LNCT
Learning Network for
Countries in Transition

Summary of LNCT Webinar: Designing Behavioral Strategies for Immunization in a Covid-19 Context

Overview

On May 21, 2020, LNCT held a webinar, which reviewed the current context for immunization amidst the Covid-19 pandemic, and focused on behavioral strategies to increase demand for immunization in a COVID-19 context. In addition to providing an overview of these behavioral strategies, attendees heard about the experience of administering immunization services in four LNCT countries—Cote D'Ivoire, India, Sri Lanka, and Vietnam.

The 52 attendees joined from 25 countries – 25 from LNCT countries, 6 from other LICs and MICs, and 21 from HICs (primarily staff from Gavi and partner organizations). LNCT provided simultaneous interpretation for French participants. At the end of the webinar, participants were able to ask questions about the strategies countries used to manage routine immunization in the context of COVID-19, and about the behavioral strategies that were introduced generally.

Key Considerations

Within the new COVID-19 context people across the world are experiencing new government guidelines to reduce the spread of the pandemic, including lockdown, social distancing, mandated wearing of masks, limited mobility in measures to reduce the spread of the pandemic. and decreased access to health services. People are fearful and there is increased vulnerability for the poor.

These experiences, and the way people perceive and trust government guidelines and services, public and other sources of information and assess their risk of COVID-19 and other diseases, will determine whether or not they are going to demand and seek out immunization services, in the same way as they did before COVID-19. .

The webinar explained that behavioral science can help governments and organizations to understand how and why people are reacting the way they are in this new context, including sometimes in seemingly 'irrational' ways. Through applying behavioral science we can understand some of the key reasons behind these behaviors, and how to utilize behavioral levers to increase and/or maintain demand for immunization. These levers include trust, transparency, fear and social norms.

Trust:

Trust is a key cornerstone to successful behavior change strategies. COVID-19 has presented an opportunity for governments to gain the trust of their populations and communities. Key components of trust building include competence, compassion, equity and justice. Trust in government or other organizations will help build people's compliance to policies they need to act upon. To build trust, it is important for governments to understand who people in your country and various communities trust or distrust, and why, in order to leverage these people and organizations. It's important to remember that trust in people and organizations is fluid, and often it is localized - varying from community to community, which means that leveraging people or organizations in one area may not be effective in another.

Vietnam: How trust in government can help achieve compliance with COVID-19 policies, even with few cases

In Vietnam, there were 324 cases, with nearly half of them coming from overseas and no new cases in the last month (as of May 21). The government responded to COVID-19 quickly, intervening in January with a variety of measures including:

- Quarantining high-risk groups
- Closing inessential services
- Expanding testing services
- Providing financial aid for citizens
- Preparing for different health scenarios and needs

This proactive and robust response, which included wide engagement from all levels of government and the private sector, along with transparent and widespread communication were major factors in Vietnam's success.

In Vietnam, many facilities stopped providing immunization services in mid-March and the government issued a guiding document on the suspension of immunization nationwide. In the intervening months, Vietnam slowly resumed services, beginning with the release of technical guidelines from the EPI on resuming immunization services in 59 low-risk provinces and re-establishing routine immunization in the context of COVID-19. Immunization services had completely resumed by May 2nd, however parents were hesitant to bring their children to immunization centers out of fear of being infected. As a result, immunization rates have fallen in the first quarter of 2020 compared with 2018. The Ministry of Health has directed health facilities to conduct more outreach and increase the number of days that immunization is offered to close the coverage gap.

A recent poll shows 80% of people in Vietnam are confident that the economy will recover, and the majority of people feel the government took the correct steps to respond to the pandemic.

Transparency:

Transparency is another important lever for behavior change, which can be considered a subcomponent of trust. Key principles of transparency include honest and open communication, which are especially important in times of uncertainty and fear. If people do not feel they are receiving honest and reliable communication, it may lead to populations and communities filling this void with false information or rumors. The CDC has six principles of Crises and Emergency Risk Communication:

1. Be **first** ,
2. Be **right**
3. Be **credible**
4. Express **empathy**
5. Promote **action**
6. Show **respect**

Sri Lanka: How the government and other players can manage public communication in transparency, especially amongst the most vulnerable populations

Sri Lanka developed a communication plan before the first case was reported. As part of that plan, they launched a hotline aimed at explaining possible symptoms and providing advice and a dashboard on the Health Promotion bureau website which provided status updates on the number of cases, deaths and recoveries. The Sri Lankan government also began delivering situation reports and media briefings which promoted preventative behaviors and outlined the government response to COVID-19, and helped the population comprehend the risks.
As the government started to consider a gradual exit from lockdown, the Health Promotion Bureau released a risk communication plan, instituted at the subnational level, which focused on strengthening the risk communication system, including communication internally and between partners, communication with the public and affected communities, and rumor monitoring and management.

Though the Sri Lankan government acted swiftly, instituting a country-wide lockdown, there were some challenges with the policy. In fact, it was during this lockdown period the majority of COVID-19 cases were transmitted. The government initially responded to this challenge by blaming the public for not following instructions; however, the policy had not adequately considered why people might leave their homes (whether to purchase food, go to work or, in some cases, sustain an addiction). Additionally, the government had not

sufficiently explained why a lockdown for a prolonged period was necessary. Sri Lanka is now relaxing the lockdown policy on a district-by-district basis, based on the risk of spreading COVID-19 further.

Since then, Ministry of Health officials have worked to bolster trust in the government by opening more clinics, working longer hours to treat more people and following up with caregivers to confirm they will attend needed appointments. At the moment, there is no vaccine hesitancy and caregivers generally have a good relationship with the Ministry of Health, which plays the main role in communicating with caregivers and ensuring they come to appointments.

Cote D'Ivoire: The spread of rumors and their source

The government of Cote D'Ivoire instituted policies to limit the spread of COVID-19 and support management of over 2,000 cases of the disease; however, these policies were undermined by the spread of rumors. The rumors related mainly to the proper treatment of the virus, with some treating symptoms with garlic, neem leaves or other unproven traditional medicines or treatments. Some of the most persistent rumors also surrounded vaccination.

After a European doctor on foreign television proposed testing of the vaccine in Africa, a rumor started that a purported vaccine for COVID-19, which would spread the virus, was being tested on the population in Cote D'Ivoire. Anti-vaccine movements also took advantage of this fear and distrust to spread rumors, including that vaccines are a money-making scam by manufacturers and vaccine funding organizations. These rumors resulted in a call for vaccinations offered in health centers to be refused. A telephone poll conducted among 55,291 respondents in mid-April showed that half the population were planning to discontinue vaccinating their children either because of the rumors circulating or because they do not believe in vaccination. Consequently, Cote D'Ivoire saw decreased attendance at vaccination centers and increased vaccine refusal, leading to lower immunization coverage overall. If this situation persists, it may risk the resurgence of vaccine-preventable diseases.

To combat the effects of these rumors, The Minister of Health gave an address to the population which was disseminated to media along with regional, departmental and local authorities. The government also posted an informational interview related to vaccines on social networks and has continued to monitor and respond to false information. Finally, civil society partners, pediatricians and other experts have participated in radio and television broadcasts to spread credible information.

Fear:

Fear, if used appropriately, can motivate people to take certain precautions, but if there is too much fear, this may lead to irrational decision making or paralysis. The optimal amount of fear will lead to rational behavior that we want to see.

For example, if the level of fear is too frightening, people may:

- Shut down in helplessness, believing their actions will be ineffective in reducing the threat
- Fail to act due to defensive denial, that is, willfully denying a threat to maintain a sense of safety and control
- Find the threat unbelievable and be unmotivated to take preventative action
- Have difficulty responding rationally and may overreact
- Downplay future "threats" and distrust government sources if dire warnings fail to materialize

But we also know that if the level of fear is too low, people are unmotivated to take the preventative health actions that might reduce disease spread, by - for example - going against government advice and going outside. This can happen when a government underplays a public health threat because they don't want people to panic, the economy to suffer, or to draw attention to policies or missteps that, in retrospect, reduced preparedness or made things worse. This can contribute to disease spread and undermine their credibility as a source of public health information.

Getting fear “right” is challenging. To motivate desired health behaviors, the threat has to be scary enough to motivate, yet realistic. People have to believe it could affect them, and they also have to believe that the recommended actions will reduce the threat. Politics have to be put aside for the sake of public health so as not to overplay, or underplay, the health threat.

Social Norms:

Social norms guide behavior in a particular social group, community or culture. Two subsets of social norms include social proof (doing what you see others doing) and social approval or disapproval (doing what you believe others think you should do), as explained below. When combined, when you believe others behave a certain way and they want you to behave the same, social norms can be difficult to influence.

Social proof: Most of us use “what other people do” as a mental shortcut to decide on what the appropriate behavior would be if we are unsure. When we see people staying indoors, the natural reaction is to do the same. Social proof can help decide how to act, or reassure us that we are taking the right action. For example, if the media shows images of empty streets, this might encourage those watching to stay at home as it looks like others are doing the same.

Social disapproval: Because humans are deeply influenced by what other people do, as well as how other people perceive us, social disapproval by our communities is a very strong lever to influence behavior and establish norms quickly. Some countries are already adopting this tactic around wearing masks, with some leaders stating that not wearing a mask is “disrespectful’ to others including frontline health workers.

India: How the government has used fear and social norms to enforce compliance with COVID-19 measures and improve confidence in immunization services

By the time COVID-19 reached India, the media had already covered its impacts in other countries. This helped citizens understand the scale of the pandemic and led to wider spread caution. The government took advantage of this caution by issuing frequent appeals to follow social distancing guidelines, providing evening updates on COVID-19 from the Ministry of Health, and establishing social norms around wearing masks, handwashing, and lockdown, etc. Furthermore, the media highlighted instances the Prime Minister and other leaders were seen complying with those norms. This was further complemented by the leveraging of social disapproval at those not following social distancing norms through speeches. Finally, health officials have been capitalizing on population’s fear of COVID-19, and their desire for a COVID-19 vaccine, to encourage people to get vaccinated against diseases which already have vaccines.

As the lockdown eases, the government has begun zoning districts in three categories: hotspot, non-hotspot, and non-infected districts. Services in the hotspot districts are restricted and containment and buffer zones are being used. Healthcare officials are also taking precautions in non-hotspot districts, modifying outreach to deliver immunization safely.

Vietnam: Vietnam has recently resumed immunization services. What has the country learned, and any advice for others?

On January 23, 2020, the first case of COVID-19 was recorded in Vietnam. After that, the number of suspected cases and confirmed cases increased, requiring a large number of people to be monitored and quarantined, causing considerable pressure on the health system. In March 2020, the government asked people to implement a number of measures to limit close contact and limit the concentration of crowded people, and the government ordered social distancing across the whole country on April 1, 2020. Further, the Ministry of Health issued a guiding document on the suspension of immunization nationwide. Many facilities did not provide immunization services between mid-March to end-April 2020.

On April 22, 2020, the government directed to end the social distancing in 59/63 provinces/cities (except for high risk provinces of Hanoi, Bac Ninh, Ha Giang and Ho Chi Minh City). EPI developed a technical guideline on the implementation of immunization 59 low-risk provinces / cities (except for 4 provinces of Hanoi, Bac Ninh, Ha Giang and Ho Chi Minh City) to re-establish routine immunization in a context of SARS-COVID-2 infection.

In May 2020, the immunization activity was re-launched nationwide. Having re-launched immunization activities nationwide, there have been signs in some localities of community reluctance to seek services due to fear of infection.