Session 1
Orientation on demand concepts + planning + guidance
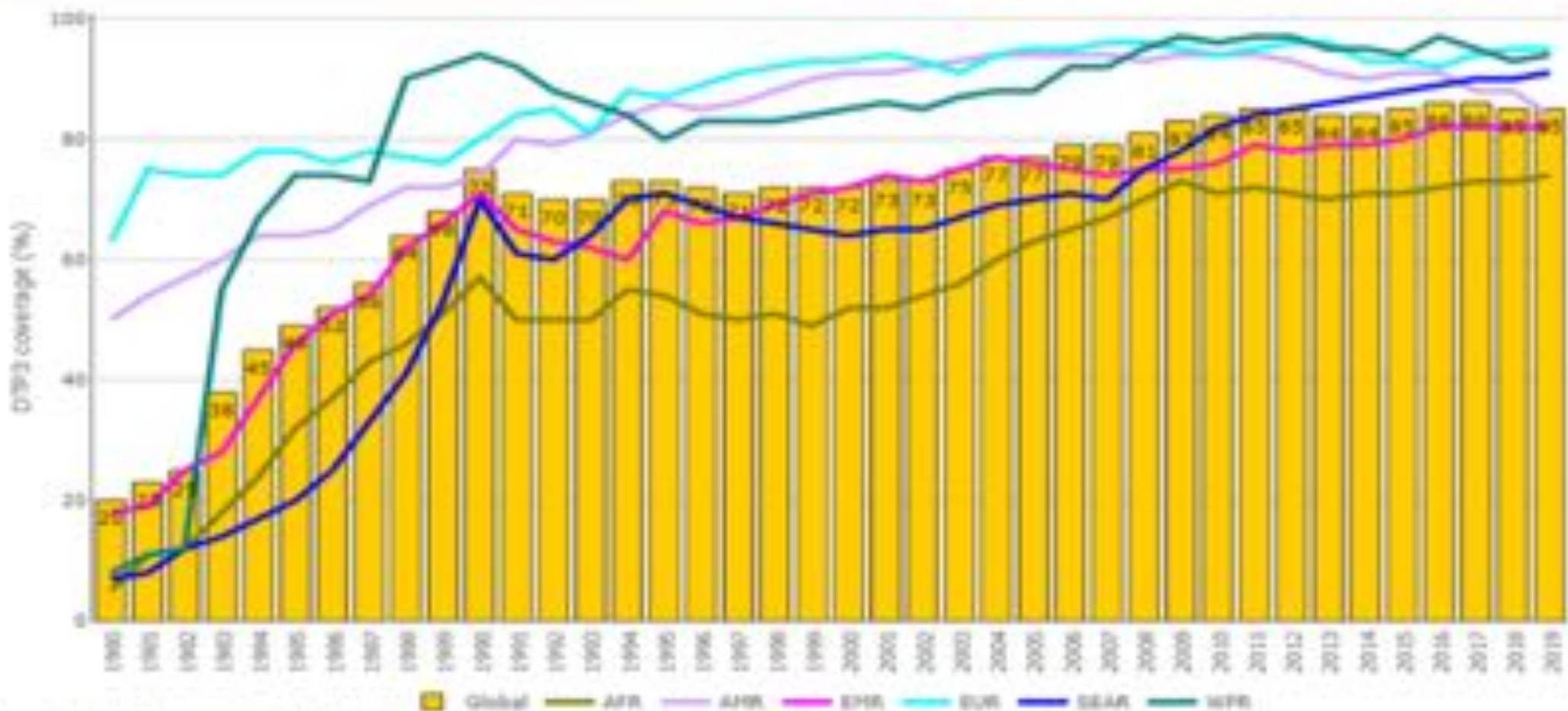
What drives vaccination uptake? And what about hesitancy?

Lisa Menning

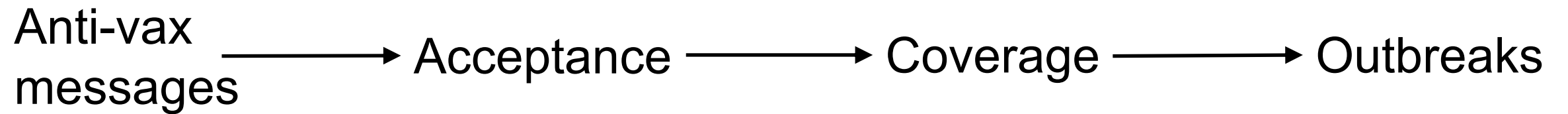HQ/WHO

Global Immunization 1980-2019
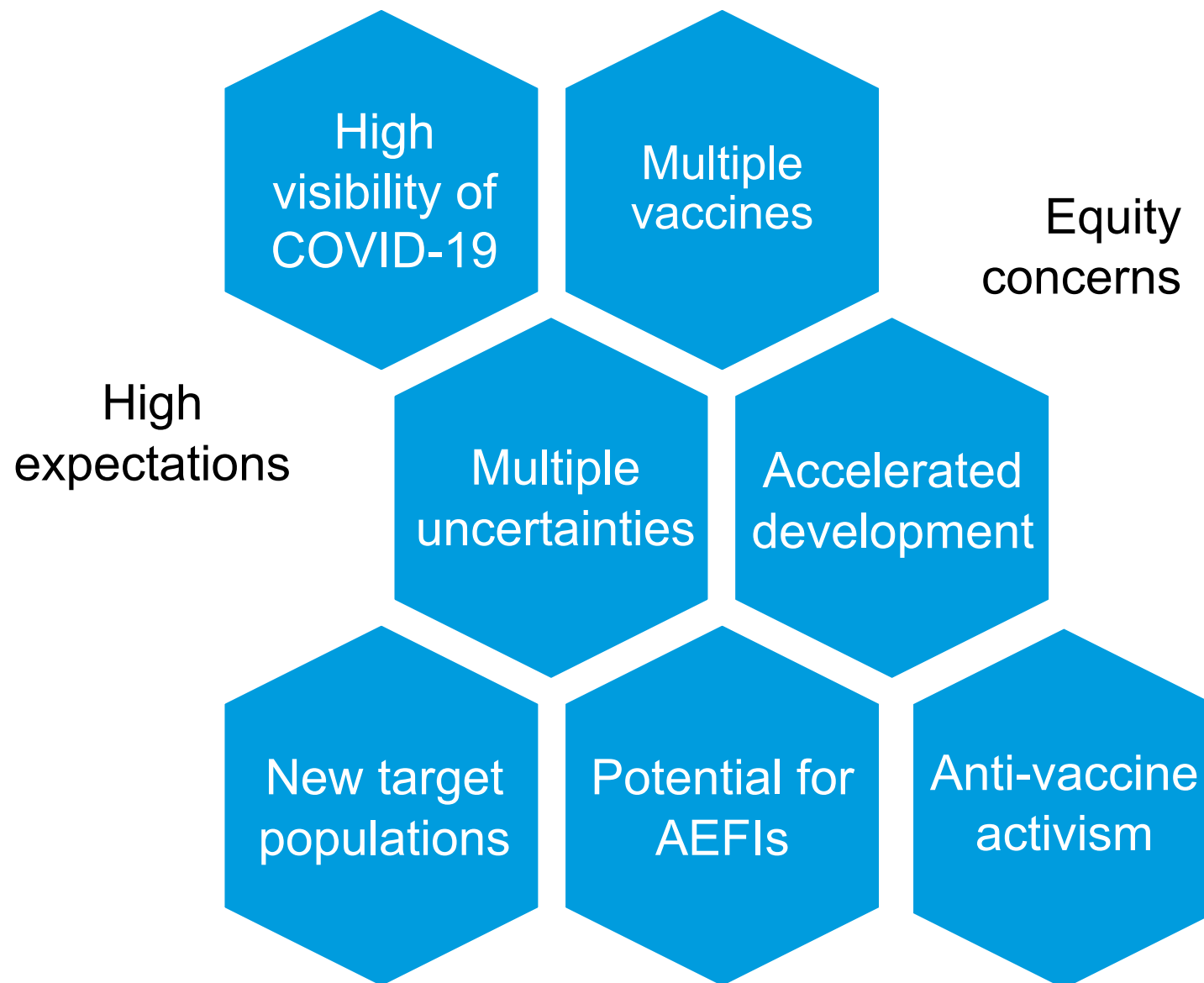## Global coverage from 3 doses of DTP containing vaccines at 85% in 2019

https://www.who.int/data/gho/data/themes/immunization

The simple model

Anti-vax messages → Acceptance → Coverage → Outbreaks

Contextual factors shaping COVID-19 vaccine uptake

High
expectations

Equity
concerns

High visibility of COVID-19

Multiple vaccines

Multiple uncertainties

Accelerated development

New target populations

Potential for AEFIs

Anti-vaccine activism

The behavioural and social drivers framework

What people think and feel

Social processes

Motivation

Practical issues

Vaccination

Source: The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, and Kempe A (2017).
Increasing vaccination: Putting psychological science into action. *Psychological Science for the Public Interest.* 18(3): 149-207
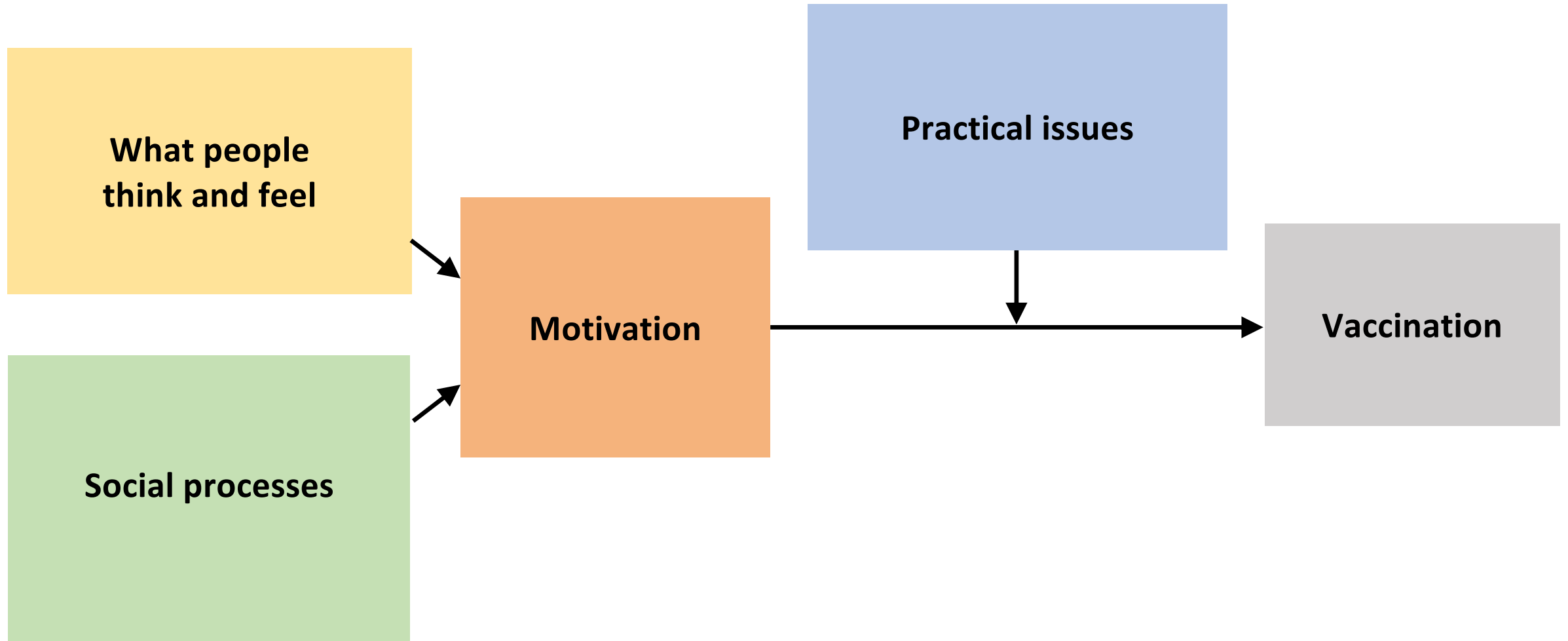
What influences COVID-19 vaccine uptake?

What people think and feel
Confidence in vaccine benefits
Confidence in vaccine safety
Perceived risk – self
*Perceived risk – patients
Seeing negative information

Social processes
Influential others support vaccination
Vaccination norms
*Workplace norms
Decision and travel autonomy
Trust in vaccine providers
*Confidence in answering questions

Motivation
Intention to
get a Covid-19 vaccine
*Willingness to recommend
a Covid-19 vaccine

Practical issues
Know where vaccine is available
Previous uptake of adult vaccination
Ease of access
*Preferred site
*Availability of on-site vaccination

Vaccination
Receives
recommended vaccines

*Construct is exclusive to health worker survey

Intervention categories for specific adult populations*

Evidence review in progress for COVID-19 vaccination and for childhood vaccination

	Intervention category	No. of studies	Likely impact	Strength of evidence — Broad outcome measures			Strength of evidence (general)
				Attitudes and knowledge	Vaccine intent	Vaccine uptake	
1	Educational campaign[1,3-9,11,15,21,24-29]	16	●	3	2	3	3
2	On-site vaccination[1,2,4,5,8,10,12,26,30]	9	●	3	0	3	3
3	Incentives[4,10,29,31-33]	6	●	3	2	3	3
4	Free/affordable vaccine[4,13,21,23,27]	5	●	3	0	3	3
5	Institutional recommendation[2,4,8-10,24]	6	●	2	0	3	3
6	Provider recommendation[16]	1	●	0	1	1	1
7	Reminder and recall[9,11,17,21,34]	5	◕	2	0	3	3
8	Message framing[20,35-37]	4	◔	4	3	4	4
9	Vaccine champion[1,22,27,38]	4	○	3	0	3	3

* Health care workers, adults 65+, and adults with high-risk conditions

World Health Organization. Data for action: achieving high uptake of COVID-19 vaccines. (2021) Geneva, Switzerland
https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccination-demand-planning-2021.1

What about hesitancy?

*"The framework... locates hesitancy as an intentional construct within the domain of motivation.*

It was recognized by SAGE that hesitancy is often context-specific and affected by how people think and feel about vaccines, vaccine-preventable diseases, safety issues, other programme concerns, social influences, and anti-vaccination activism.

In some settings, hesitancy is assumed to be the cause of poor uptake, but closer study often reveals the greater importance of factors such as accessibility, availability, and quality of services."

Meeting of the Strategic Advisory Group of Experts on Immunization, 22 – 24 March 2021: conclusions and recommendations --- publication forthcoming

Hesitancy: how to respond?
Address the range of positions...

Ref: GACVS vaccine safety communications guide for COVID-19 vaccines (chapter 9)
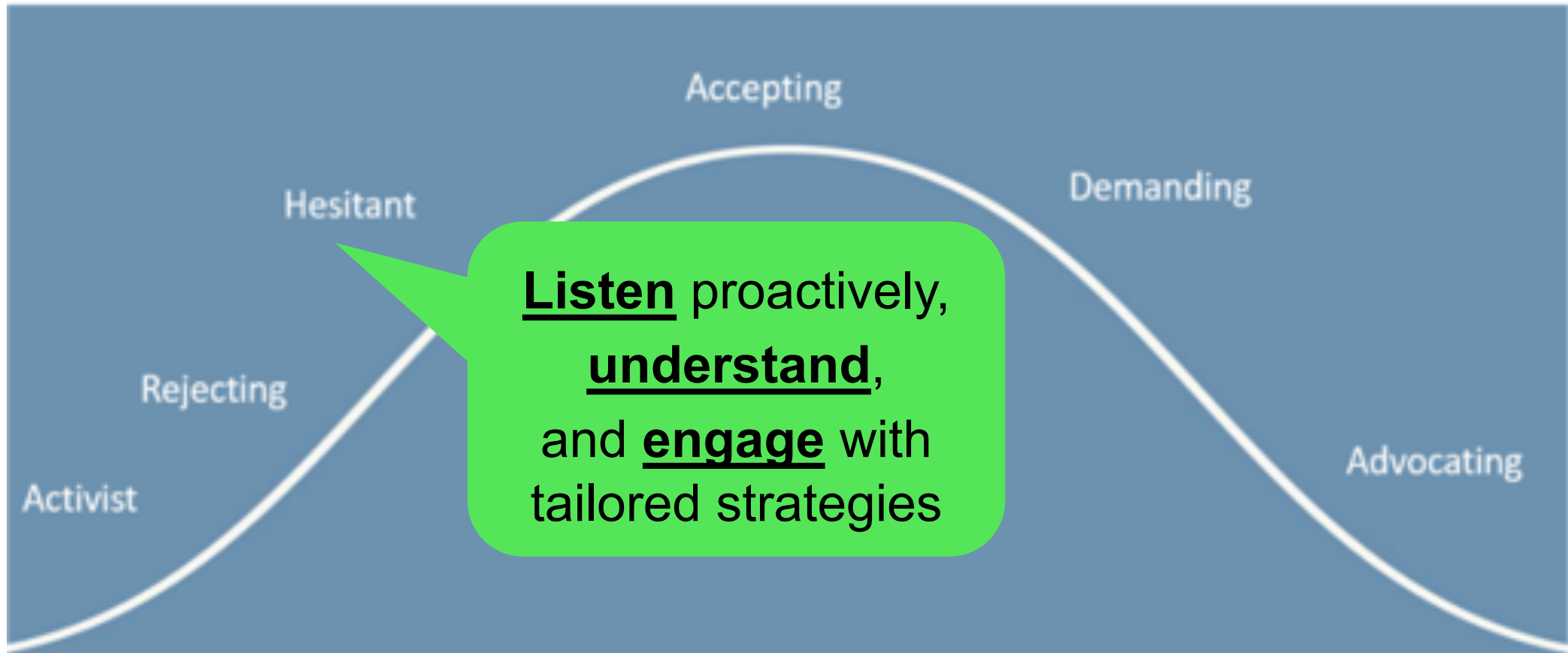
What about misinformation?

- Is it affecting behaviour?

- Is it gaining traction?

- Prepare people: "you may hear"

- Fill the gap: <u>early</u> and factual communication

- Use trusted people or organisations

- Don't feed the trolls

Inoculating against misinformation, VAN DER LINDEN, MAIBACH, COOK, LEISEROWITZ, LEWANDOWSKY. *SCIENCE* 2017 https://doi.org/10.1126/science.aar4533
The Debunking Handbook 2020 https://skepticalscience.com/debunking-handbook-2020-downloads-translations.html

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Summary

- Uptake is affected by thinking and feeling, social processes and practical issues

- To address the gap, we need to use good methods for understanding *(data)*

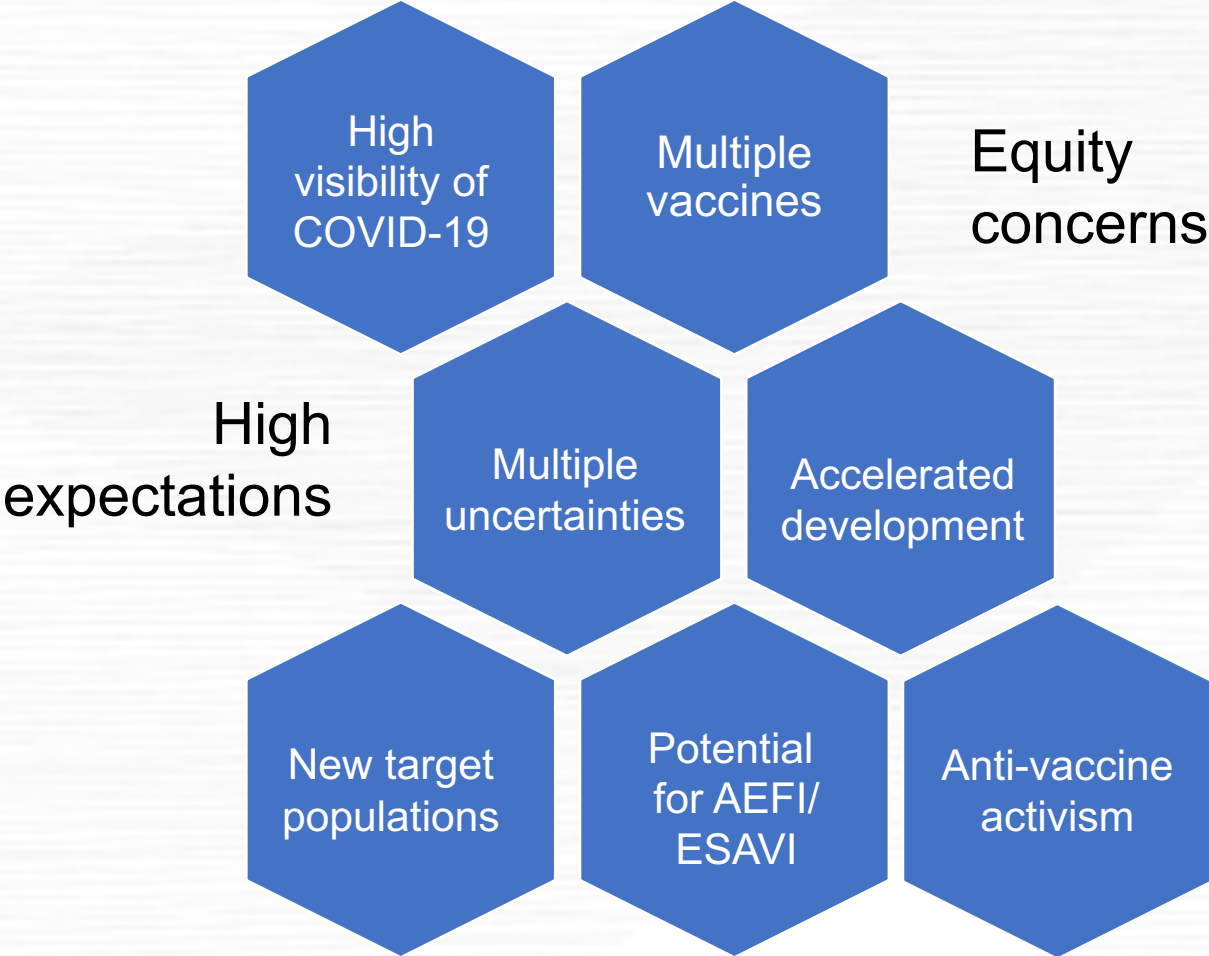- Interventions should match the causes of the gap *(actions)*

Contextual factors shaping COVID-19 vaccine uptake

High
visibility of
COVID-19

Multiple
vaccines

Equity
concerns

High
expectations

Multiple
uncertainties

Accelerated
development

New target
populations

Potential
for AEFI/
ESAVI

Anti-vaccine
activism

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Why is it important?

- Build confidence in vaccines!
- Reassure the public
- Promote public accountability
- Share reliable information

Timely

Correct

Credible

Empathetic

Accessible

Respectful

Coordinated
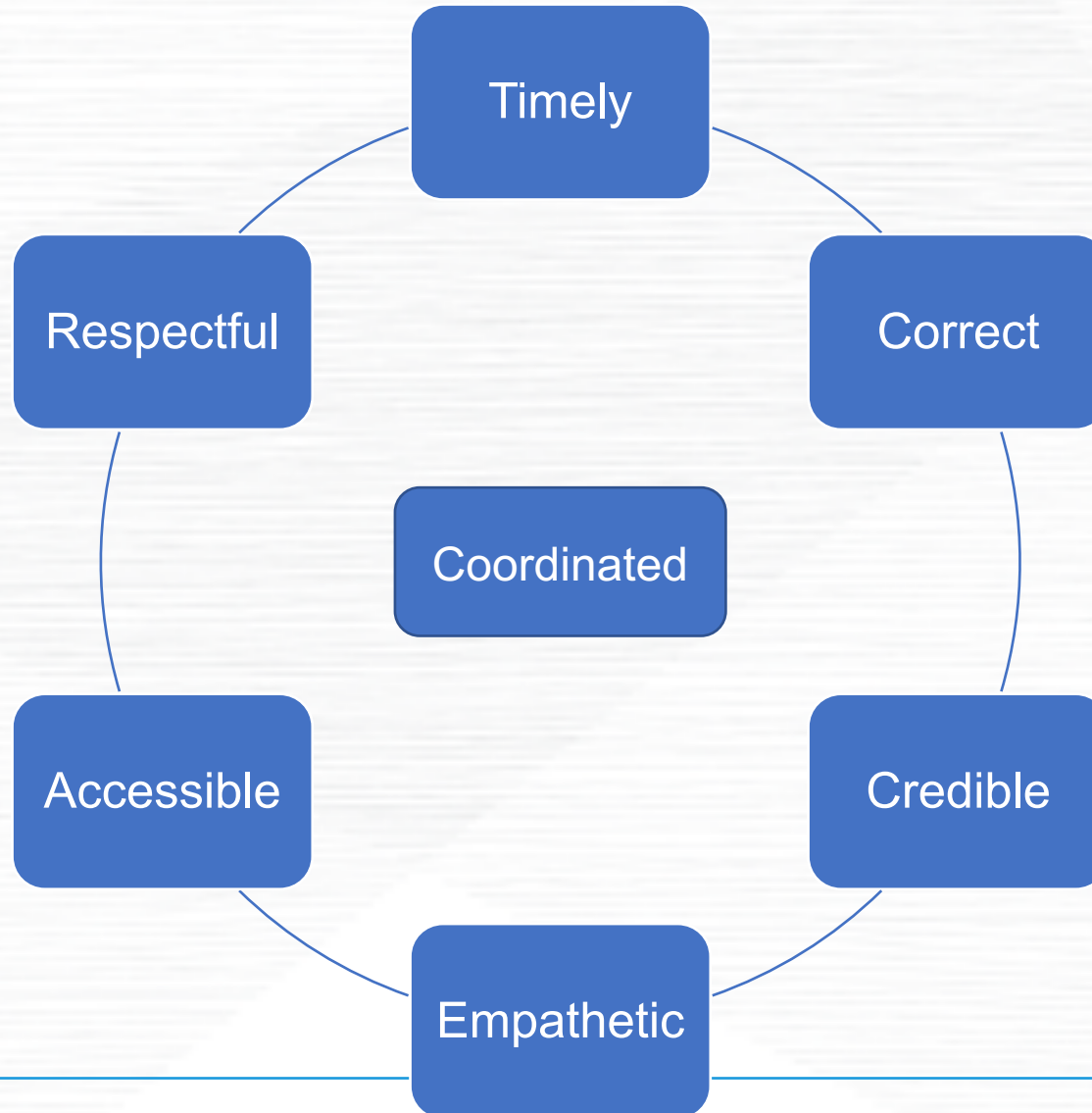
Crisis and Emergency Risk Communication (CERC)

- Provide the public with information to make the best decisions

In EPI, this means you can:

Respond to vaccine related events	Address public concerns	Restore confidence in the vaccine, vaccinator, and vaccination program

Prepare before the event takes place

Preparation phase

Form the team

- Vaccine technical and comms staff

e.g. EPI manager, comms officer, TAG member, regulatory agency, etc.

Plan

- SOP

- Scenario planning

- Roles, responsibilities

- Spokespeople

- Stakeholders

- - Holding messages

- Monitor perception

Train staff

- Spokespersons

- Healthcare workers

Implementation phase

Evaluate, and then -

Coordinate
- Share information within team
- Identify audiences
- Adapt messages

Inform
- Inform media
- Inform the public

Monitor
- Public opinion
- Media/social media
- Response

Evaluation phase

Evaluate

- General response
- Teamwork
- Relationship with public

Share lessons

- Identify good practices
- Identify how to improve response

Revise

- Crisis comms plan, adjust as needed

Health care workers are key!

- Most trusted source of information on vaccination

- First to be vaccinated against COVID-19

- Can have doubts about vaccination

- Need targeted communication and training

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Proactive risk management

- **Prepare and plan** for the inevitable serious AEFI or other event:
  - Ensure <u>plans and processes</u> are in place for communications and community engagement
  - Strengthen <u>coordination</u> between the appropriate groups, e.g. AEFI committees, NRAs, NITAGs
  - <u>Preserve trust</u> via comms that display competence, objectivity, fairness, consistency, empathy

- **Build resiliency** across all components of a program, **starting now**:
  - Enhance <u>engagement and capacity</u> with communities, religious groups, health workers, etc…
  - Build <u>public understanding</u> of the importance of vaccination via proactive and targeted comms.
  - <u>Listen to understand</u> and identify doubts, questions and issues around immunization and respond adequately – <u>adjust</u> when needed

Thank you!

Tools for planning and implementing

Lauren Vulanovic

PAHO/WHO

An evidence-informed approach to demand planning and implementation

Plan

Act

Evaluate
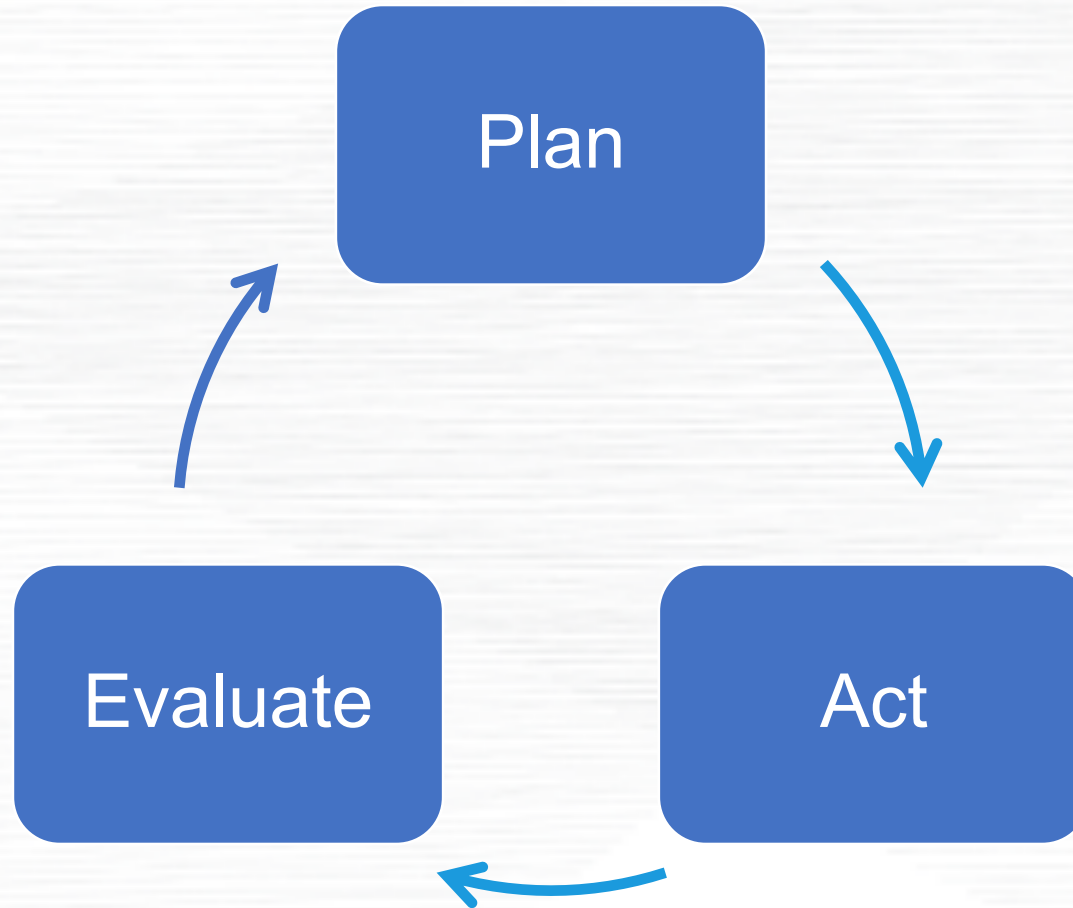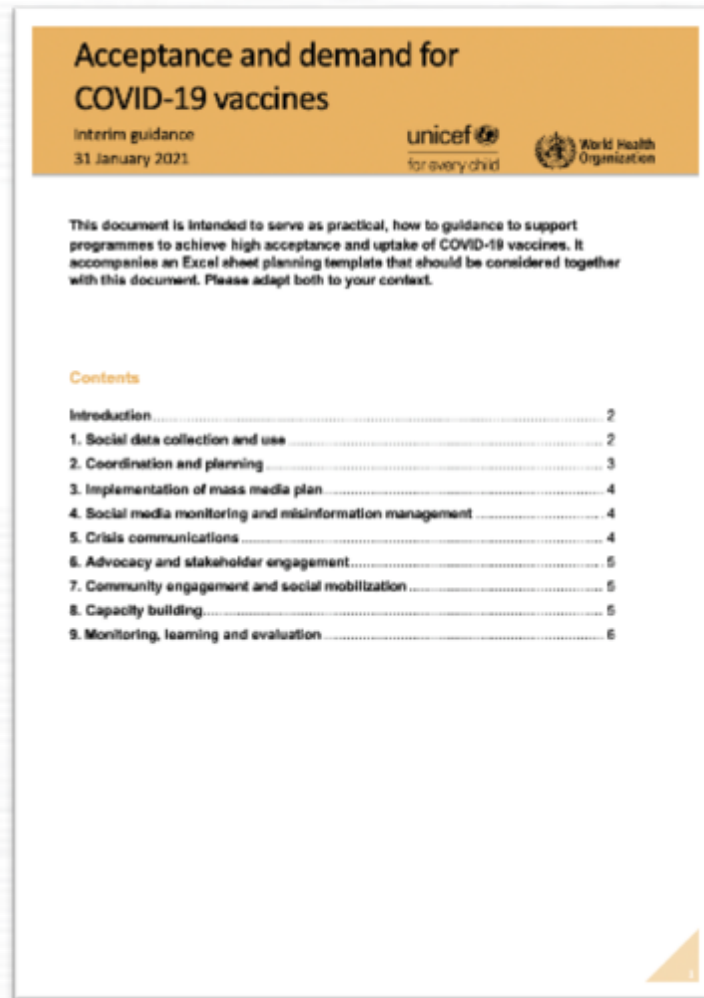
What are the tools and guidance available?

COVID-19 vaccines:

- **Data for action: BeSD surveys & interview guides x2**: Targeted to 1) Adults, 2) Health workers

- **Implementation guidance and demand planning**: Covering data gathering, analysis, use, with mapping to indicators and data for action frameworks

- **Community needs, perceptions and demand: community assessment tool:** Understanding from community leaders about barriers to services, attitudes toward vaccination, etc.

- **Conducting community engagement for COVID-19 vaccines:** Tips and discussion topics to be considered in vaccine delivery and demand, as well as guiding steps to ensure a safe and community-centered approach when conducting community engagement activities.

Data for action: achieving high uptake of COVID-19 vaccines

Data for action: achieving high uptake of COVID-19 vaccines

INTERIM GUIDANCE 1 APRIL 2021

World Health Organization

unicef

- **Audience:** Program managers, health authorities at different levels, researchers
- **Objective:** Enable programs to design, target and evaluate interventions to achieve greater impact with more efficiency, and to examine and understand trends over time
- **Languages:** English, Spanish, Portuguese

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Objectives of data-driven planning

- **Shape local and global understanding** of the behavioral and social drivers of uptake

- **Support programmes to assess and address under-vaccination:**
  - Increase availability, quality and use of data -- for equitable and sustainable solutions
  - Guide evidence-based policy, planning, evaluation and learning
  - Expand the knowledge base locally and globally

- **Increase engagement of new communities and build capacity**

Acceptance and demand for COVID-19 vaccines/ Demand planning tool

Acceptance and demand for COVID-19 vaccines
Interim guidance
31 January 2021
unicef for every child
World Health Organization

This document is intended to serve as practical, how to guidance to support programmes to achieve high acceptance and uptake of COVID-19 vaccines. It accompanies an Excel sheet planning template that should be considered together with this document. Please adapt both to your context.

Contents

- **Audience:** Program managers, health authorities at different levels
- **Objective:** Provide practical guidance to support programs to achieve high acceptance and uptake of COVID-19 vaccines
- **Languages:** English, Spanish, Portuguese

Includes demand planning template!

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Community assessment tool

Community needs, perceptions and demand: community assessment tool
A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic
INTERIM GUIDANCE
5 February 2021
World Health Organization

- **Audience:** National and subnational health authorities; incident management; facilities
- **Objective:** Rapidly assess and respond to community health needs and perceptions around access and effective use of essential health services during the COVID-19 outbreak
- **Languages:** English

Conducting community engagement for COVID-19 vaccines

- **Audience:** Health program managers, CSO, CHW, community workers/volunteers

- **Objective:** Guide on how to put community engagement at the center of introduction strategies for COVID-19 vaccines

- **Languages:** English, Spanish

Collective service web

www.rcce-collective.net/

Collective service web – 10 steps to community readiness

10 STEPS TO COMMUNITY READINESS

Informed, engaged and empowered communities are the bedrock for the arrival of new vaccines, treatments and tests that will be introduced to reduce the spread of COVID-19 and save lives

The following 10 steps are well established risk communication and community engagement (RCCE) principles that have proven their power. Together, they put communities at the heart of the roll-out of new vaccines, treatments and tests, and promote trust – the critical ingredient for all community action.

Download our RCCE 10 Steps

https://www.rcce-collective.net/rcce-10-steps/

Crisis Communication

- **Audience:** National and sub-national authorities (immunization, communication)

- **Objective:** Support the development of a communication plan to manage crises related to vaccine safety

- **Languages:** Spanish, English, Portuguese; French soon
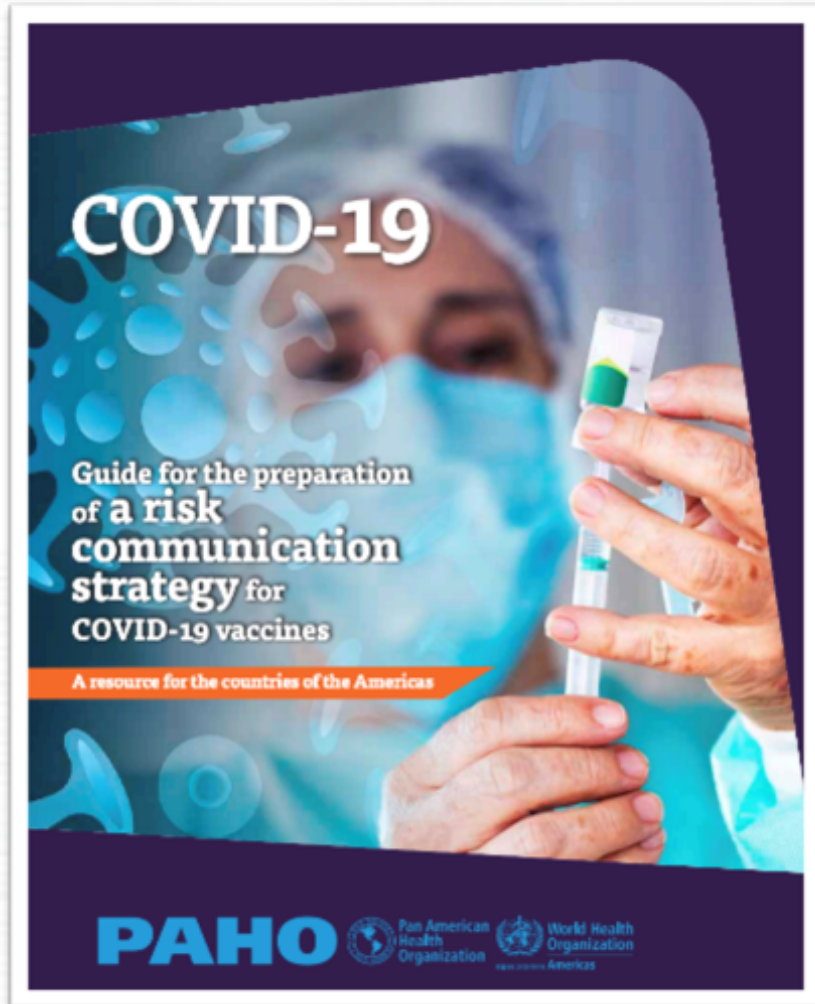
Virtual course in development!

Interpersonal Communication
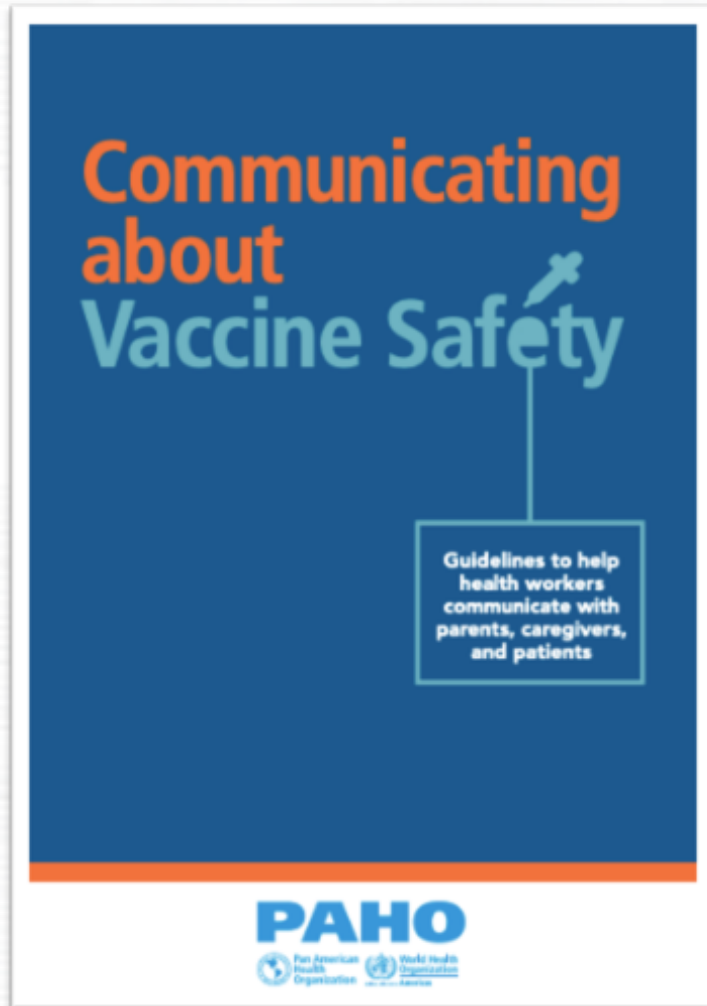
- **Audience:** Health care workers
- **Objective:** Increase vaccination demand through improving interpersonal communication between HCW and their patients
- **Languages:** Spanish, English, Portuguese; French soon

Virtual course in development!

RCCE

- **Audience:** Health authorities (immunization, communications)
- **Objective:** Support countries to develop and implement RCCE plans related to COVID-19 vaccination in different contexts
- **Languages:** Spanish, English, Portuguese, French

Thank you!

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Questions?

Please ask in the Q&A box!

Session 2:
# Gathering and using data for demand generation

Mind the gap

- Focus on attitudes and confidence, less on practical and logistical barriers

- Many measures are not validated

- Not standardized

- Lack time trends

- Caught in supply/demand binary

- Data on barriers rarely used for design or evaluation of interventions

- Need tools to support implementation

The answers you get are as good as the questions you ask

Measuring behavioural and social drivers (BeSD) of vaccination

- **Boost the quality, availability and use** of behavioural and social data

- **Integration and triangulation** with existing data or for stand-alone use

- **For local assessments**, M&E of interventions and tracking trends

- **For global indicators,** reporting on IA2030 and Gavi 5.0

Coverage data

Surveillance data

Programme data

Who?
Where?

Why?

Behavioural and social data
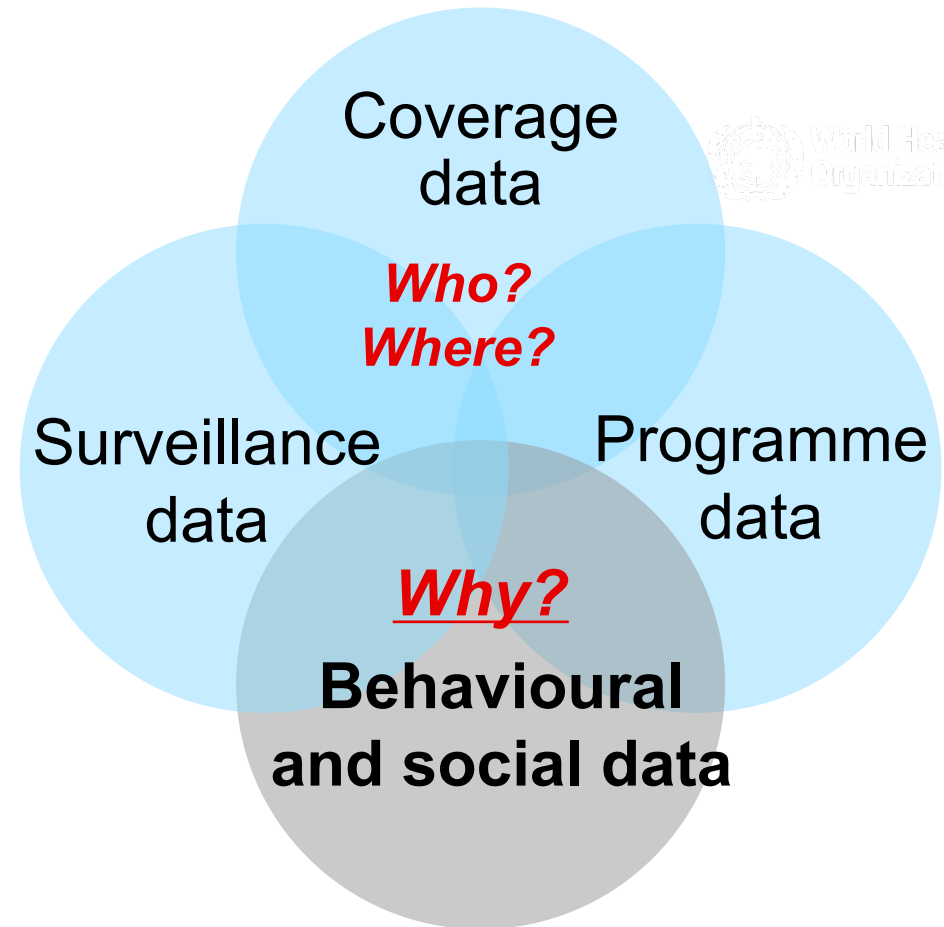
What are the tools and guidance available?

Childhood vaccination: *(est. Nov 2018)*

- **Survey**
  for parents of children under 5 years

- **In-depth interview guides:**
  1) caregivers, 2) providers, 3) community stakeholders, and 4) authorities

- **Implementation guidance**

COVID-19 vaccines: *(est. Aug 2020)*

- **Surveys**
  1) adults, 2) health workers

- **In-depth interview guides**

- **Implementation guidance**

How can the tools be used?

Tools are modular and designed to easily integrate with existing activities

PLANNING:

- Either or both the survey and interview guides may be used
- Tools can be adapted to local needs, languages, and target populations:
  - **<u>Integrated into existing mechanisms</u> for data collection – methods are aligned:**
    Routine data collection (selected measures only)
    Periodic assessments: with EPI reviews, coverage surveys, MICS, DHS, etc.
  - **<u>Used alone</u>, across a country or for specific target populations**

DATA GATHERING AND ANALYSIS:

- Data gathering **on paper or electronically** (e.g. ODK)
- Set up for triangulation and analysis with other programme data

USING DATA FOR ACTION:

- Frameworks and tools available to guide use of findings for future planning and M&E

Example questions

SURVEY

In your family, who has the final say about vaccinating your child?

    Mother of child,
    Father of child,
    Both parents of child,
    Grandparent of child, or
    Other caregiver for child?
    NOT SURE
    DECLINED

How easy is it to get vaccination services for your child?
    Not at all easy
    Not very easy
    Somewhat easy
    Very easy

INTERVIEW

Tell me about how you decided to vaccinate (or not vaccinate) your child(ren). Who else was involved in the decision?

Walk me through what you do on the day of vaccination. Start at the very beginning

The challenge of standardization

M&E framework for COVID-19 *(example)*

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

Supporting communication and use of data

EXAMPLES

Future activities to support implementation

- **Promote tools and methods**

- **Support implementation** and capacity building,
  e.g. intervention templates, community of practice platform

- **Communicate and facilitate adoption of findings**
  for research and practice, e.g. global data repository

- **Track and evaluate impact** via feedback loops and
  documentation of learning

How to do monitoring and social listening

Lauren Vulanovic

PAHO/WHO

Why is it important?

Understand your audiences

- Concerns
- Questions
- Understanding

Improve

- Fill knowledge gaps
- Adjust and clarify
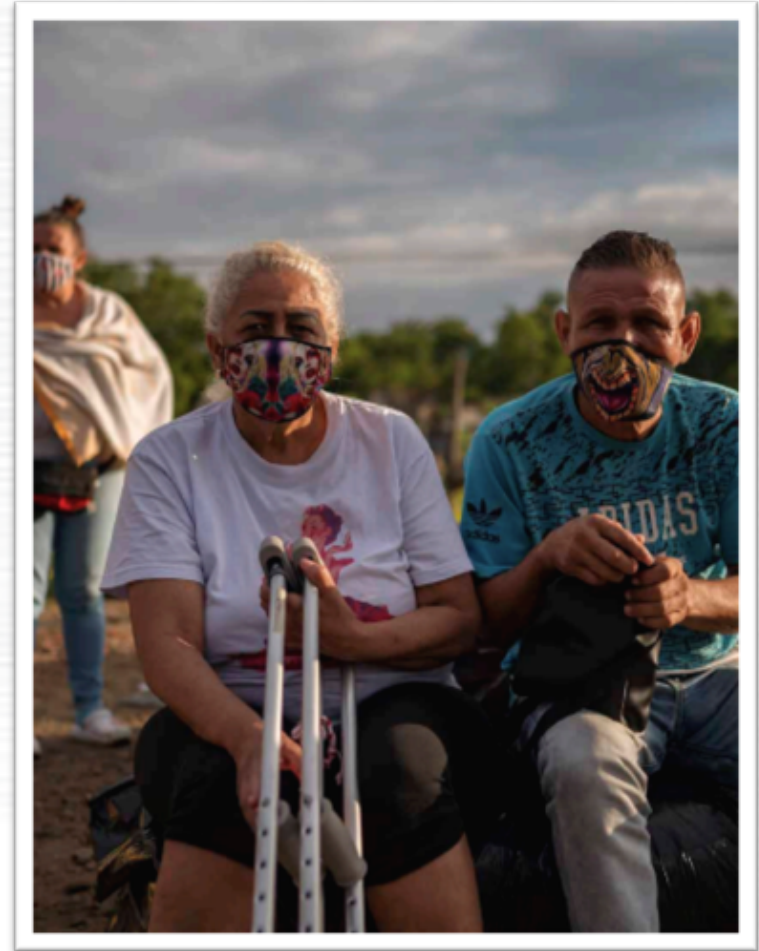- Respond to doubts, rumors

Build trust

- See your audiences
- Meet needs

As a communicator, it is your responsibility to make sure your audience understands you!

Principles

- Use multiple sources

- Listen across different demographics (age, gender, ethnicity, geographic location, culture, linguistic)

- Include marginalized groups

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Sources

- Existing studies or literature
- Social media
- Mainstream media
- Community leaders/influencers
- Chats/forums
- Surveys, focus groups
- Informal feedback
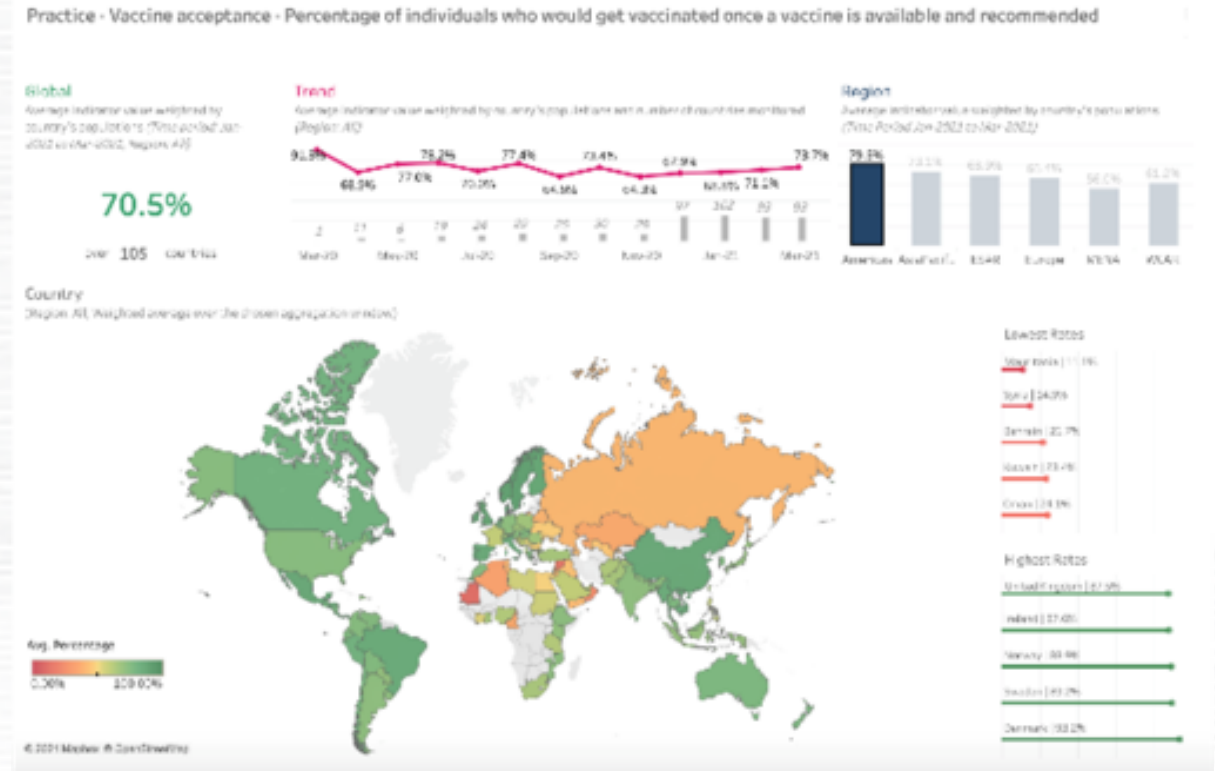
4th Virtual WHO Infodemic Management Conference: Advances in Social Listening for Public Health

- Session 1: 4 May – Case studies applying social listening for public health

- Session 2: 11 May – Tools and techniques for listening to communities to strengthen public health

- Session 3: 12 May – Challenges and opportunities to advance social listening in public health

Thank you!

Questions?

Please ask in the Q&A box!