

Vaccination Demand Hub Technical Clinic: *Behaviorally Informed Interventions for Vaccination Uptake*

23 January 2025



Agenda

Topic	Speaker(s)	Time (mins)
Welcome and introductions	Deepa Pokharel (UNICEF)	5
Behavioral Science and Vaccine Uptake: <ul style="list-style-type: none"> Behavioral Science Overview What Works? Systematic Review of Evidence Where are we lacking in evidence? 	Saad Omer (UT Southwestern)	25
Discussion	All	13
Integration of Behavioral Insights and Immunization Program Design – Country Experiences <ul style="list-style-type: none"> Use of behavior integration to improve the demand for COVID-19 vaccination through a healthy lifestyle approach: Lessons from Easter Europe Finding the missing link: improving vaccination coverage in zero dose communities with HCD - Harnessing the Role of Community Health Workers in Tanzania 	Dalibor Tasevski (USAID MRITE) Awet Araya (UNICEF Tanzania)	15 15
Discussion	Moderator: Lisa Oot (JSI)	12
BI Field Guide – Designing Evaluations for Behavioral Interventions to Increase Immunization; Closing	Lisa Oot (JSI)	5

Demand Hub structure and sub-groups

- **Demand Hub Steering Committee**
 - Management, coordination, strategy, planning
 - Meets monthly
 - Face to Face once a year
- **Demand Hub workstreams**
 - 5 workstreams
 - Core and implementing partners
 - Hub bi-monthly meeting
- **Demand Hub expanded partner network/community of practice**
 - Engagement and technical updates
 - Meets quarterly in a year

Hub workstreams:

- Behavioural and social drivers (data)
- Digital information environment
- Behavioural insights interventions
- Service experience
- Community engagement

Highlights 2024

Guidance and Tools: Behavioral interventions evaluation guide, expansion of Cranky Uncle and case study, and the adaptation of BeSD tools for other vaccine introductions (HPV, Malaria, influenza); operational guidance for C-19 integration into RI and PHC development and revision of global tools

Convening demand events: Three-day Demand Hub Face-to-Face meeting in Kathmandu with 9 countries, 80 participants, 17 organizations

Coordinated TA on integration of C-19 vaccines and demand- related strategies through Vaccine Confidence Task Team

Technical Updates: Two technical clinics on HPV vaccine (>200 participants) and 20 organizations; Technical clinic on malaria vaccine (> 100 participants)

Regular DH Meetings: Steering Committee meetings and workstream meetings with technical partners

Behavioral Science and Vaccine Uptake

Integration of Behavioral Insights and Immunization Program Design – Experiences from Eastern Europe and Tanzania

MOMENTUM Routine Immunization Transformation and Equity

Use of behavior integration to improve the demand for COVID-19 vaccination through a healthy lifestyle approach: Lessons from Eastern Europe

Dr. Dalibor Tasevski, Team Lead (Bosnia and Herzegovina, North Macedonia)
Lisa Oot, Senior Technical Officer



USAID
FROM THE AMERICAN PEOPLE



Program Overview

Program Background:

- Europe and Eurasia (E&E) region hit heavily in the early stages of the COVID-19 pandemic.
- Balkan countries in the region: **Bosnia and Herzegovina, Moldova, North Macedonia, Serbia.**
 - Variable response to the pandemic (e.g. lack of action to establishing curfews).
 - Overall, high pressure on the healthcare systems, lack of transparency in procurement of equipment and vaccines.
- Relatively low vaccination rates for the primary series, almost no response to the booster campaigns.
- Project timeline: June 2022 - June 2024.

Program Objectives:

Contribute to increased uptake of COVID-19 vaccination in **Serbia, North Macedonia, Moldova, and Bosnia and Herzegovina** by:

- Increasing demand for vaccination among priority populations.
- Correcting mis- and disinformation through social and behavior change communication (SBCC) and media-focused strategies.
- Fostering opportunities for learning within and across countries.



Use of Behavior Integration to Design Our SBC Strategy

What is Behavior Integration?

Behavior integration focuses on what people must do to overcome obstacles to a behavior and designs or adapts interventions that are linked clearly to the behavior via critical factors that affect them.

Why Focus on Behavior?

By focusing on behaviors that address the causes inhibiting your program goal, you are addressing the closest point to your goal that you can change and that will have a direct impact on your goal.



Phase 1: Formative Research

- **Quantitative data:** PREMISE survey (Serbia, Moldova), published research, grey literature (World Health Organization project in Serbia).
- **Qualitative data:** stakeholder interviews, key informants, organizations working in the field of public health, professional organizations.



Phase 2: Behavior Profiles

- Creation of behavior profiles using the Think | BIG platform.
- Leverage motivators, reduce barriers, and involve supporting actors to encourage the behavior change.
- Propose strategies which address specific barriers and motivators, with the help of key supporting actors.
- Develop an action plan.



Phase 3: Validation

- Validate the approach through stakeholder consultations and incorporation of feedback.

Building a Behavior Profile



Based on analysis of quantitative and qualitative data, we identified the following elements of the behavior profile:

PRIORITY BEHAVIORS

- Patients with chronic diseases get COVID-19 vaccine.
- PW get COVID-19 vaccine.
- Health workers get COVID-19 vaccine.
- Primary healthcare physicians recommend COVID-19 vaccine.
- Secondary and tertiary level specialists recommend COVID-19 vaccine.

SUPPORTING ACTORS

- Institutes of Public Health
- Ministries of Health
- pharmaceutical regulatory agency
- professional chambers, health professional associations
- patient organizations
- civil society and community based organizations
- media/journalists

CRITICAL FACTORS

- time for counseling
- legal obligation
- trust in institutions
- data availability
- safety concerns, efficacy concerns
- trust in health care providers
- prejudice
- knowledge about vaccines, side effects, contraindications
- interpersonal communication

Healthy Lifestyle Approach

Based on the formative research and resulting behavior profiles, the project designed an SBC strategy that:

Focuses on vaccination across the life course as part of a set of practices for a healthy lifestyle.

Targets those who can benefit the most from the vaccine (those age 45+ with chronic health conditions, pregnant women, and health professionals).

Builds the capacity of health professionals to provide accurate, timely, and accessible information to their clients.

Emphasizes **collaboration with key supporting actors**, such as the MoH, NAPH, UNICEF, WHO, and journalists.

Utilizes SBCC, advocacy, and collective engagement activities that **integrate behavioral science** while leveraging the four points above.



Health Provider Capacity Building

Continuing Medical Education (CME) for Health Professionals

- Developed a CME course for health professionals (physicians, nurses, pharmacists), with the following topics:
 - Healthy lifestyles
 - Routine immunization and COVID-19 vaccination
 - Quality service delivery (person-centered care)
- The course is approved for CME credit in Serbia and North Macedonia. In Moldova, it is being implemented as a capacity building course.
- The course is available in an online format in Serbia, hosted by the Public Health Association.



Participants practice a role play between a patient and provider (above). Each participant receives a course guide with FAQs, self-assessments, exercises, and take-away pamphlets (above right). Participants complete an exercise to demonstrate the importance of practice in learning a new skill (bottom left).



Health Provider Capacity Building

Continuing Medical Education Course

Moldova

Number of trainings	10
Number of participants	192 ^a

^a One provider typically serves between 1,400 and 1,750 patients in a given district. Trainees have the potential to reach 411,400 people.

North Macedonia

Number of trainings	12
Number of participants	242 ^b

^b One provider typically serves between 1,500 and 3,000 patients in a district. Trainees have the potential to reach 363,000.

Serbia

Number of trainings	65
Number of participants	1,662 ^c

^c One provider typically serves between 1,600 and 3,000 patients in a given district. Trainees have the potential to reach 2.6 million people.

MOMENTUM conducted 87 trainings with over 2,000 health professionals, who have the potential to reach over 2 million patients.



Collective Engagement Activities for Key Populations

Overview of Collective Engagement Workshops

- We are hosting workshops to **help pregnant women and those 45+ with chronic diseases** understand the importance of COVID-19 vaccination as part of a healthy lifestyle approach
- At the workshops, the participants learn through puzzles and practice communicating with their health care provider through role plays and case studies.



CE WORKSHOP FOLLOW-UP:

- After the workshop, participants commit to actions in their immunization journey:
 - Speaking with their doctor about COVID-19 vaccination.
 - Scheduling a COVID-19 vaccination appointment.
 - Getting a COVID-19 vaccine.
- Three weeks post-workshop, participants receive a follow-up call from a CE facilitator to monitor progress on commitments and vaccination status.
- Participants also receive SMS reminders about the healthy lifestyle approach presented in the workshops and the importance of vaccination.

Reaching Priority Populations

Collective engagement is a participatory learning approach that facilitates multiple interactions among participants and mutual exchange of ideas and knowledge.

Collective Engagement Workshops with Key Populations

Moldova	
Number of workshops	42
Number of participants	719

North Macedonia	
Number of workshops	71
Number of participants	1,053

Serbia	
Number of workshops	154
Number of participants	2,311



MOMENTUM conducted 267 workshops with over 4,000 members of key populations.

Collective Engagement Follow-Up Calls: Results

Among the 1,192 recipients of the first follow-up call in Serbia & North Macedonia:

- **45%** reported that they had **set up an appointment with their doctor** to re-confirm that they could safely get the COVID-19 vaccine.
- **18%** reported that they had **talked with their partner to support them** in getting the COVID-19 vaccine.
- **7%** reported **getting a COVID-19 vaccine** after the CE workshop.
 - Low uptake has been attributed to low availability of vaccination in some places.

After follow-up interviews, the project learned that most participants adhered to their commitments to re-confirm that they can safely get the vaccine with their doctor or decided to directly visit a vaccination center to get the vaccine. However, factors like vaccine availability and partner/family support also influenced their decision to *not* get vaccinated.



for every child

FINDING THE MISSING LINK: IMPROVING VACCINATION COVERAGE IN ZERO DOSE COMMUNITIES WITH HCD

Harnessing the Role of Community Health Workers

Presented by:

Awet Araya

Head SBC Unit, UNICEF Tanzania

ZERO-DOSE COMMUNITIES

Communities where children have never received a single dose of essential vaccines.

Dar-Es-Sallam's Ilalla has the highest number of zero-dose children.

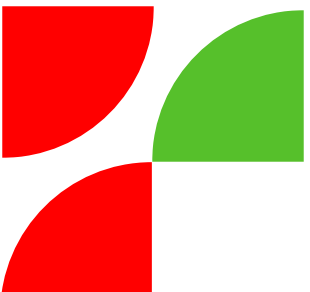
WHY HUMAN-CENTERED DESIGN (HCD)?

Empowers communities to co-create solutions.

Focuses on understanding barriers and designing locally relevant interventions.

TODAY'S FOCUS

Community Health Workers (CHWs) are critical in driving vaccination uptake in Ilala.



THE VACCINATION GAP

48% of health facilities in Ilala fall **below the 90% vaccination target** for critical vaccines like DPT3 and MR2.

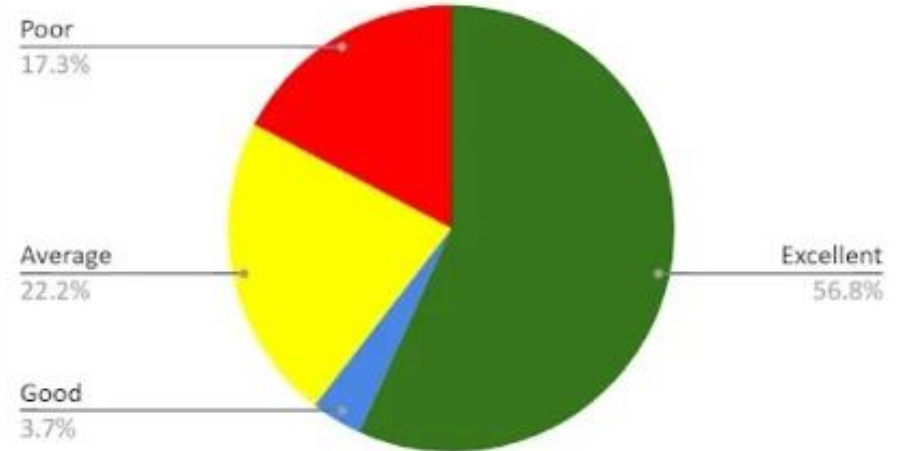
Barriers:

- **Access:** Limited reach in remote or underserved areas.
- **Mistrust:** Misinformation about vaccines.
- **Awareness:** Lack of understanding of vaccine schedules.

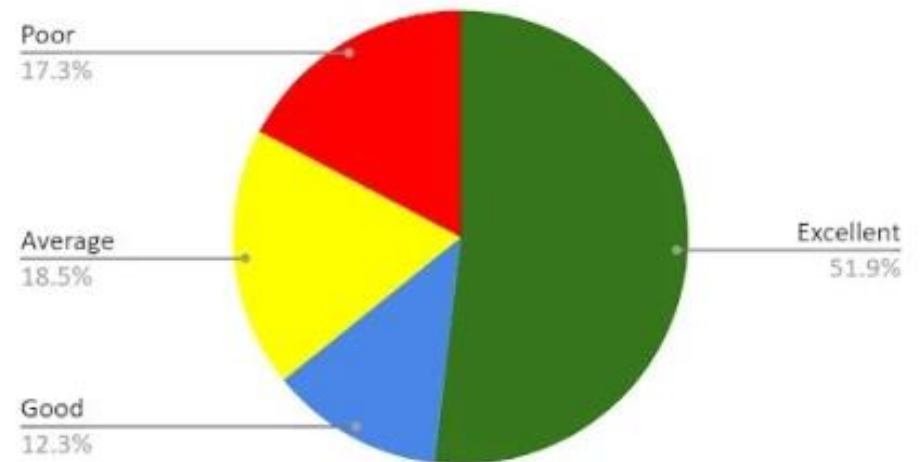
Impact:

Vulnerable children are left exposed to preventable diseases, contributing to higher morbidity and mortality rates.

DPT3/All Facilities



MR2/All Facilities



WHY CHWS?

Key Roles:

- Trust Builders: CHWs are respected and trusted in their communities.
- Educators: Deliver clear, culturally sensitive vaccine information.
- Connectors: Bridge families and healthcare systems, ensuring follow-ups.

Real Impact:

- CHWs reached 259,200 families across Ilala in just two weeks.



HCD PROCESS

How CHWs Fit In:

CHWs were central to each phase, from identifying barriers to executing solutions.

Conduct workshops with local stakeholders to understand barriers.

DISCOVER

Develop prototypes focused on empowering CHWs.

DESIGN

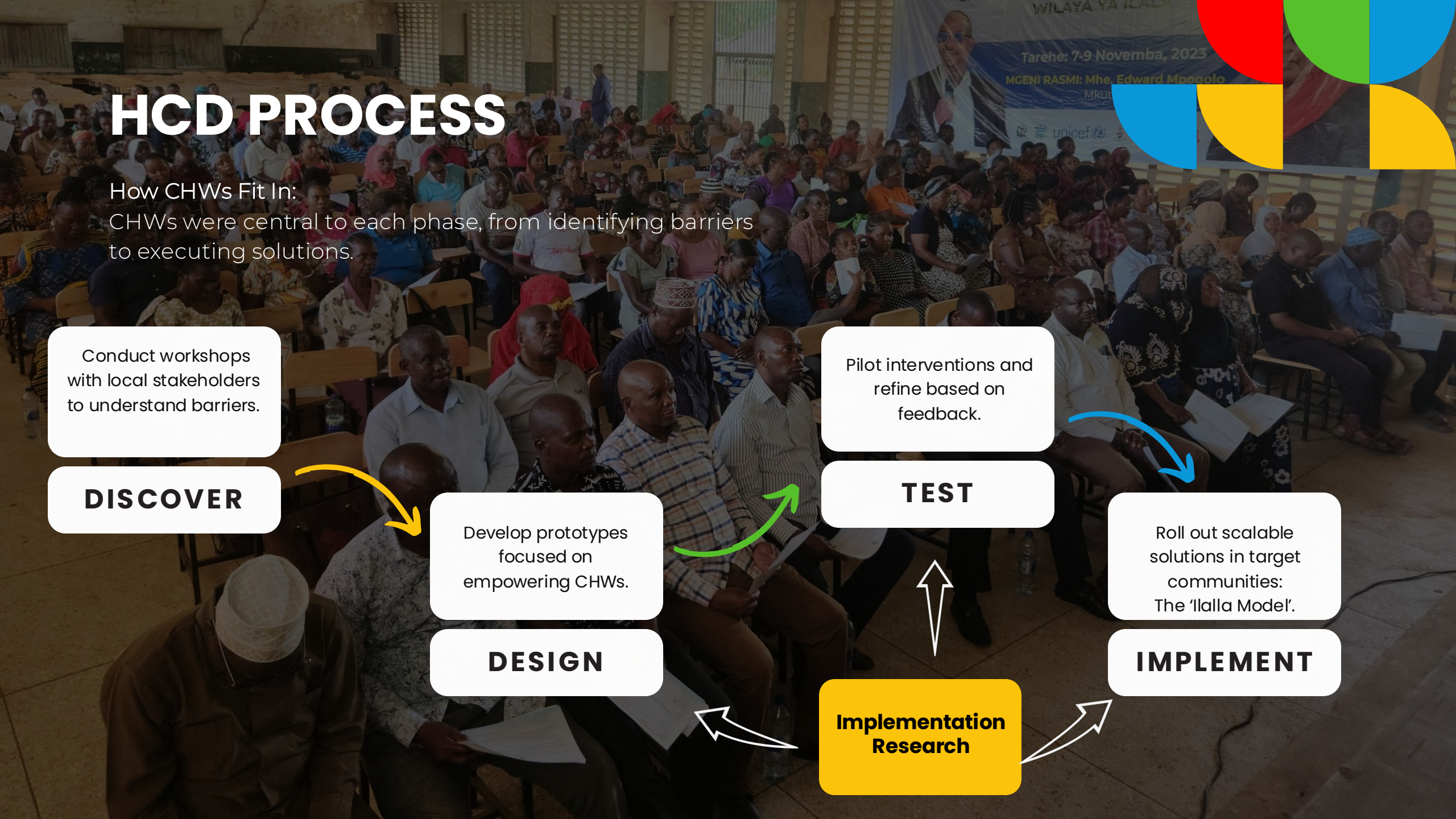
Pilot interventions and refine based on feedback.

TEST

Roll out scalable solutions in target communities: The 'Ilalla Model'.

IMPLEMENT

Implementation Research



KEY INTERVENTION

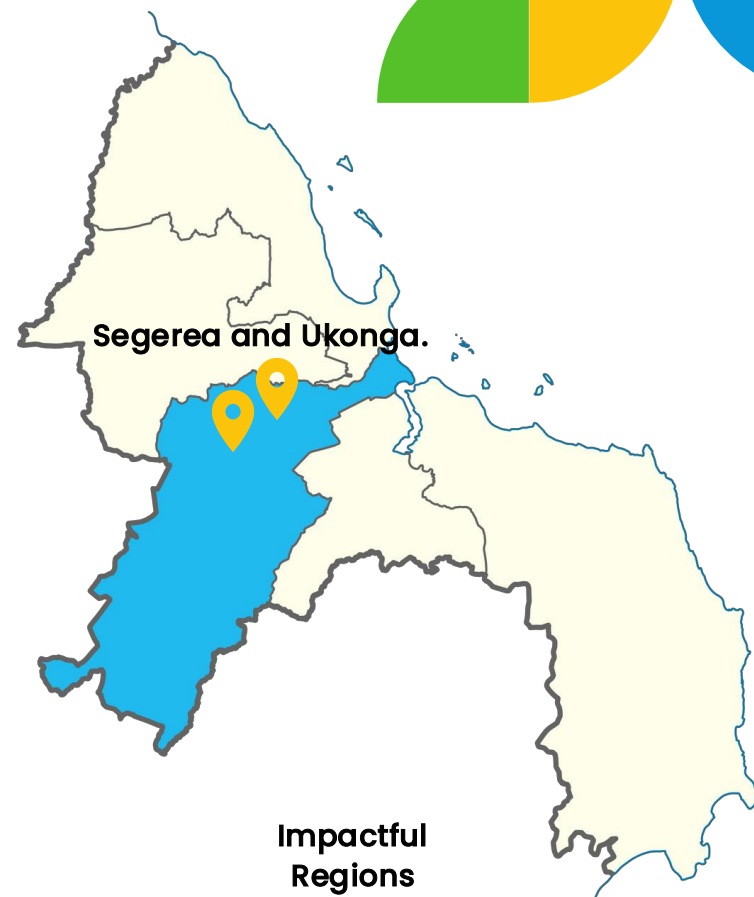
Core Strategy:

Equip CHWs with:

- **Training:** In vaccine advocacy and data collection.
- **Tools:** Forms, tracking systems, and mobile devices for record-keeping.
- **Supportive supervision** : Build community trust through the involvement of local leaders.

Specific Activities:

- House-to-house mobilization and sensitization.
- Community conversations addressing vaccine myths.



SUCCESS STORY

Amina 48, is a CHW in Segerea.

- **Daily outreach:** 40 households, reaching over 160 families.
- **Results:** Vaccinated 85 children who had missed earlier doses.
- **Data Snapshot:**
 - Families reached: 259,200.
 - Children vaccinated: 9,899, exceeding the target.



“When Amina explained the importance of vaccines, I knew I could trust her.”
— A parent in Ukonga.



CHALLENGES FACED



Key Barriers

Resource Limitations:

Limited smartphones for documentation.

Insufficient gear for field visits during rainy seasons.

Resistance:

Concerns about vaccine safety.

Refusal to show vaccination cards.

Infrastructure:

Poor road conditions in remote areas.



How they were Addressed

Shared HCWs' smartphones.

Community leaders mediated with resistant families.

Adjusted routes and provided logistical support where possible.

LESSONS LEARNED

- **Collaboration Is Key:**
 - CHWs work best when supported by ward and mtaa leaders.
- **Implementation research from start to finish:**
 - Feedback loops ensured that interventions were fine-tuned for community needs.
- **Resource Investment:**
 - Adequate tools and training make a significant difference in CHWs' effectiveness.



RECOMMENDATIONS



Scale-Up

- Increase CHW numbers and resource allocation.
- Expand to other regions with zero-dose communities.

01

02



Policy Recommendations

- Make vaccination advocacy a standing agenda in local councils.
- Develop data synchronization systems across health facilities.



Community Engagement

- Strengthen partnerships with local leaders for sustained impact.

03

Key takeaways



- Support funding for CHW-led initiatives.
- Advocate for integrating HCD approaches in health and other programmes.
- CHWs are a pivotal link in bridging the vaccination gap.
- HCD creates community-driven, sustainable solutions.

"Together, we can close the zero-dose gap and protect every child."

Discussion and Q&A



BI Field Guide – Designing Evaluations for Behavioral Interventions to Increase Immunization



— FIELD GUIDE —

**Designing Evaluations for Behavioral
Interventions to Increase Immunization**

Vaccination Demand Hub

— 2023 —



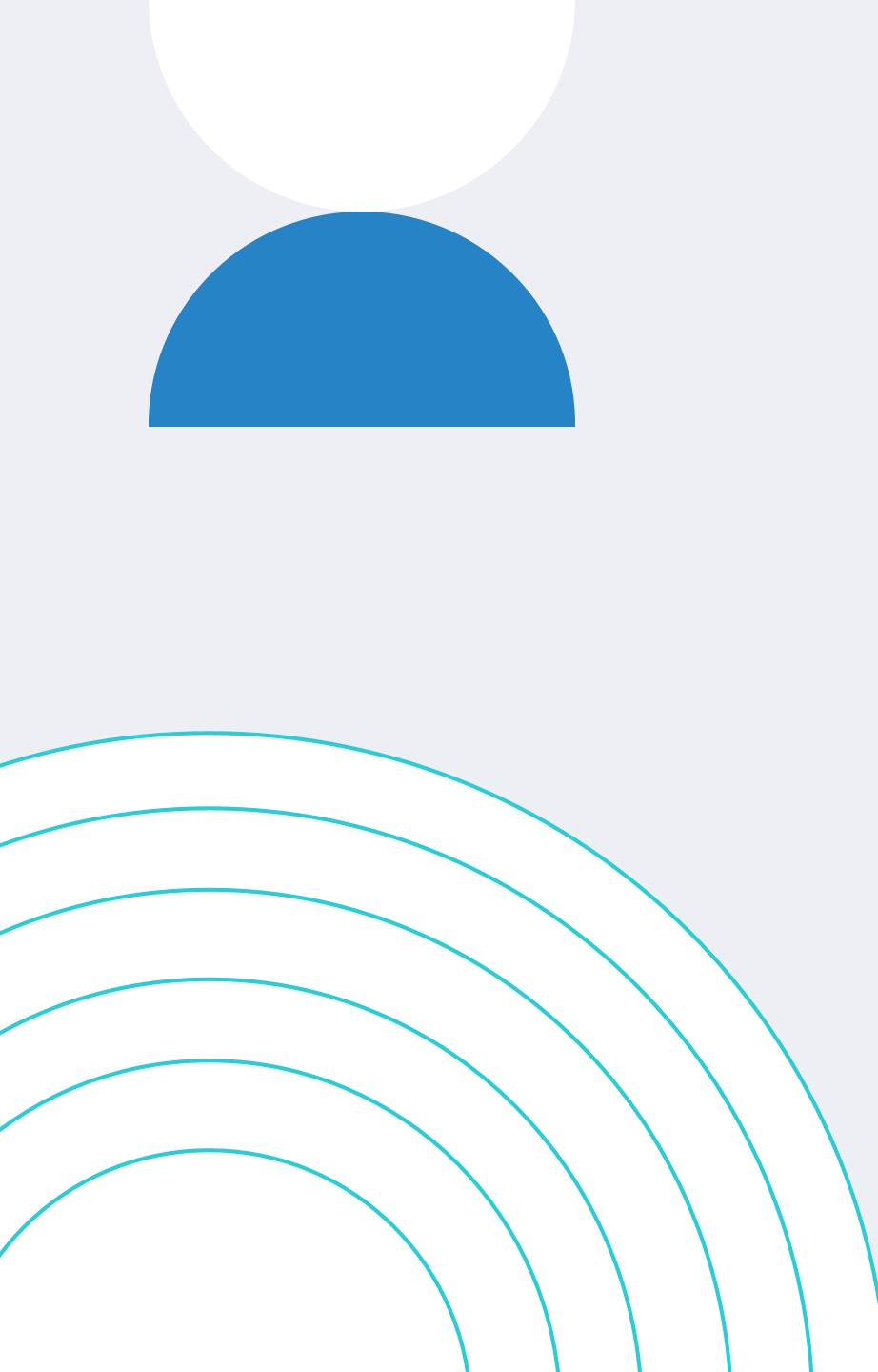
Introduction

Behaviorally-informed interventions consider

- various factors that influence vaccine perceptions and uptake, and
- tailor strategies for each community based on their context, needs, and priorities.

Understanding what works best for different groups in different communities requires collecting data to inform, monitor, and evaluate efforts





Evaluating behavioral interventions is important to:

- document your learnings to share with others
- make your programs more efficient and effective
- demonstrate your successes
- gather evidence for program and policy changes, such as adaptability and scale-up



BII Evaluation Guide- Scope and Purpose

- Provide a practical overview on how to evaluate behavioral interventions to increase immunization
- The guide is intended for use by all public health practitioners and researchers, with a focus on low- and middle- income country contexts.

What does the BII evaluation guide contain?

The guide is organized into 5 steps, each of which includes guidance, considerations, examples, and links to existing resources for more detailed support.



Step 1: Planning an Evaluation



Step 2: Choosing Evaluation Design and Methods



Step 3: Gathering Data

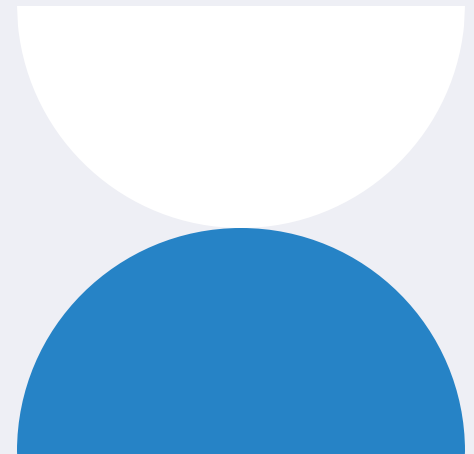


Step 4: Analyzing Data



Step 5: Using and Communicating Results

Thank you



Thank you!

