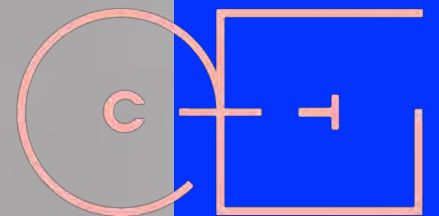


A grayscale photograph of two women wearing traditional, ornate headwraps and beaded necklaces. They are looking slightly to the right. The image is semi-transparent, serving as a background for the text.

Vaccine Hesitancy + Minority Groups

Understanding vaccine hesitancy
among minority groups and other
vulnerable populations



Outline

VULNERABLE CHILDREN:

Understanding minority populations

SOCIAL DATA

Identifying minority groups and their vulnerabilities

EMPATHY

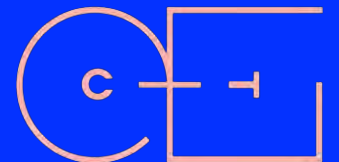
The importance of compassion and empathy when designing for minority populations

DESIGN

Adapting and designing demand strategies to reach minority populations in your country

Vulnerable Children

Understanding minority groups and
vulnerable populations



Minority Groups: Why are they important?

If our objective is about high coverage rates, why do we need to worry about minority populations?



Caption: A mother and her son in North Vietnam. They are part of the Red Dao Ethnic Minority

- The under-vaccination of minority groups can threaten overall vaccination goals (like measles and Polio)
- They can have particular vulnerabilities, like language barriers, sanitation, or overcrowding that can start or spread an outbreak
- They are less likely to vocalize their concerns or be understood, which can enable latent hesitancy – and disease - to spread;
- Ensuring equitable health and immunization access to all population groups is a humanitarian imperative

Defining Vulnerability

Hard-to-reach populations: are those who face supply-side barriers to vaccination due to geography by distance or terrain, transient or nomadic movement, healthcare provider discrimination, lack of healthcare provider recommendations, inadequate vaccination systems, war and conflict, home births or other home-bound mobility limitations, or legal restrictions.

Hard-to-vaccinate populations are those who are geographically reachable, but difficult to vaccinate because of demand-side barriers such as distrust, religious beliefs, lack of awareness, poverty or low socioeconomic status, lack of time, or gender-based discrimination.

**Ethnic Minorities
can exist in either
of these categories**

Supply and Demand Side Barriers may intersect and exacerbate vulnerabilities

S. Ozawa et al. / Vaccine 37 (2019) 5525–5534

DEMAND	High	Hard to reach	Easy to reach AND Easy to vaccinate
	Low	Hard to reach AND Hard to vaccinate	Hard to vaccinate
		Low	High
		SUPPLY	

Fig. 1. Conceptual framework of hard-to-reach and hard-to-vaccinate populations.



Case Study

- Michelle is the main character in this story. But who is the excluded/underserved population in the story?
- Why do you think they are underserved? List specific barriers (income, policies, access, etc)
- If this family were considering immunization services, can you think about what barriers they might face?
- What resources did they have to draw on to change their situation?

Michelle R. Simmons

Patient, mother, grandmother

Play (k)

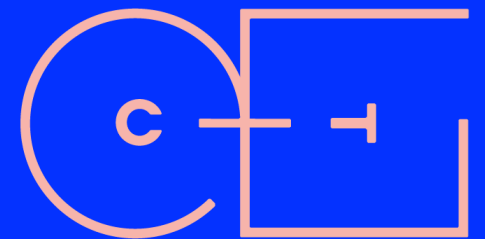


0:28 / 5:08



Social Data

Identifying minority groups and their
specific vulnerabilities



Coverage Data: Why it's not enough

Coverage data can tell us how many children were vaccinated, and where the under-immunized or unreached children are.

But it doesn't tell us:

- **Profile:** Who are the hard to reach/vaccinate children (beyond age and sex)?
- **Habitat:** Where are they living? Beyond geography: in slums, multi-family dwellings, informal settlements?
- **Barriers:** Why are their parents hesitating or not vaccinating them ?
- **Root causes of barriers:** Income, environment, social or cultural norms, trust, etc
- **Are we missing additional information?**

Understanding

- **Engagement Methods:** How can we best engage and reach specific parents and communities ?
- **Are we successfully influencing people' beliefs or intentions**

Application

Good social data can save resources by:

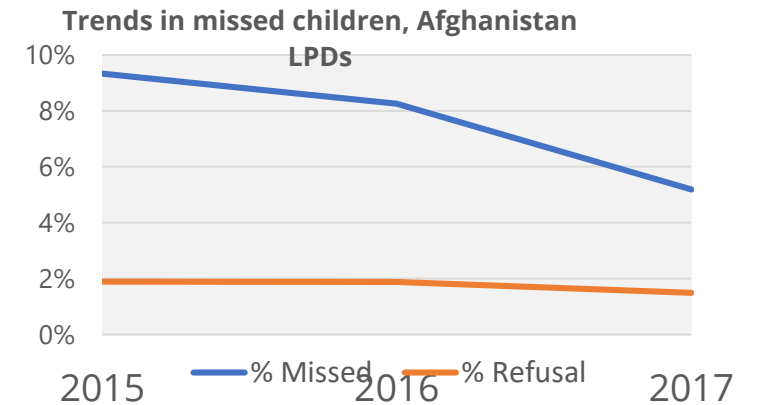
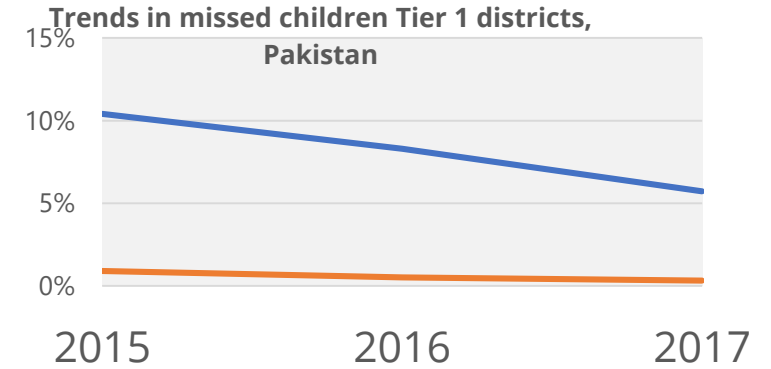
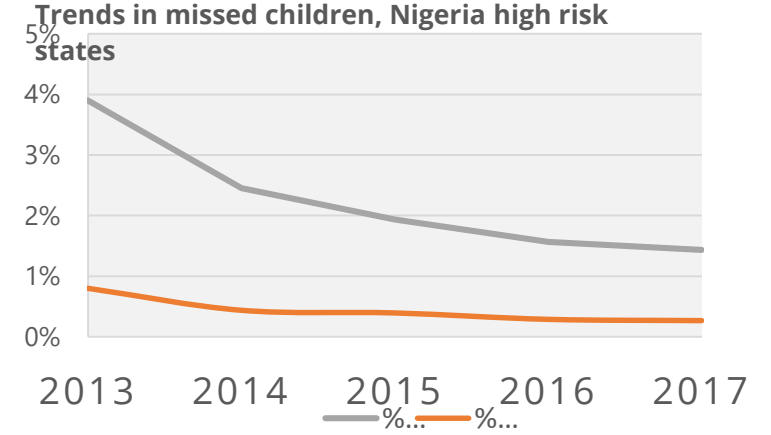
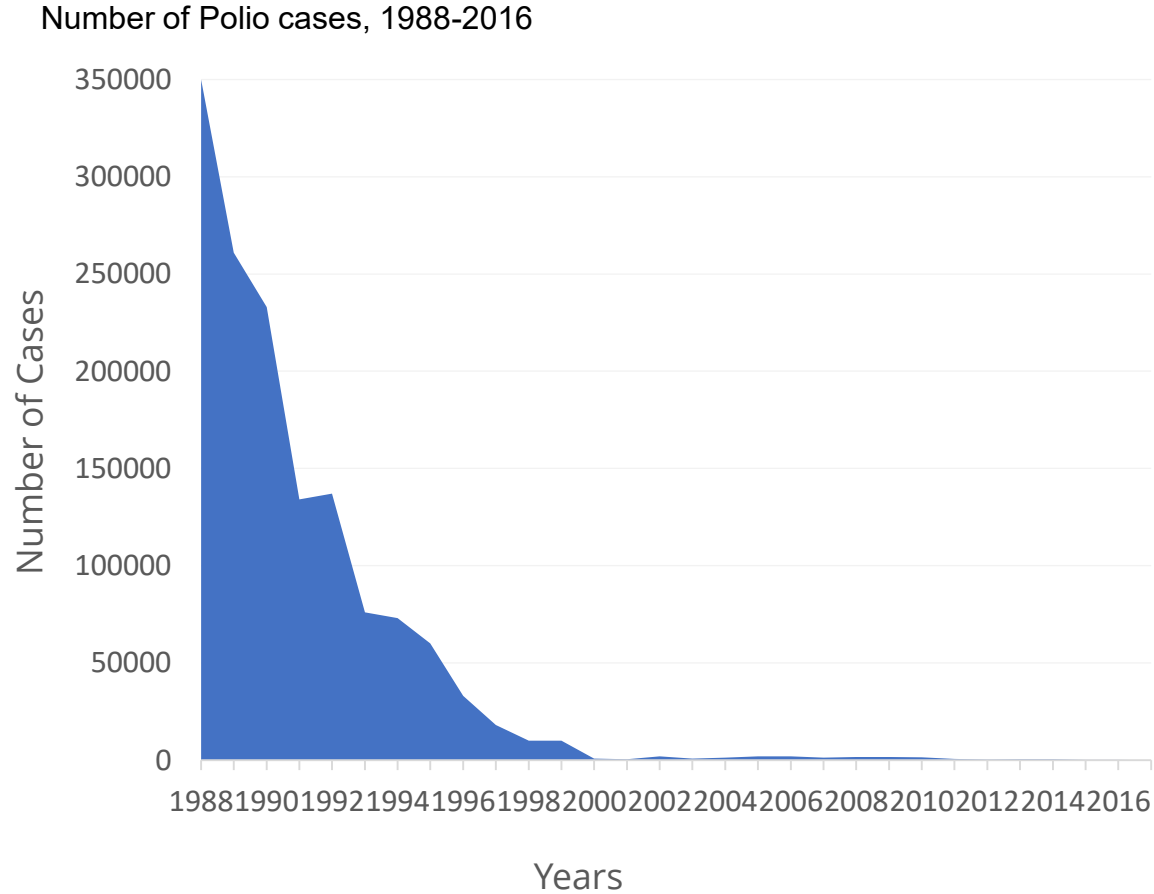
- Reducing investments in nation-wide interventions that will not meet everyone's needs
- Segmenting different groups that need specific strategies
- Identifying specific barriers to adapt and design demand interventions
- Tailoring interventions based on data: targeting the most impactful influencers, using tested messages and materials, investing in the most relevant channels and mediums, understanding social networks, etc





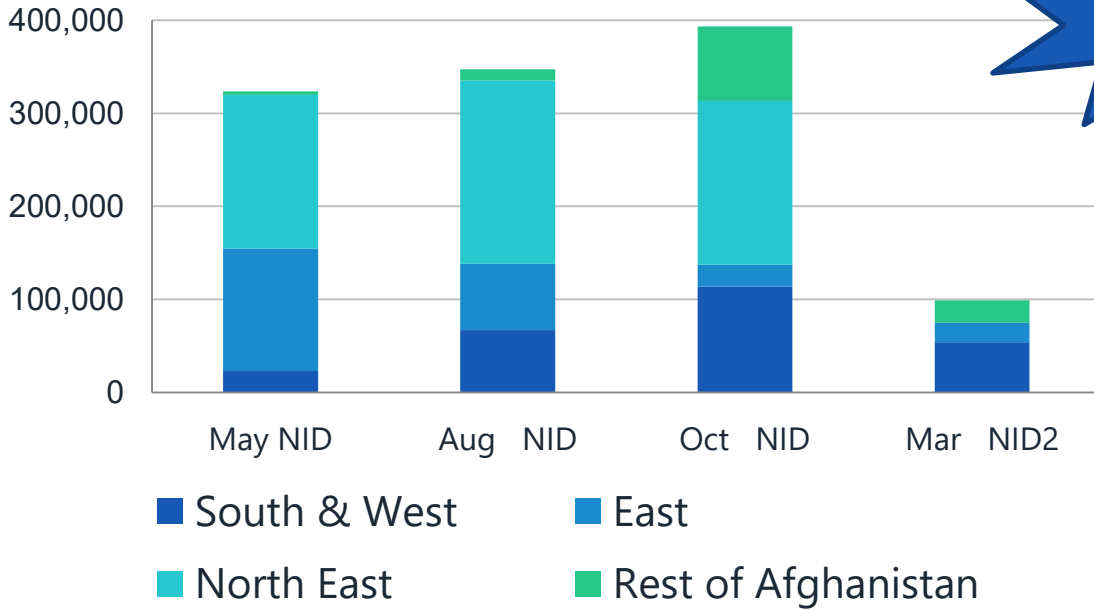
Polio Case Study

In 2017, Progress towards polio eradication was unprecedented



But there were large numbers of inaccessible populations, suspected of harboring and spreading Poliovirus

Inaccessible children, Afghanistan May 2016- March 2017



Hard to Reach

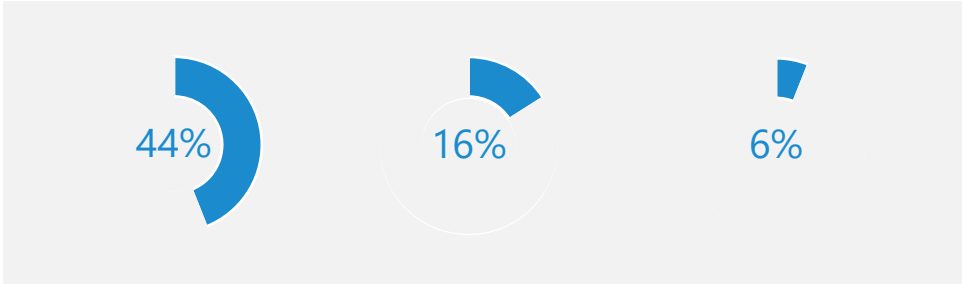


Caption: Two siblings in Southern Afghanistan.

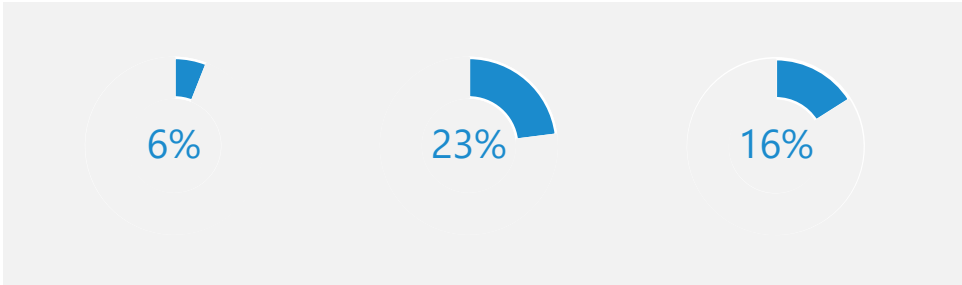
There were also parts of the population who had low demand for multiple doses of OPV

Nigeria Pakistan Afghanistan

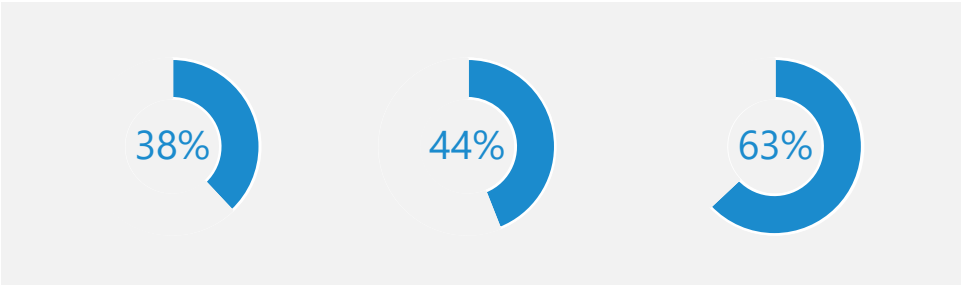
Caregivers who think Polio paralysis is curable



Believe in negative rumours

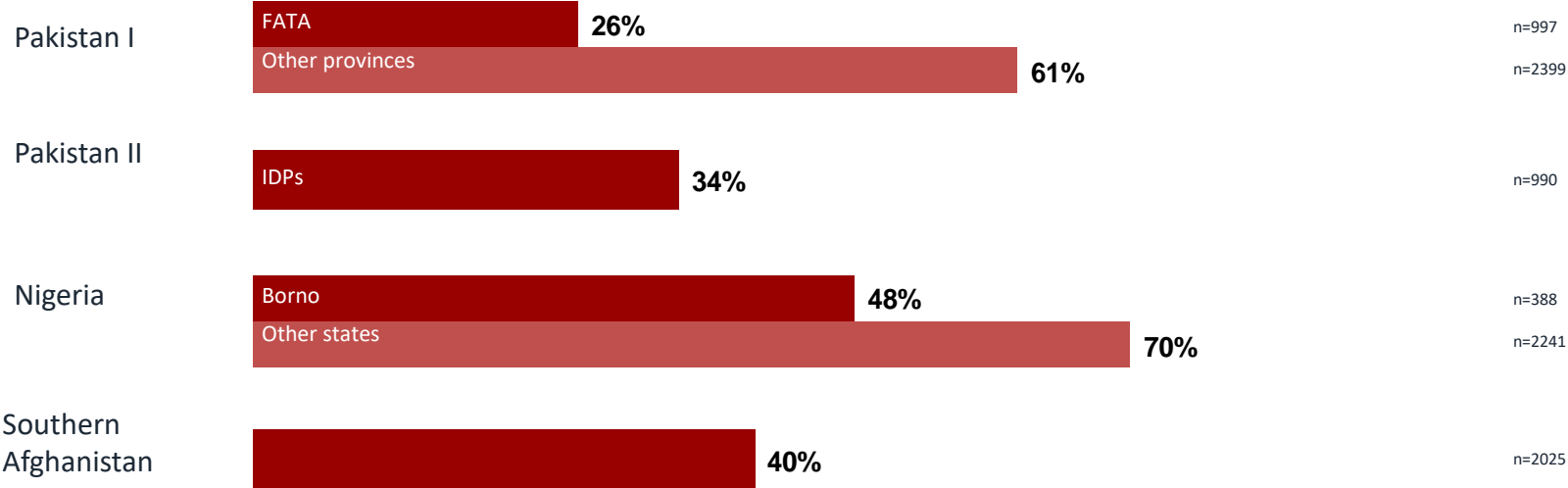


Do not think their neighbors fully support giving OPV



Trust for vaccinators was significantly lower in certain areas, and among certain populations

Caregivers saying they trusted vaccinators "a great deal"



Vaccine acceptance is not a steady state. People can move between phases of hesitancy.

- ⚠️ Caregivers who think Polio/Disease is curable
- ⚠️ Belief in negative rumours
- ⚠️ Do not think giving vaccine is socially acceptable
- ⚠️ Do not think vaccines are a priority in the absence of cases
- ⚠️ Campaign fatigue

Refuse all vaccines

Vaccine hesitancy

Passive acceptance

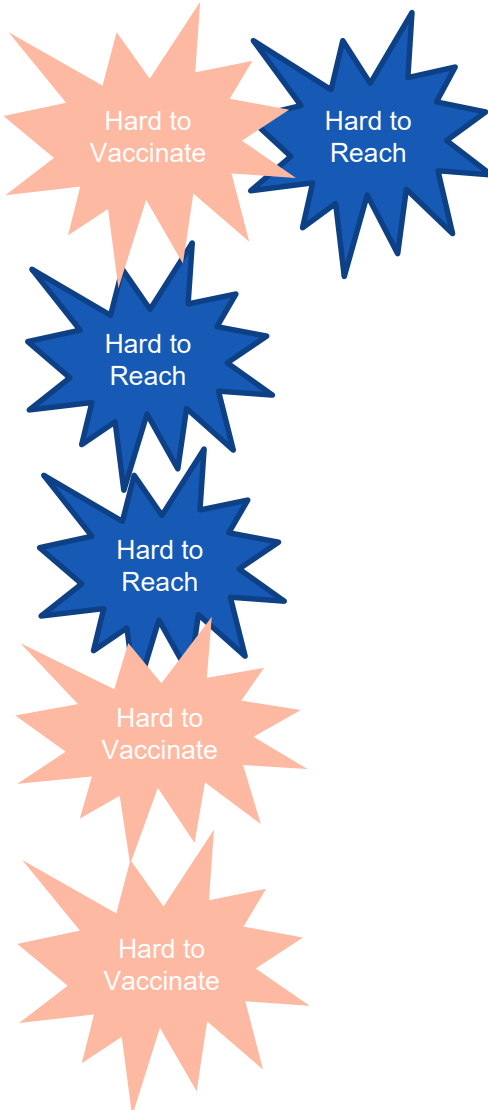


Achieving full protection against disease requires going beyond passive acceptance towards a norm of **Active Demand** for Immunization



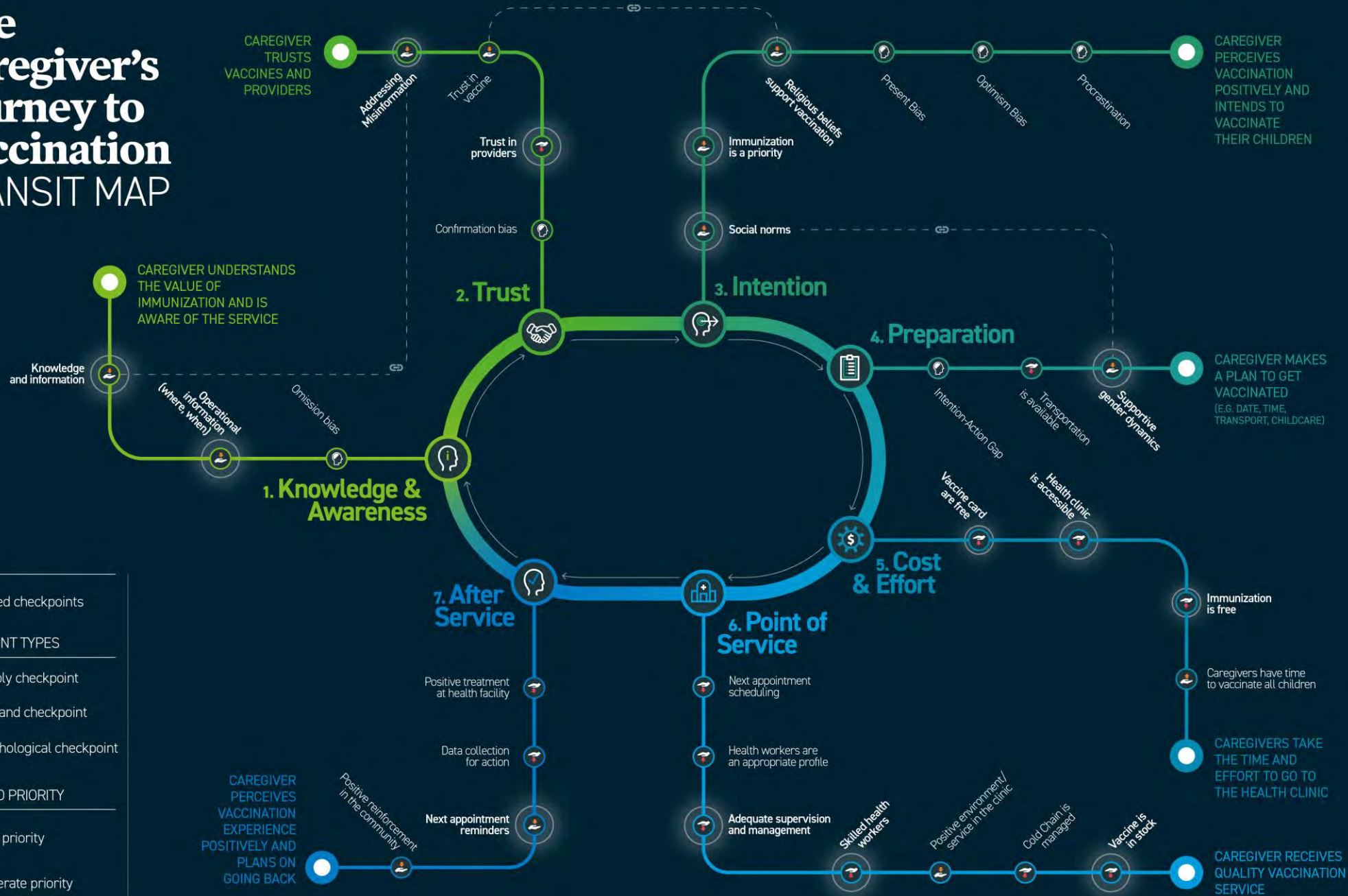
In Polio-affected countries, the children with the lowest coverage were:

- Ethnic minorities:** Afghanistan – Pashto
Pakistan – Pashto, Baloch
Nigeria- Hausa-Fulani
- Mobile:** Seasonal migrants
Fleeing Conflict
- Living:** In urban slums
In informal settlements
With other families
- They distrusted:** Polio Vaccine
Health workers
Government
- They were Misinformed:** Believed their neighbours didn't support vaccination
Believed negative rumours about OPV
Thought polio was curable



Caption: Polio workers visit a household in Punjab

The Caregiver's Journey to Vaccination TRANSIT MAP



LEGEND

Linked checkpoints

CHECKPOINT TYPES

Supply checkpoint

Demand checkpoint

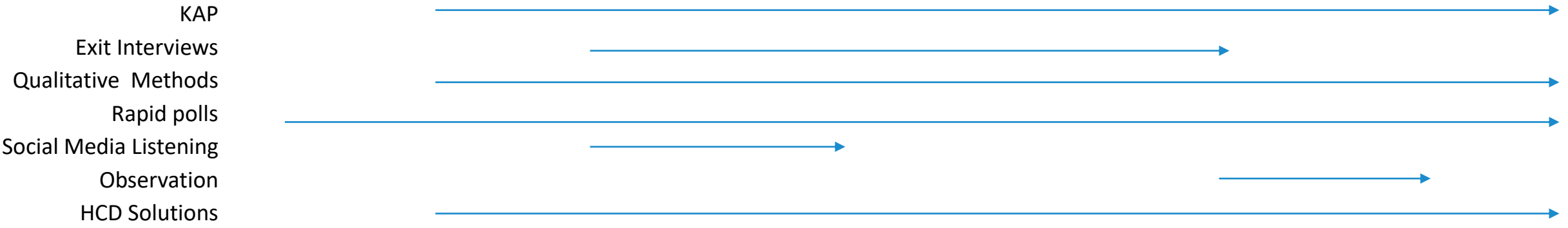
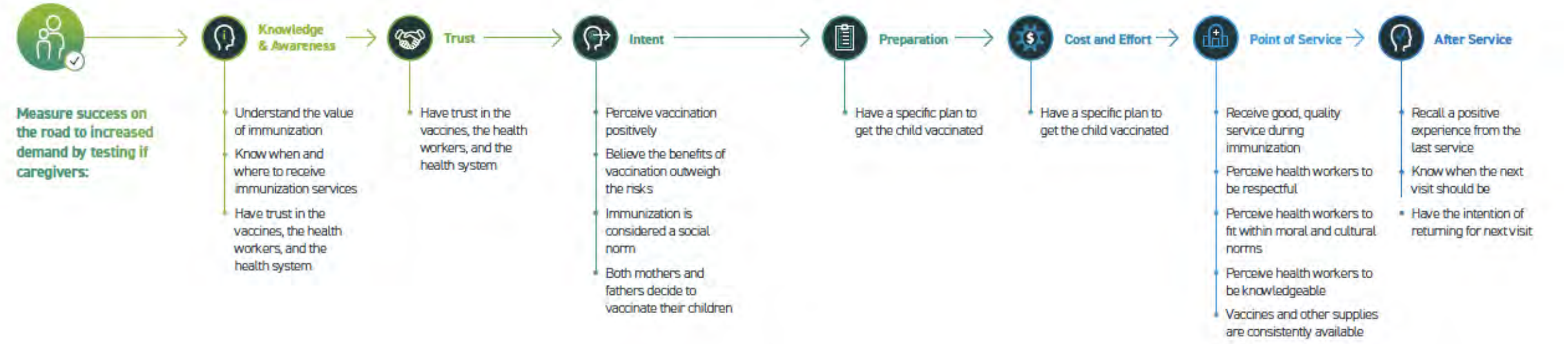
Psychological checkpoint

IDENTIFIED PRIORITY

High priority

Moderate priority

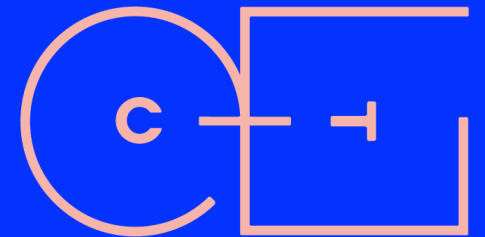
Social Data Sources



COMMON THREAD

Empathy

Understanding minority groups and vulnerable populations



**Deep empathy breaks down the silos
between people. It provides a sense
that we are all connected through
our shared humanity.**



Health & Environment

Communication woes between ethnic minority patients and Hong Kong doctors spark call for better health care training

• Experts say such population groups are more susceptible to health care problems and usually fall short of addressing issues with providers

Society

Close to one in five ethnic minority individuals in Hong Kong are living in poverty, government report shows

Even after taking into account government subsidies or welfare allowances, the poverty rate for ethnic minorities was higher in 2016 than in 2011



Education

Hong Kong charity reaches out to ethnic minorities who face barriers to health care

Health in Action says funding from Operation Santa Claus will help it to support a community at growing risk of developing chronic problems



Rachel Blundy
Published: 4:05pm, 22 Nov, 2016

Chained

Posted by **Resolve Foundation Hong Kong**

16,559 Views

歧視其他人是很差的態度，不是嗎？

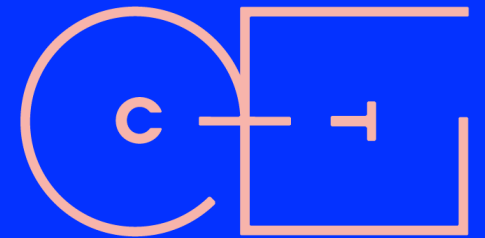
Discriminating against other people is a bad attitude, right?

-0:48



Design

Adapting and designing
interventions for minority groups
and vulnerable populations

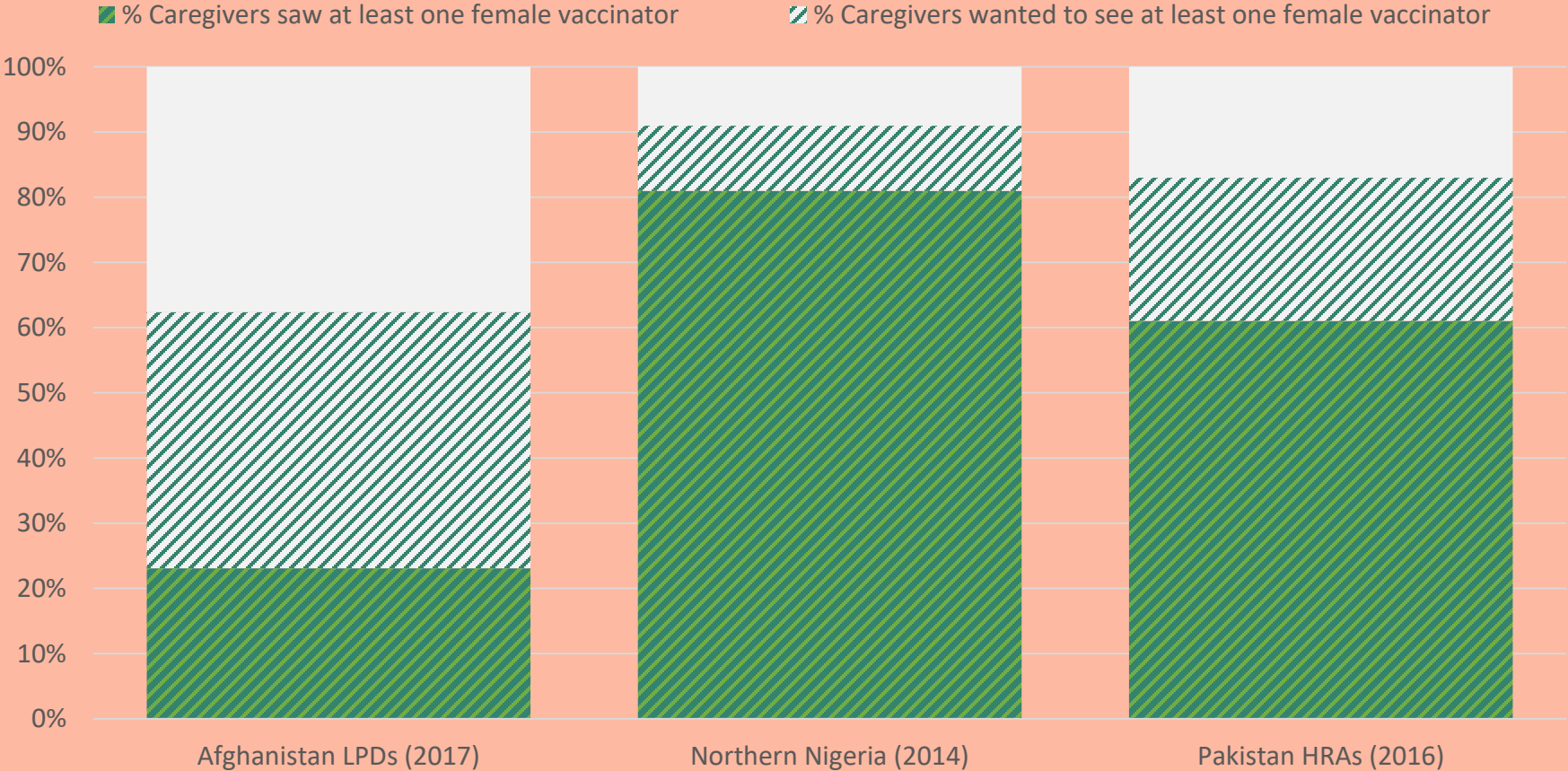


How did the Polio Programme adapt their demand generation interventions based on data about minority populations?



They found out that caregivers wanted to see more female vaccinators.

Gap between caregivers who wanted to see at least one female vaccinator at their doorstep, and those who did, 2014-2017



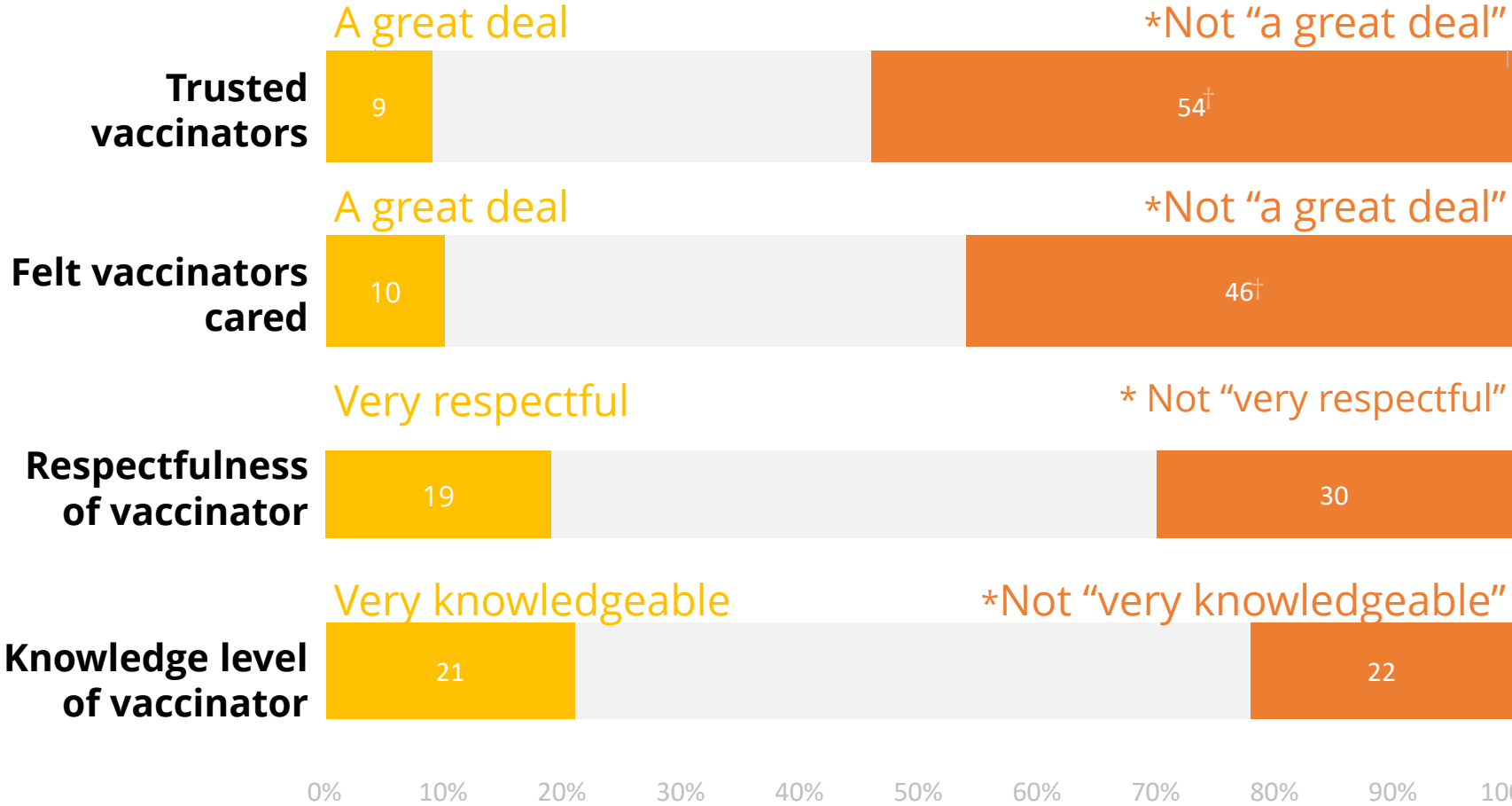
Note: Methodology notes and cautions for interpretation on first slides in report

Data showed

Trust, compassion and respectfulness of vaccinator were the biggest drivers of commitment to vaccinate ‘every time’

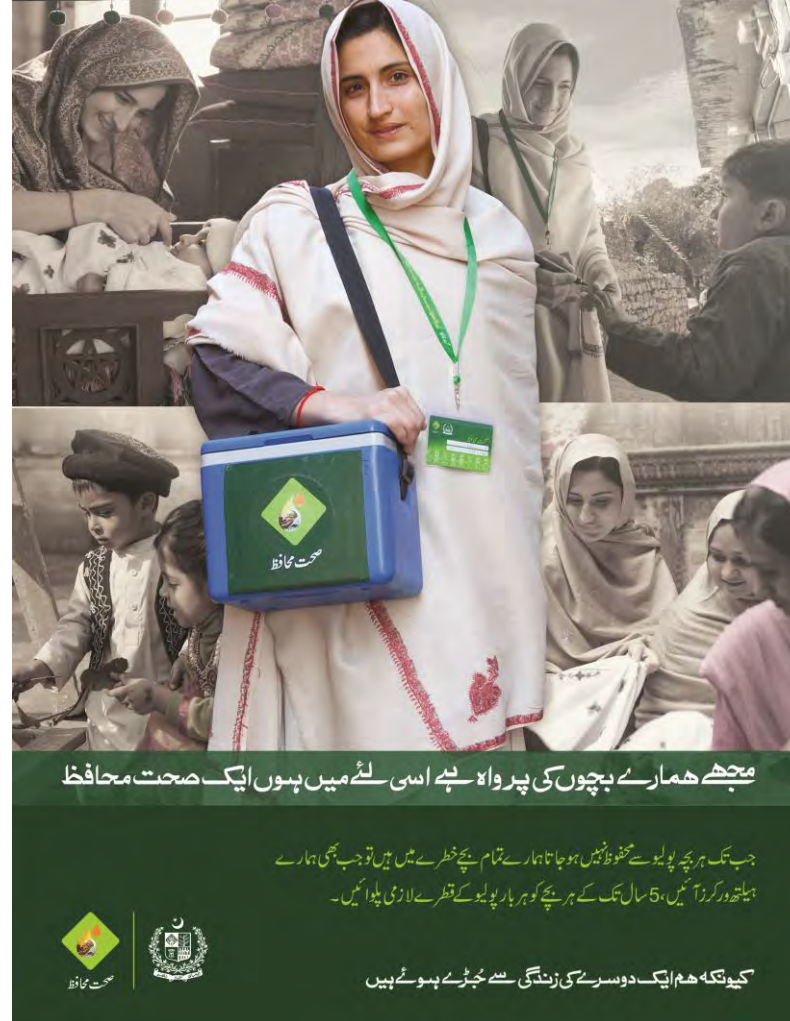
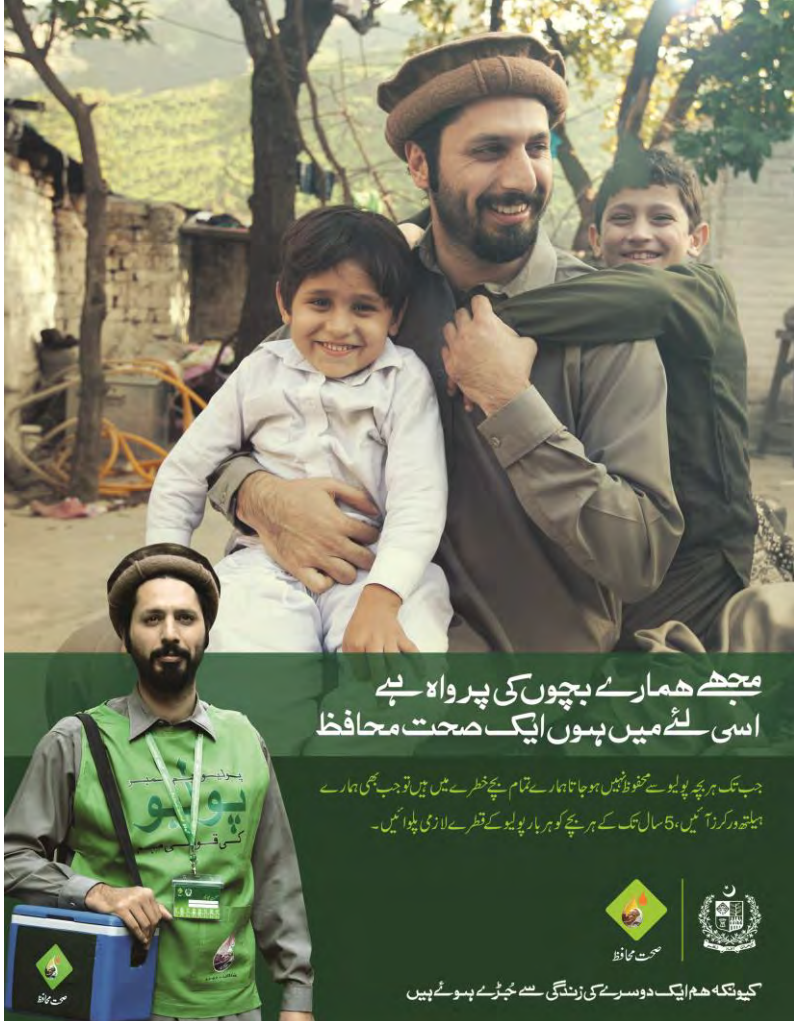


% uncommitted caregivers among each group



*Data is from Afghanistan, 2016. It Includes responses of "somewhat", "not very much", "not at all", "don't know" †percentage is significantly higher (p<.05) than relevant response category tested at the 95% confidence level even after controlling for gender, age of the respondent, literacy level, number of children in household, and age of child referenced in questions

Media campaigns portrayed Pashto mothers and fathers as vaccinators for the first time



- Minority groups had never before been featured in public campaigns
- Materials had never before been produced in Pashto
- Minority groups were humanized, portrayed as mothers, fathers, vaccinators – members of the community who wanted the best for their children.

Interventions were aligned at all levels: From mass media to community

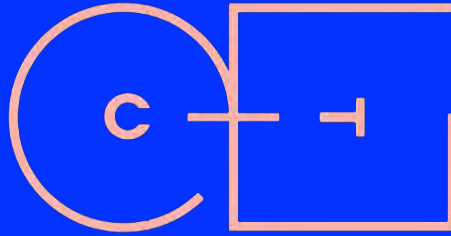


In Pakistan, over 4,000 new Volunteers were recruited in highest risk areas. They were:

- Female
- Selected by local communities
- Spoke local dialects
- Permanent – to build trust
- Paid on time
- Supervised by an independent structure
- Trained to communicate compassionately and respectfully with parents
- Trained to promote other health practices beyond OPV

Guiding Principles to Designing for Minority Groups

1. Make it easy
2. Call attention to supportive social norms
3. Build trust
4. Go beyond cost-effectiveness



Common Thread

hello@gocommonthread.com

www.gocommonthread.com

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