

Session 1



LONDON
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MEDICINE



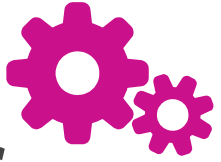
Vaccine Hesitancy Workshop: Building trust and managing risk

Susan Mackay
Head, Demand, Communities and Gender
Gavi Secretariat
SMackay@gavi.org

[@s_r_mackay](#)

Kristen de Graaf
Research Associate
Vaccine Confidence Project™

Kristen.de-graaf@lshtm.ac.uk



**What is your understanding of
“Vaccine Hesitancy”?**

**How would you define it based on
your country experience?**

In 2013, the WHO Strategic Advisory Group of Experts (SAGE) convened a Working Group to define and understand the reasons for Vaccine Hesitancy

In 2015, The Working Group on Vaccine Hesitancy concluded that:

Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services.

Vaccine hesitancy is complex and context specific, varying across time, place and vaccines.

It is influenced by factors such as complacency, convenience and confidence.

[McDonald, et al.](#) Vaccine hesitancy: Definition, scope and determinants" *Vaccine* 2015; 33 (34): 4161-4164

In 2019, WHO named Vaccine Hesitancy as one the top ten threats to global health



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Ten threats to global health in 2019

Vaccine hesitancy

Vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases.

The reasons why people choose not to vaccinate are complex; a [vaccines advisory group](#) to WHO identified complacency, inconvenience in accessing vaccines, and lack of confidence are key reasons underlying hesitancy.

Building trust in immunisation

Who needs to
be involved,
why, and how

Susan Mackay,
Head, Demand, Communities and Gender,
Gavi Secretariat

Multi-partner Global Hub for Vaccination Acceptance and Demand



Hub Tools and Guidance

Advocacy & Communication Resource Library
Technical Resource Library



Agenda setting for post-2020 GVAP2.0 and GAVI5.0 and white paper development



Technical Assistance

Architecture to provide TA to countries to diagnose and respond to demand-related challenges



Community of practitioners

Platform to build a community of skilled practitioners at global, regional and national levels



Demand generation

ensures that **parents, caregivers, communities & influencers**



value immunisation



trust the safety & efficacy of vaccines



have confidence in the quality of service & those providing them



have enough information, capacity & motivation to seek out immunisation on time



Why do we miss children?

knowledge /
information gap



EXAMPLES *Parents not aware of need for immunisation or how, when, where to access*

trust or
confidence
gap



From fear of minor side effects, to mistrust in vacciners or providers or authorities delivering them

'intention
to action'
gap



Open to immunisation but lack of motivation, logistical barriers, competing priorities etc

service delivery /
quality problems



Lack of vaccines, vaccinators, long queues, rudeness, no toilets etc

home



facility



The lack of demand side data is a key issue. Global expert group established in 2018 by WHO for 'Measuring Behavioural and Social Drivers of Vaccination'

Guiding principles, scope and structure agreed for the development and in country testing of new qualitative and quantitative tools and development of practical user guidance



What are the challenges for clinicians and others communicating with parents, carers and the community?



Introducing the caregiver journey

1

Knowledge, awareness and belief

Practical knowledge

Missing information leads to inaction.

Confirmation

Comfortable information takes priority.

Attention scarcity

People focus on the most pressing challenge now, which may not be a routine health service.

2

Intent

Omission

Action can be scarier than inaction.

Deferral

Bias towards the present.

Optimism

It will not happen to me.

Social norms

Perceived group rules regulate behaviour.

3

Preparation, cost & effort

Hidden costs

Free is not always free.

Hassle factors

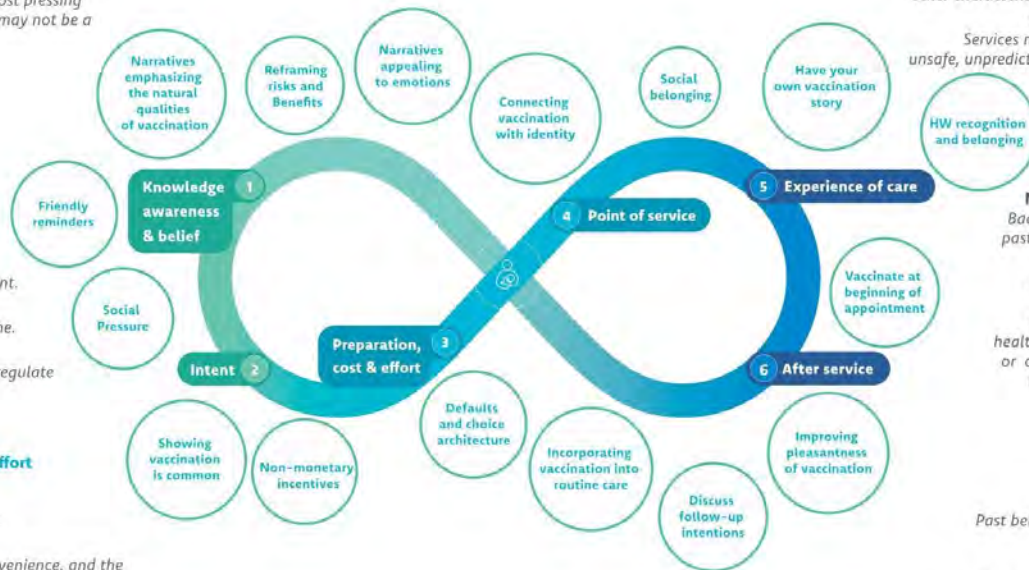
Obstacles of time, convenience, and the complexity of vaccine schedules.

Decision paralysis

Ambiguity and uncertainty foster inaction.

Incentives

People value an award they choose over one chosen for them, even when the rewards are equivalent in value.



Point of service

4

Fundamental attribution error
Blaming the person, not the situation.

Apprehension about HCWs

Uncertainty or apprehension about capacity, knowledge, compassion or other characteristics of health workers.

Supply inconsistency

Services may be perceived to be unsafe, unpredictable or of low quality.

5

Experience of care

Negative experiences

Bad experiences from the past outweigh the neutral or good.

Apprehension about the system

Uncertainty about the health system, government or organization perceived to be providing health services.

6

After service

Status quo

Past behaviour predicts future behaviour.

Memory recall

The easiest things to recall are recent; the most influential things to recall are personal; the easiest information to retell is in the form of a story.

HOW MIGHT WE (HMW)...



MEDIA VHW HEAD OF HOUSEHOLD LEADER CAREGIVER

EPI DEMAND PROMOTION FIELD RESEARCH REPORT - SEPT 2019 45

CAREGIVERS

"Service Provision at the Shrine"

- I like**
 - ... the involvement of special interest groups in deciding how they want to receive care
- I wish**
 - ... they had showed the reaction of the community towards these new services
 - ... technology were integrated into the solution to send SMS to the congregants alerting them of upcoming service days and kept electronic medical records of the children's health status
- What if**
 - ... there were increased immunized children
 - ... the broader community delivered at the shrine



VHW

"Briefcase of Information"

- I like**
 - ... how creative and multi-faceted this solution is... and friendly!
 - ... the mixed methods including songs and dancing and teaching aides
- I wish**



Behaviourally informed Human Centred Design Demand Creation workshop in Zimbabwe, September 2019

Unicef, Govt of Zimbabwe

LEADER

"Community Dialogue"

- I like**
 - ... consultation at the highest level
 - ... the respect that the health leaders showed for the religious leaders
 - ... the spirit of cooperation
- I wish**
 - ... this could be more far-reaching and cascade to all church branches
 - ... there was engagement of traditional leaders and local government officials
- What if**
 - ... this dialogue was run at the national level as well to influence all church leaders?
 - ... included exchange programs between faith healers and midwives to share knowledge and practices?



unicef

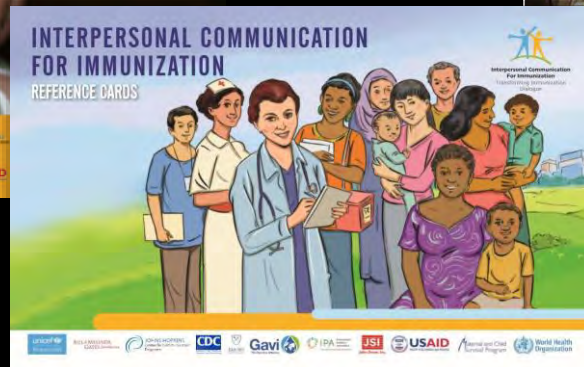
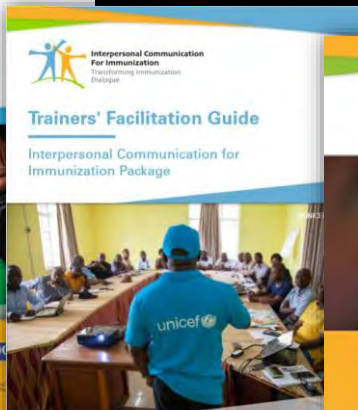
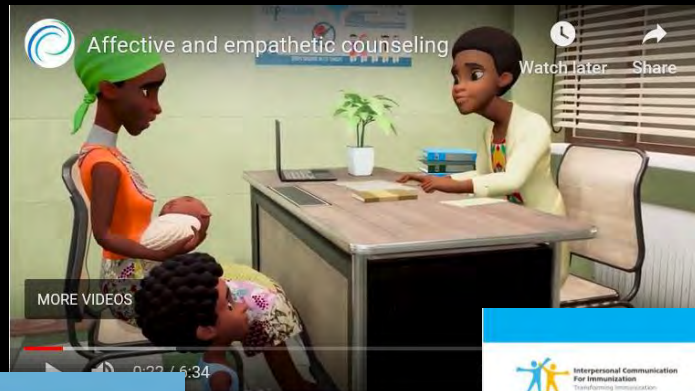
Behavioural insights

Behavioural Insights combines insights from various disciplines of behavioural sciences such as behavioural economics, social and cognitive psychology, and anthropology with empirically-tested results to discover how humans actually make choices.



- A structured, adaptable, and low-cost participatory process for addressing the needs of under-vaccinated or hesitant target populations
- Based on a behavioural insights model, linking research to interventions to M&E
- Undertaken to understand enablers and barriers to vaccination
- To define and evaluate evidence-informed interventions to increase coverage

Preparing frontline staff to have conversations about immunisation



Who are
the thought
leaders and
influencers
driving
those
discussions?



Where are the never-reached children?

COUNTRIES WITH MORE THAN 100,000 UNVACCINATED OR INCOMPLETELY VACCINATED CHILDREN IN 2017¹⁹

Nearly
1/2
of all

under-immunized children are located in 4 countries

See below

[Learn more about how to build demand in these 4 countries](#)



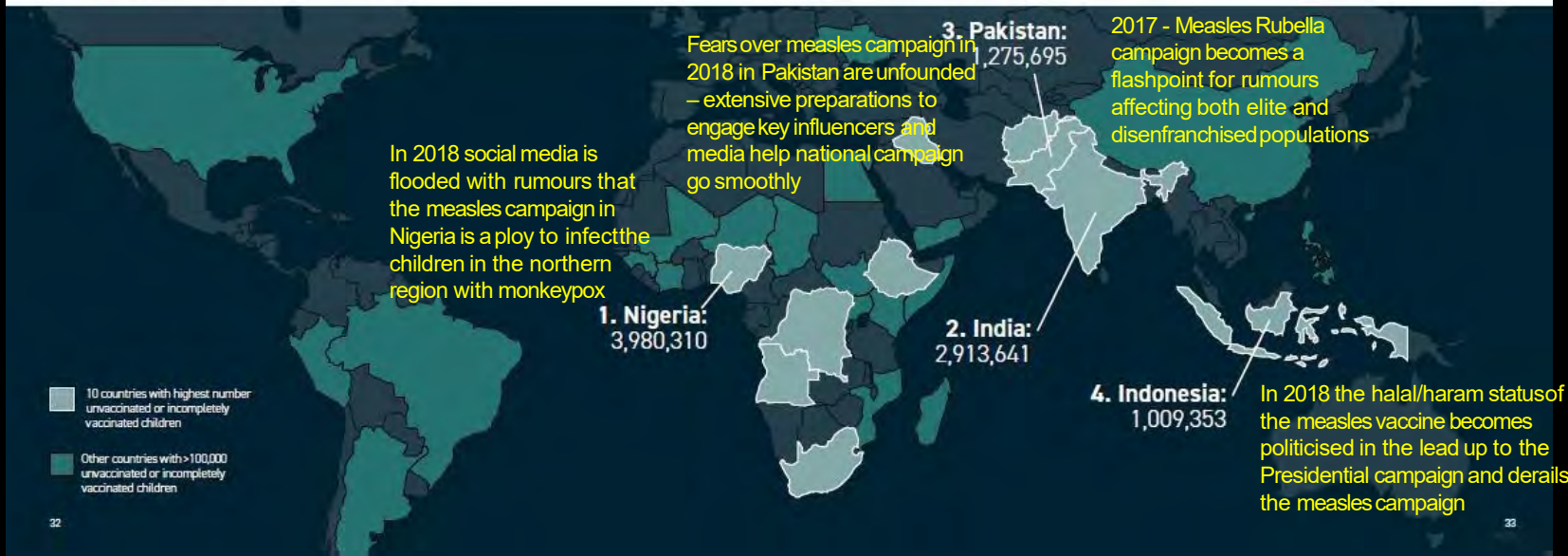
About
45%

live in 16 countries that are polio-endemic, fragile, or affected by conflict.²⁰

Around
25%

live in 3 critical polio-affected countries—Afghanistan, Nigeria and Pakistan.²¹

Strong routine immunization coverage here is critical to achieving and sustaining global polio eradication.





Systematic engagement and relationship building with media is required to support immunization as both an individual and global good

Creating the 'super-spreader'

Building a social
movement for
immunisation

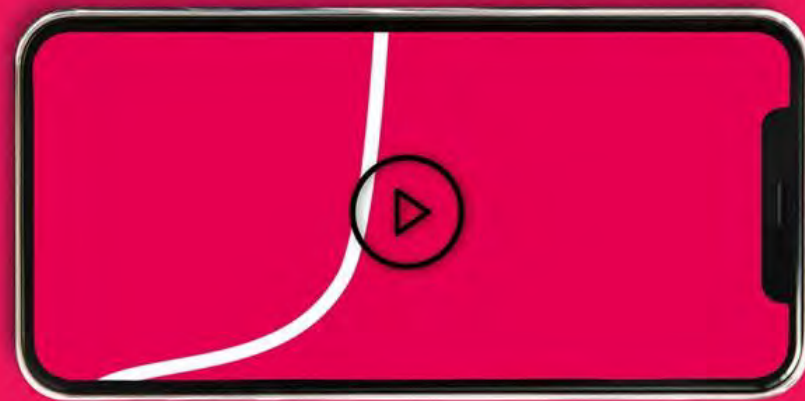


Welcome to

be:cause

be:cause brings together global Alliance Partners and marketing communication experts to collaborate on demand generation challenges.

Centred around an online collaboration platform, a team of experts will facilitate the ideation process using innovative digital co-creation methodologies.



Want to learn more about **be:cause** ?
Watch our video

Please press play

- 120 members from the Alliance from all around the world
- Almost half have actively participated
- 63 ideas have been posted in the first challenge with more than 200 builds
- It takes time to build confidence to post and share ideas but engagement is steadily growing
- Face to face workshop in October to pick top 15 ideas and overall winner



Changing the conversation about vaccination

Much of the backlash against vaccination comes from fear, misinformation, and stigma, with pro- and anti- vaccine camps each

by Ariel F 1 week ago

0 VOTES VOTING CLOSED



How do you become trendy (and trending)?

Both Elisabeth and Atsuyoshi proposed an approach that resonated greatly with me (the fact that I also played all Maxis games and I thoroughly enjoyed the anime version

by Diamantis Klimentidis 1 week ago

1 VOTES VOTING CLOSED



Use computer games to teach kids (and others) about immunology

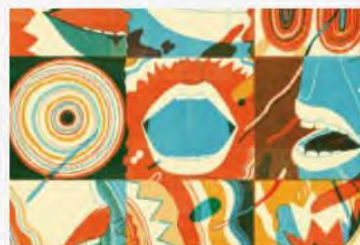
General knowledge of how the immune system works - and how vaccines can help protect against infections - is generally low. This is

by Gary Finnegan 1 week ago

3 VOTES VOTING CLOSED



Use virtual reality to make infection risks feel 'real'



How misinformation spreads and why we trust it



Play, learn and earn: Mobile based vaccine contest



Discussion:

What role could and should the media play?

What is the experience in your country?





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Thanks!