



LNCT

Learning Network for
Countries in Transition

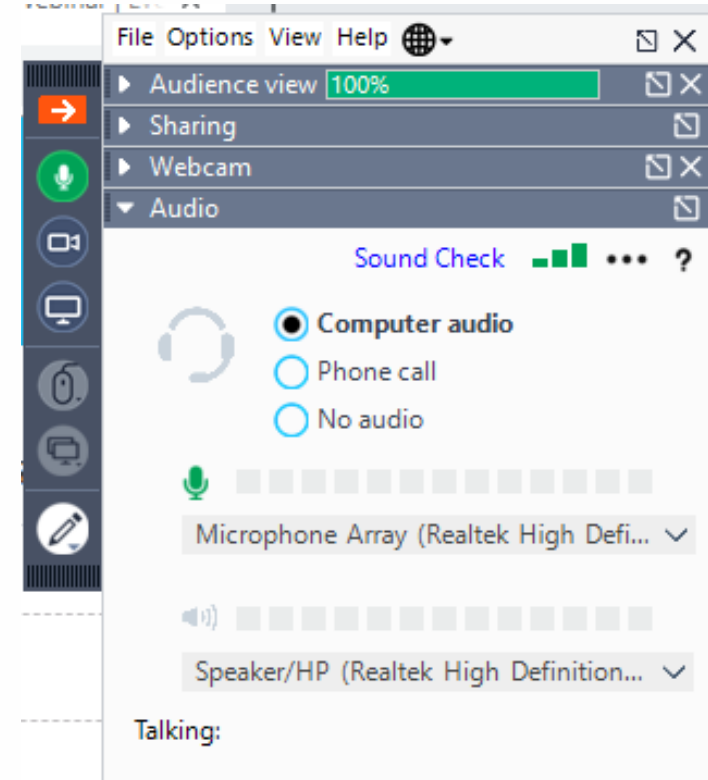
LNCT Webinar

Addressing Vaccine Hesitancy Challenges

6th February 2020

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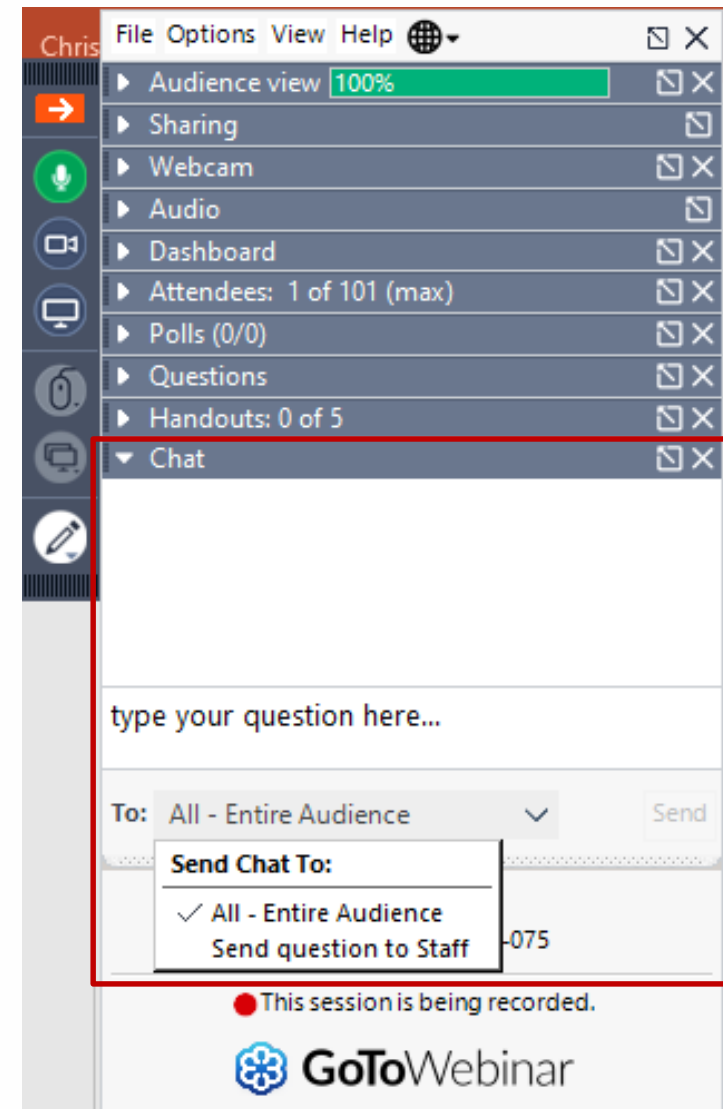
Q&A and Chat Tips

Questions

- We will be having a discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Questions” panel on your screen.

Chat

- You may use the “Chat” panel to:
 - Connect with other attendees
 - Communicate with the host about any technology issues you may be experiencing
 - Please do NOT type your questions into the “Chat” panel as the host may miss your question.



Agenda

1. Welcome and introductions
2. Framing and summary of key issues
3. HPV vaccination – what worked and lessons learned – Armenia
4. Building healthcare worker confidence - Ghana
5. Facilitated Q&A
6. Wrap up

Framing and summary of key issues

Impact of social media on vaccine confidence



- With the **rise of the internet and social media**, there has been a vast **increase in information** around vaccines, both positive and negative.
- Social media plays an important role in whether people delay or refuse vaccines in LNCT countries.
- **Media monitoring and analysis** of vaccine concerns can **help programmes tailor strategies** to address public concerns.

Framing and summary of key issues



Healthcare worker confidence

- Healthcare workers (HCWs) remain the **most trusted** advisor and influencer of vaccination decisions
- **Vaccinated healthcare providers are more likely to recommend** vaccination to others
- **Hesitancy among HCWs** was highlighted by many LNCT countries
- Training, support, education, mentoring and coaching of HCWs can help maintain or rebuild confidence in vaccination

Framing and summary of key issues

Addressing safety concerns and mitigating rumours

- Various events have the potential to threaten confidence in vaccine safety
- Among LNCT countries, **the most important issue was concerns around vaccine safety**
- Issues of low confidence in the safety of vaccines and trust can impact immunisation programmes and coverage rates
- Building trust and mitigating rumours:
 - Building strong relationships with key stakeholders
 - Listening and monitoring public sentiment
 - Targeted communications campaigns

Framing and summary of key issues

Addressing hesitancy among minority populations

- Social data can help you understand who is most affected by inequity and what specific barriers are to immunisation
 - qualitative methods, rapid polls, social media listening, observation, KAP surveys
- Coverage data can tell us how many people were vaccinated and where the under-immunised are
- Design strategies and interventions for minority populations, based on key principles of inclusion
 - Make it easy
 - Call attention to supportive social norms
 - Build trust

ROLL OUT OF HPV VACCINATION

ARMENIA

Gayane Sahakyan
National Immunization Manager of Armenia

LNCT Vaccine Hesitancy Webinar
February 6, 2020

Background information (1)

- About **2.5%** of women in the general population are estimated to develop cervical HPV-16/18 infection at a given time, and **72.4%** of invasive cervical cancers are attributed to HPVs 16 or 18
- Each year an average **250 women are diagnosed** with cervical cancer (50 % at 3 - 4th stage) and **120 die** from the disease
- Cervical cancer ranks as the **2nd most frequent cancer** among women between 15 and 44 years

Background information (2)

- **September , 2016** - Gavi approved HPV demo project for 2017 - 2018
- **October, 2017 – July, 2018**-Gavi donated 66,200 doses of Gardasil vaccine
- **December 2017**- introduction of HPV vaccine among 13 years girls
- **September, 2018** – 4.5 % of coverage (parents are scared and avoid to visit HC clinics and refuse to hear even information on HPV vaccine benefits)
- **January, 2019** – Only 1500 doses of Gardasil were used
- **January, 2019** – Vaccination age group expanded among 14-45 years
- **January, 2020** – 54,000 doses of Gardasil were used, 20 % are 13-14 years girls (parents do not refuse to visit clinics, they either vaccinate their daughters or consider to vaccinate)

Political support & normative guidance

- Strong political support for HPV vaccine introduction
- MoH issued regulatory documents
- Immunization guidelines were updated to include HPV vaccine & available in all sites

Challenges (1)

- The anti HPV vaccine (anti Gardasil) campaign began before the vaccine introduction and supported by:
 - social media;
 - school teachers, political parties, cultural leaders;
- Pre-introductory advocacy & social mobilization activities were implemented while dealing with communication crisis;
- Implemented activities were identified as not being sufficient to effectively address pre-existing & arising concerns among the public.

Challenges (2)

- Concerns about safety of HPV vaccine among teenage girls, their parents, and school teachers:
 - Vaccine causes infertility
 - Teenage girls (13 years old) are too young to be vaccinated
 - Vaccine is very new
- Mistrust to Government, health authorities and immunization programme
- Politicizing of the problem
- Role of medical workers:
 - Do not feel confident to recommend HPV vaccination (GPs)
 - Advise parents not to vaccinate their children (medical specialists)
 - Role of alternative medicines representatives (homeopathy, osteopathy etc.)

Analyses of refusals

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graph TD; A[Analyses of refusals] --> B[Parents]; A --> C[Patients (teenagers)]; B --> D["Vaccinations would encourage or support youth sex activity;  
Safety worries (infertility); lack of necessity or knowledge of HPV in general;  
Absence of physician recommendations;"]; C --> E["Fear of the side effects;  
Harmful to the immune system; infertility  
No need (too young)"]
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Parents

Vaccinations would encourage or support youth sex activity;
Safety worries (infertility); lack of necessity or knowledge of HPV in general;
Absence of physician recommendations;

Patients (teenagers)

Fear of the side effects;
Harmful to the immune system; infertility
No need (too young)

Politicizing and support from outside



Via TV or Facebook

Challenges (3)

Knowledge & Attitude study

**KA study was conducted by Yerevan State Medical University :
Findings**

- Limited knowledge about HPV & its transmission
- Emotional health of the mothers regarding vaccination of their daughters
- Concerns that the vaccine increases sexual risk taking (Morality)
- Sends mixed messages about abstaining from sexual intercourse
- Undermines parental authority
- Increases the potential for development of new health disparities (e.g. costs, access)
- Safety worries, side-effects
- Lack of professional support

“If you want to go fast, go alone.
If you want to go far, GO TOGETHER.”

– African Proverb



Actions to address challenges (1)

Trainings & information materials

- Regular meetings with all stakeholders (local and internationals)
- National conference on HPV diseases & vaccines (Ireland, Argentina, Moldova experiences)
- Congress of Pan Armenian doctors (experiences of many countries presented by Armenian doctors working in that countries)
- Trainings for immunization staff & health workers at all levels
- Booklets & pocket guides for medical workers
- Posters & leaflets for parents, teenage girls and teachers
- Health workers in general were satisfied with the technical information provided
- Social media campaign
- Personal communication with HC providers

Actions to address challenges (2)

Flesh Mobs of HCWs



11:41, 8 May, 2019

YEREVAN, MAY 8, ARMENPRESS. Healthcare Minister of Armenia Arsen Torosyan, together with ministry staffers, received the Gardasil Human papillomavirus (HPV) vaccine live on air today to raise awareness on its importance. He said they wanted to show that the vaccine is safe, important, and is aimed at protecting from the potentially fatal disease.

Lessons learned

- **What has worked really well for Armenia?**
 - ✓ Support of stakeholders (international society, professional associations, academic and governmental institutions)
 - ✓ Change of vaccination strategy: expanding age up to 45 years to regain population trust, including HCWs
 - ✓ Continuous educational events (trainings, workshops, consultation meetings, symposium, congress)
 - ✓ Awareness campaigns by all mass media, mostly social media

- **What advice would you give to other countries looking to roll out HPV vaccination in regards to hesitancy?**
 - ✓ **DO NOT GIVE UP!!!!**
 - ✓ Work together with all stakeholders (thinking and acting in the same way)
 - ✓ Personal and direct communications with health care providers (to restore trust on vaccine safety of main game players)
 - ✓ Continue educate all interested sides (parents, teenagers, teachers, HCWs, academicians, etc.)
 - ✓ Search of other advocative activities as involvement of religious authorities, philosophical/psychological nuances

Thank You!

BUILDING HEALTH CARE WORKER (HCW) CONFIDENCE

*Dr Luiz O Amoussou-Gohoungo, MD, MPH, Mphil, DCBM, DOC
Deputy Regional Director Greater Accra Region
Accra*

PROBLEM OF LACK OF CONFIDENCE AMONG HCW

- **FGD_Ten Public Health Nurses from 10 Different municipality revealed that:**
- **Tree levels of HCW vaccine hesitancy linked to lack of confidence**

Community health workers

Lack of Knowledge about vaccines especially new vaccines

Influence of the social media

Fear & Bad past experience with AEFIs

Clinicians

Lack of involvement in Public health activities eg Vaccination, leading to lack of interest then lack of knowledge leading further to lack of confidence

HCW working in the private sector

Lack of involvement leading to poor knowledge about vaccines

PROBLEM OF LACK OF CONFIDENCE AMONG HCW (C)

- CHW
- *Do not have enough sensitization on the introduction of new vaccines*
- *Are not protected in case of serious AEFI?*
- *Issues of staff motivation, lack interest, lack of knowledge then lack of confidence*

PP_We are waiting for you to come over, what you should know is that;
“Some Schools children and pre-school children go for health care in specific health facilities. School authorities engage the Private Hospitals eg: Nyaho medical center about the necessity of the vaccination”.

If we the PP are not well informed and committed to the vaccination, they reject the product and the program and it will be difficult for the school to accept it”.

Eg: the mOPV 2 reactive campaign round one

PROBLEM OF LACK OF CONFIDENCE AMONG HCW (C)

Clinicians

- **Some doctors reject involvement in vaccination for various reasons:**
 - Lack of time to update themselves, lack of time to be involved, some of the things they say “ I don’t have time for that”; “ Things are done by those staff, how are they called.... The community health nurses”.
- **“When money come for vaccination programs, EPI managers don’t involve us”**
- **The clinical nurses point of views: “ We are not immunization nurses neither winimix nurses, we treat, we nurse, and we care for people”**

INTERACTION WITH MEDIA_PRE IMPLEMENTATION OF MALARIA VACCINATION



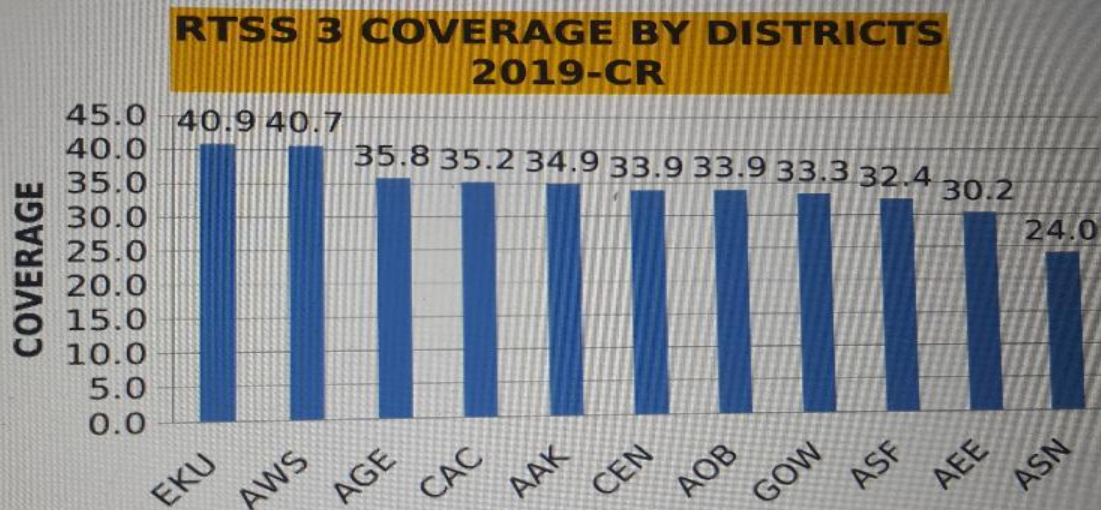
LAUNCHING OF MALARIA VACCINATION



LAUNCHING OF MALARIA VACCINATION



RTSS COVERAGE IN THE CENTRAL REGION



RTSS_CHALLENGES

Challenges

- Myths surrounding the RTS,S
- Inadequate staff understanding on RTSS eligibility criteria
- Poor data capturing and entry into the DHIMS
- Weak supervision to the lower levels
- Inadequate logistics (CWC cards, registers, star stickers, cold chain equipment, etc.)
- Low RTSS coverage

to the challenges, addressing these challenges will add more trust

HCWs' STATEMENTS

- *“The malaria vaccine is also available do you want some for your child” from a nurse*
- *“If you want it here are the complications (not side effects), don't tell I didn't inform you” from a nurse*
- *“Even some of the nurses don't want it because meningitis and cerebral malaria “ From a manager*

WHAT IS BEING DONE TO ADDRESS CHALLENGES

- *Education*
- *Making available educational materials*
- *Regular interactions with the vaccinators*
- *Counselling & assurance*
- *Effective organization and early engagement of the media*

INTERACTION WITH CLINICIANS



INTERACTION WITH CLINICIANS



WHAT HAS BEEN DONE TO BUILD CONFIDENCE AMONG HCW

Developing competence of the HCW with regards to vaccination / immunization

- *In-service trainings at various health institutions levels / Districts & Post AEFI interventions*
- *Organization of the media*
- Foster collaboration between District health administrators and hospitals, polyclinics and health centers managers by encouraging regular:
 - Health family meetings
 - Shared learning interactions
 - WhatsApp group interactions
 - Health facility daily or weekly clinical meetings

Bridging the gap between public health facilities, clinicians and private health facilities

- *Regional health Directorate organize capacity building for public health officers, clinicians and PP on Expanded Program on Immunization (EPI) and clinicians roles toward successful immunization programs and Disease surveillance*
- Encourage regular interaction among them to create a friendly working environment through supportive supervision and review meetings

BRIDGING THE GAP BETWEEN PUBLIC HEALTH WORKERS, PP AND CLINICIANS

- ***Engage clinical professional bodies***
- ***Early notice for campaign of SIA and introduction of new vaccines to the clinicians***
- ***Improve communication***
- ***Ensure that SBCC materials are available early enough and in right at the health facilities***

BRIDGING THE GAP BETWEEN PUBLIC HEALTH WORKERS, PP AND CLINICIANS (c)

- *Organize regional level stakeholders meeting engaging private and public health sectors for sensitization and discussion on the importance of vaccines and vaccinations*
- *The Districts health administrators did the same at the district level.*
- *At the district level there were trainings of the private hospitals and clinics on EPI and Disease surveillance supported by the regional health directorate*

INTERACTION WITH P P



REVIEW MEETING



WHAT HAS REALLY WORKED WELL TO BUILD CONFIDENCE AMONG HCWs

- *Involvement of the private health institutions at all levels starting from the lowest possible level*
- *Timely stakeholders meetings*
- *Bridging the gap between the clinician and the public health care workers*
- *Bridging the gap between the PP and the public health care workers*

- *Early engagement of well organized media various channels of communication*
- *Regular Health family meetings at the district level*
- *Ensure timely and widely distribution of relevant SBCC materials*

EVIDENCE

- *Private health workers were vaccinators and volunteers during the just ended mOPV 2 reactive campaign second round and are registered for the up coming IPV campaign slated for 19th to 25th February 2020.*

Clinicians are involved in Health promotional activities for IPV catch up campaign

ADVICE TO OTHER COUNTRIES WHO HAVE ISSUES WITH CONFIDENCE OF HCWs

- Regular Capacity building of HCWs
- CPD of HCWs on Vaccines and vaccinations safety, efficacy, and effectiveness
- Understanding of the organizational structures of the health system at the district and regional levels
- The importance of the knowledge of the role of clinicians and private hospitals and clinics in the immunization programs
- Early dissemination of information, stakeholders meetings, district level Health family meetings
- Post AEFI interventions and assurance
- Regular complete district and regional levels reviews
- Importance of timely and widely distribution of relevant SBCC materials
- Early engagement of well organized media
- Promote lower level meetings bringing together clinicians HCW from the private sector and public health workers

THANKS

Q&A

Thank you!