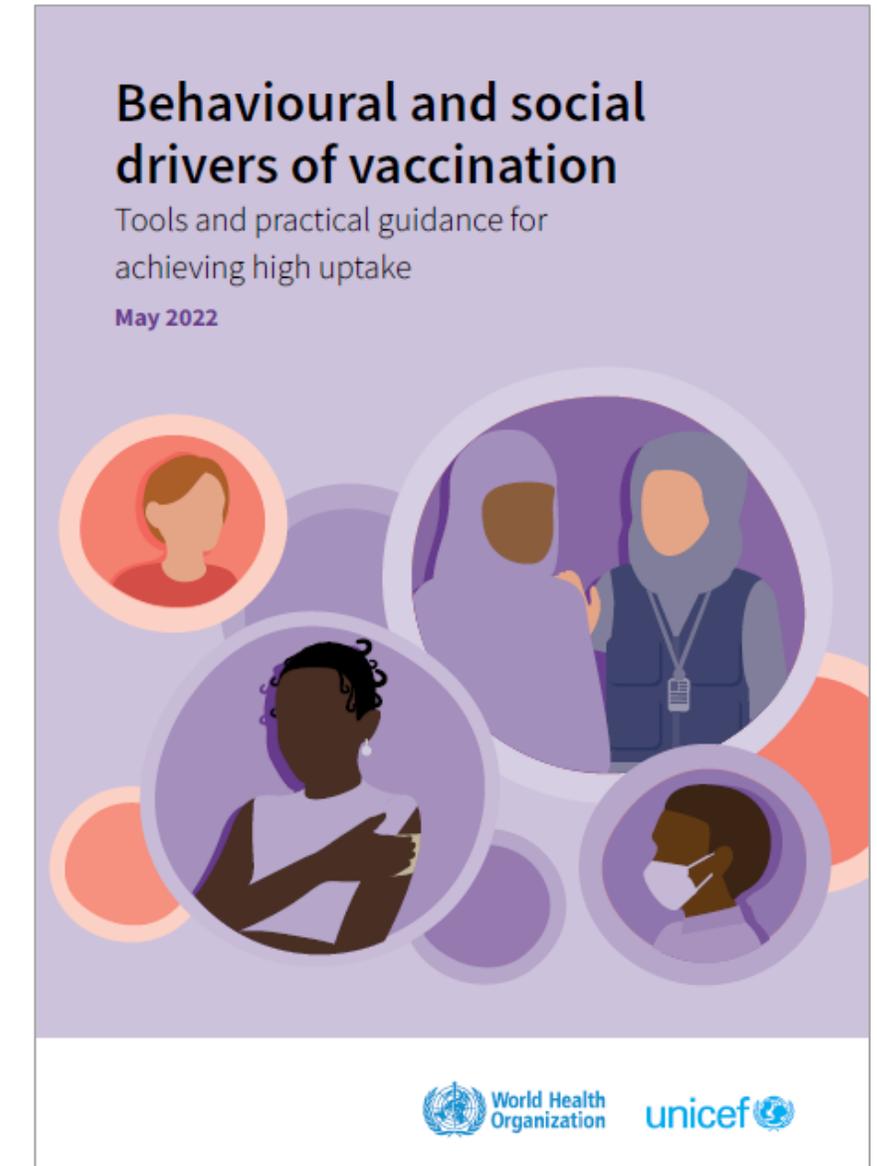
<https://apps.who.int/iris/bitstream/handle/10665/354458/WER9720-eng-fre.pdf>

WHO vaccine demand webpage:

<https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand>

CONTACT:

- Lisa Menning, Team Lead, Demand and Behavioural Sciences
- Department of Immunization, Vaccines and Biologicals
- World Health Organization, Geneva



Thank you



Extra slides

Group exercise (20 mins total)

- **Context: Your country has specific 'hotspots' with very low uptake on the fringes of an urban centre. You've been asked to diagnose the reasons for low uptake.**
- In groups of 3-5:
 - Discuss the steps you would take to gather data and convene partners to plan next steps.
 - Some questions to consider (feel free to specify assumptions to illustrate your approach):
 - What population would you target? Why?
 - What would be the core elements of your plan?
 - What tools and methods would you use?
 - How would the findings be used?

Quiz questions

1. Why measure behavioural and social drivers?	2. What is vaccine confidence?	3. What should always be done before using the BeSD tools?
<p>A. To understand how people think, feel, and act when it comes to vaccines</p> <p>B. To identify reasons for low vaccine uptake</p> <p>C. To guide programme planning and evaluation</p> <p>D. All of the above</p>	<p>A. Not trusting health authorities</p> <p>B. Understanding the importance and safety of vaccines</p> <p>C. Spreading misinformation about vaccines</p> <p>D. Lack of willingness to get vaccinated</p>	<p>A. Adding relevant demographic questions, e.g., ethnicity</p> <p>B. Translating the tool(s)</p> <p>C. Testing the tool(s)</p> <p>D. Make sure that priority questions/indicators are included</p> <p>E. All of the above</p>
<p><i>Answer: D</i></p>	<p><i>Answer: B</i></p>	<p><i>Answer: E</i></p>