

Determinants of Vaccine Uptake in Low Resource Settings

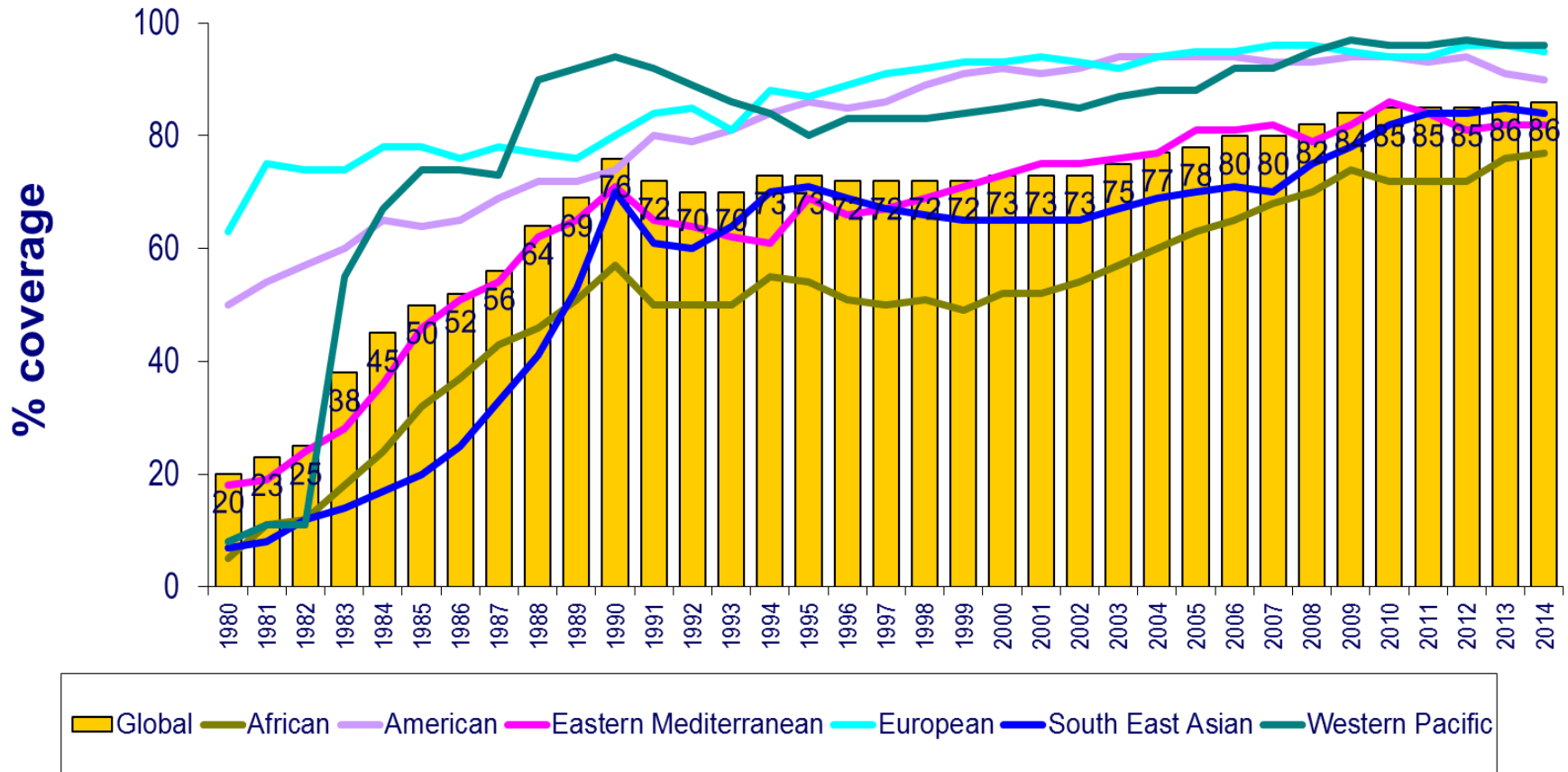


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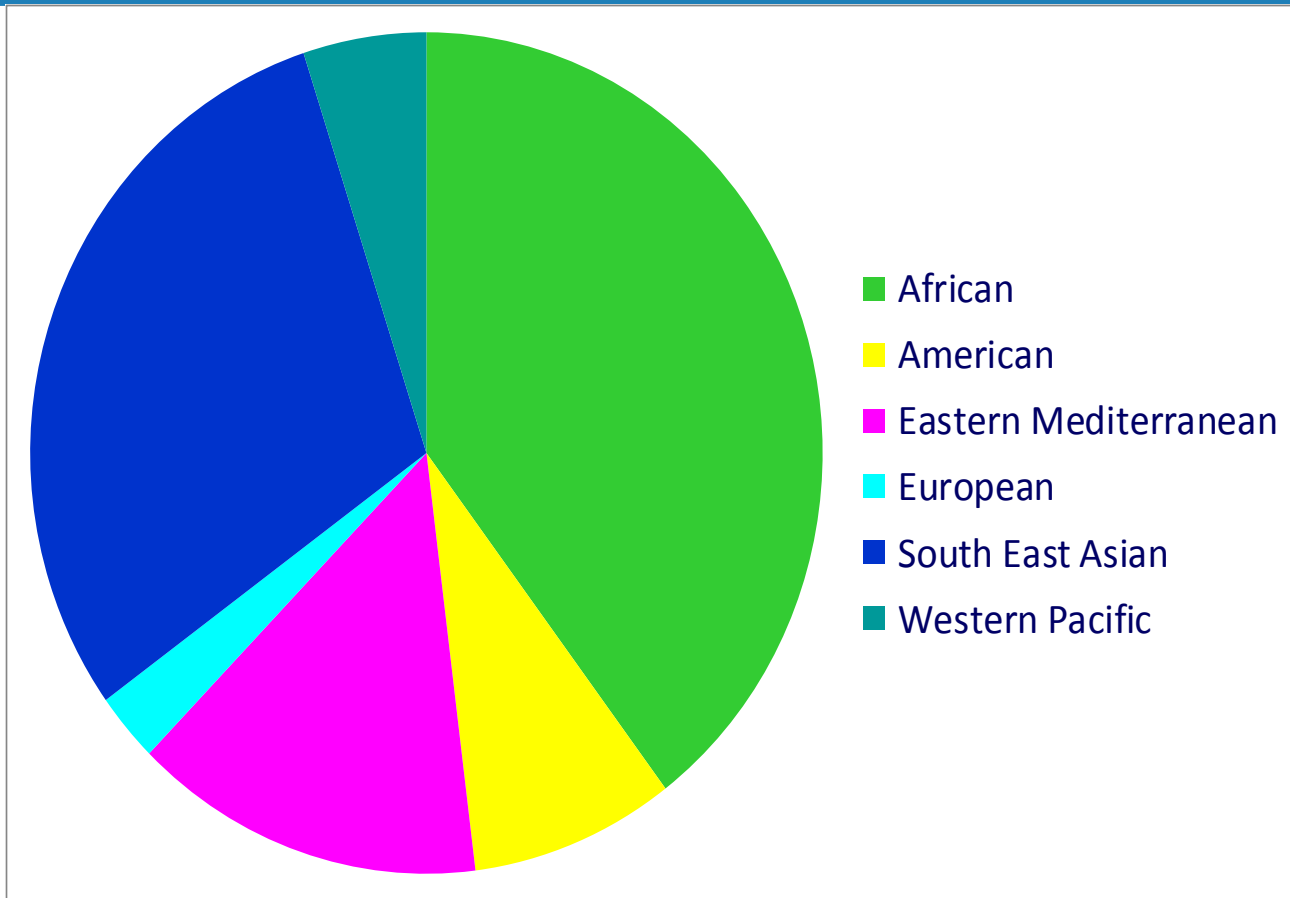


Global immunization coverage 1980-2014, DTP3 2014



Source: WHO/UNICEF coverage estimates 2014 revision. July 2015
 Immunization Vaccines and Biologicals, (IVB), World Health Organization.
 194 WHO Member States. Date of slide: 21 July 2015.

18.7 million infants not immunized (DTP3), 2014



Source: WHO/UNICEF coverage estimates 2014 revision. July 2015 / United Nations, Population Division. The World Population Prospects - the 2012 revision". New York, 2013.
Immunization Vaccines and Biologicals, (IVB), World Health Organization.
194 WHO Member States. Date of slide: 23 July 2015.

Number of
unvaccinated
children,
selected
African
countries

- Ethiopia 0.8 million
- DR Congo 0.7 million
- Nigeria 2.8 million
- Indonesia 0.7 million
- India 6.9 million
- Pakistan 1.2 million

Historical focus



- Supply side readiness dominated
- Demand generation
- Low uptake, low coverage, high drop out? Blame the mother.....


Beyond Vaccine Hesitancy and Confidence

- Recognition that high vaccine hesitancy results in low vaccine demand
- BUT hesitancy – in terms of low trust in or fear of vaccines is not widespread in low resource countries
- What is influencing uptake ?

New Framing

- There are demand-side factors and actors that play role in overall system dynamics and shape key immunization program outcomes such as coverage, completion of immunization schedule (reduce drop outs), equitable access to and uptake of vaccines.
- Related to service delivery and user experience
- Synergy between supply and demand

Supply Demand Distinction

Meta-review of literature indicates  primary cause of drop-out attributable to:

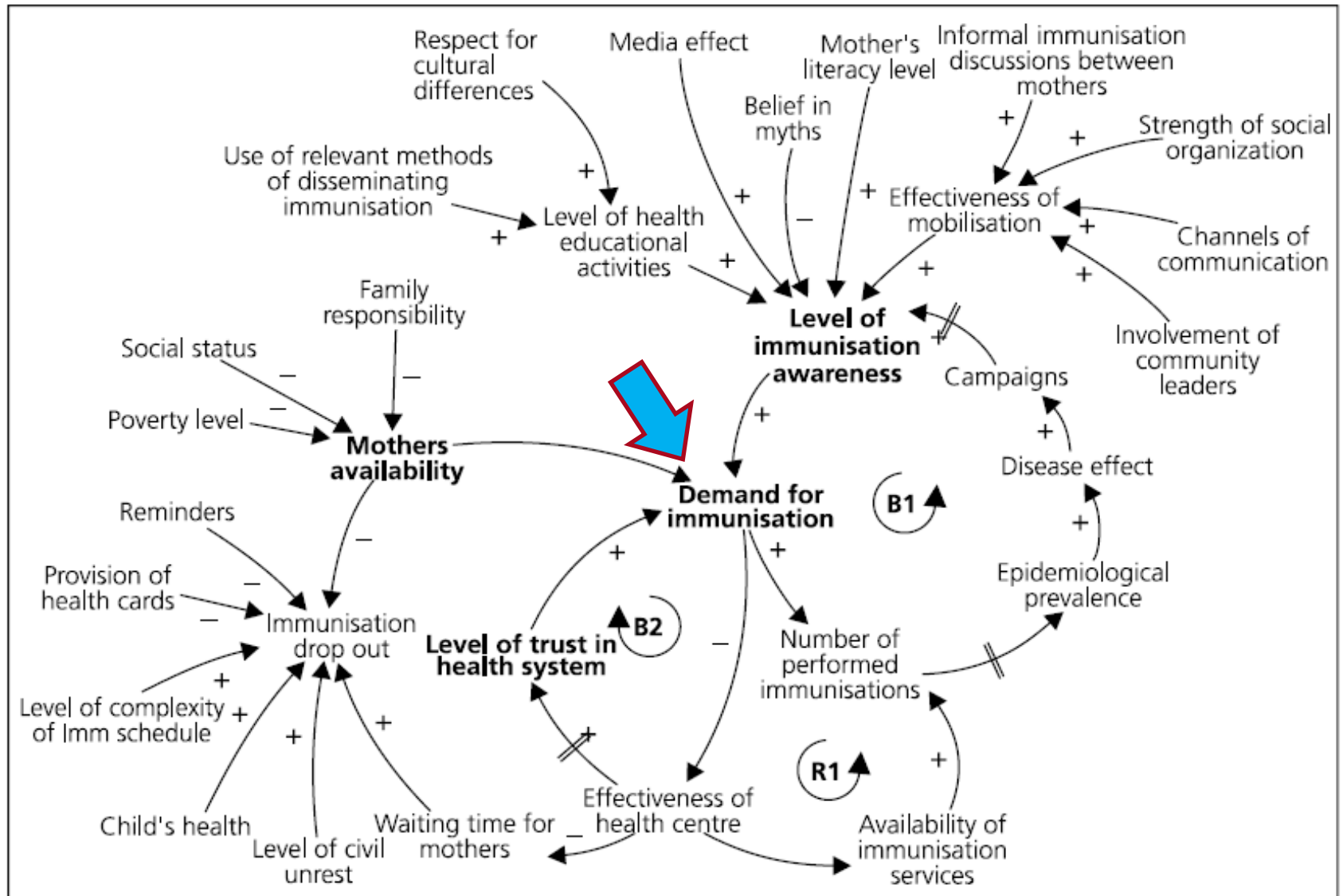
- Service delivery
 - Vaccine shortage &/or cold chain breakdown
 - Long waits
 - Outreach sessions infrequent
 - Improper contraindication practices
 - Missed opportunities
- Local and Interpersonal Communication
 - Not told to return
 - Not provided with information on vaccination schedule
 - Health staff perceived as “unfriendly” or hostile
- Community linkages
 - Community not informed of outreach dates
 - Session times conflict with livelihood or family duties
 - No active follow up of defaulters
 - Limited engagement

Focus on demand

Global advisory and technical groups working on refining the notion of demand for vaccination in low and middle income countries.

- GVAP SO2 – WHO (Global Vaccine Action Plan)
- WHO TFI - Task Force on Immunization in Africa
- Gavi Strategic Focus Area

Conceptual Framework: Causal Loop Diagram for Demand for Immunization



Un- / Under-immunized children

Evidence suggests

For non-immunized children

- Associated with difficult access, inconvenient hours, negative beliefs/misinformation, minority status, parental education, cultural mores, religious beliefs, poorest, least educated families, poor TT vaccination status of caregiver

For under-immunized children

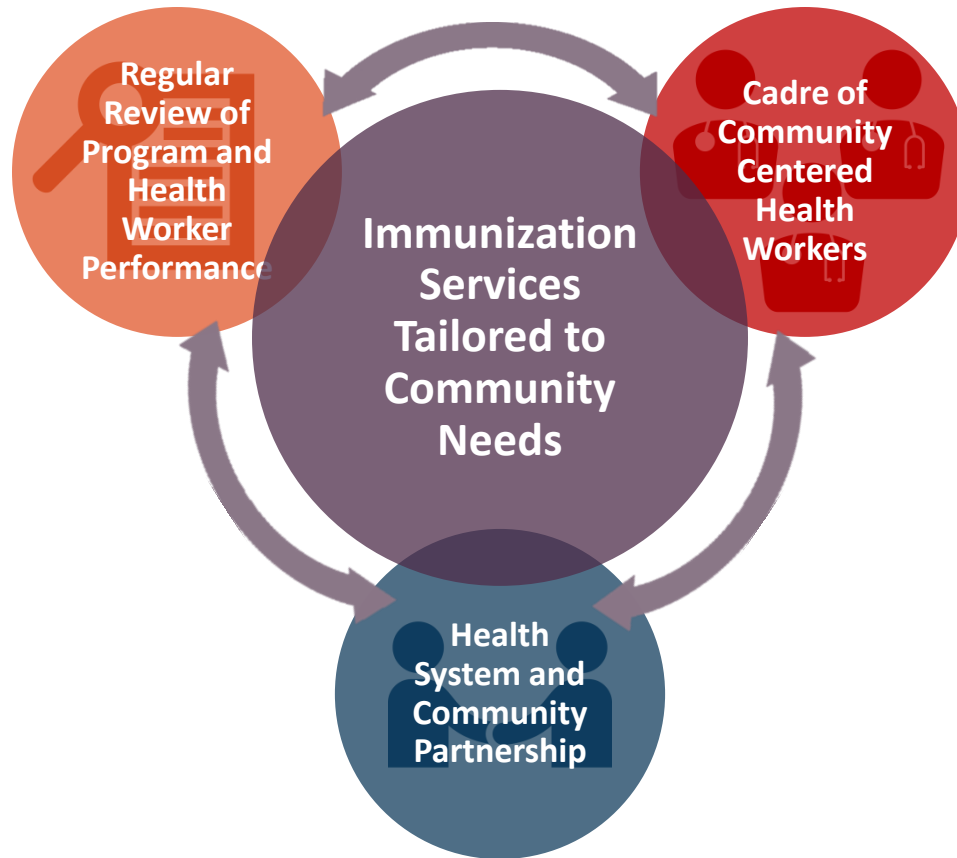
- Associated with lack of understanding of need to return and when, poor treatment/bad experiences, missed opportunities, fears, immunisation system factors, access to services

Programmatic implications include

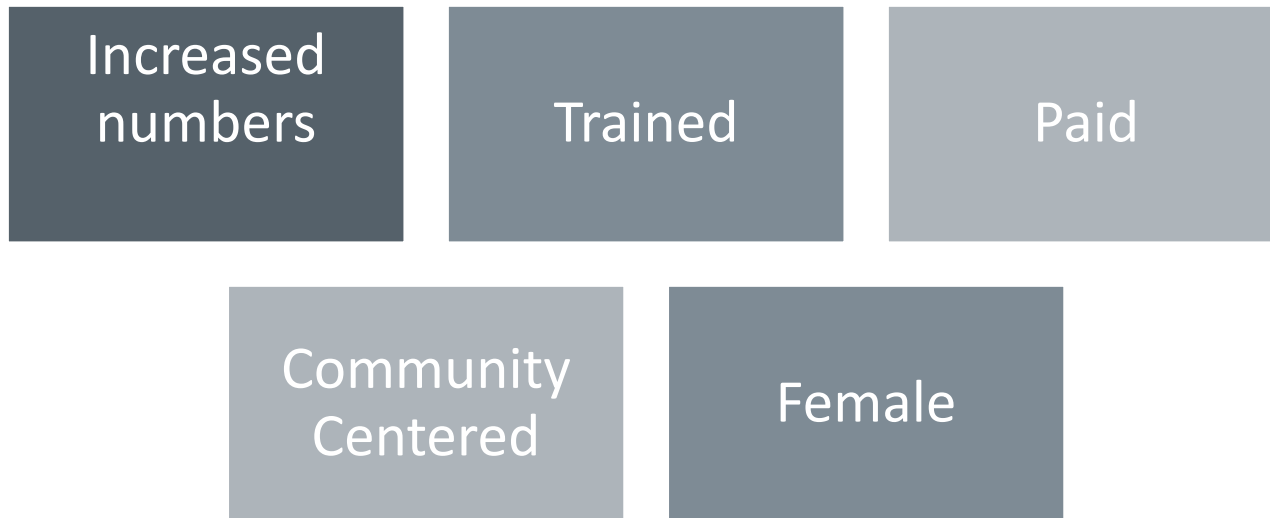
- Engage communities to build trust in immunisation, improve access to services, clarify practical information

- Improve quality and convenience of services; intensify outreach

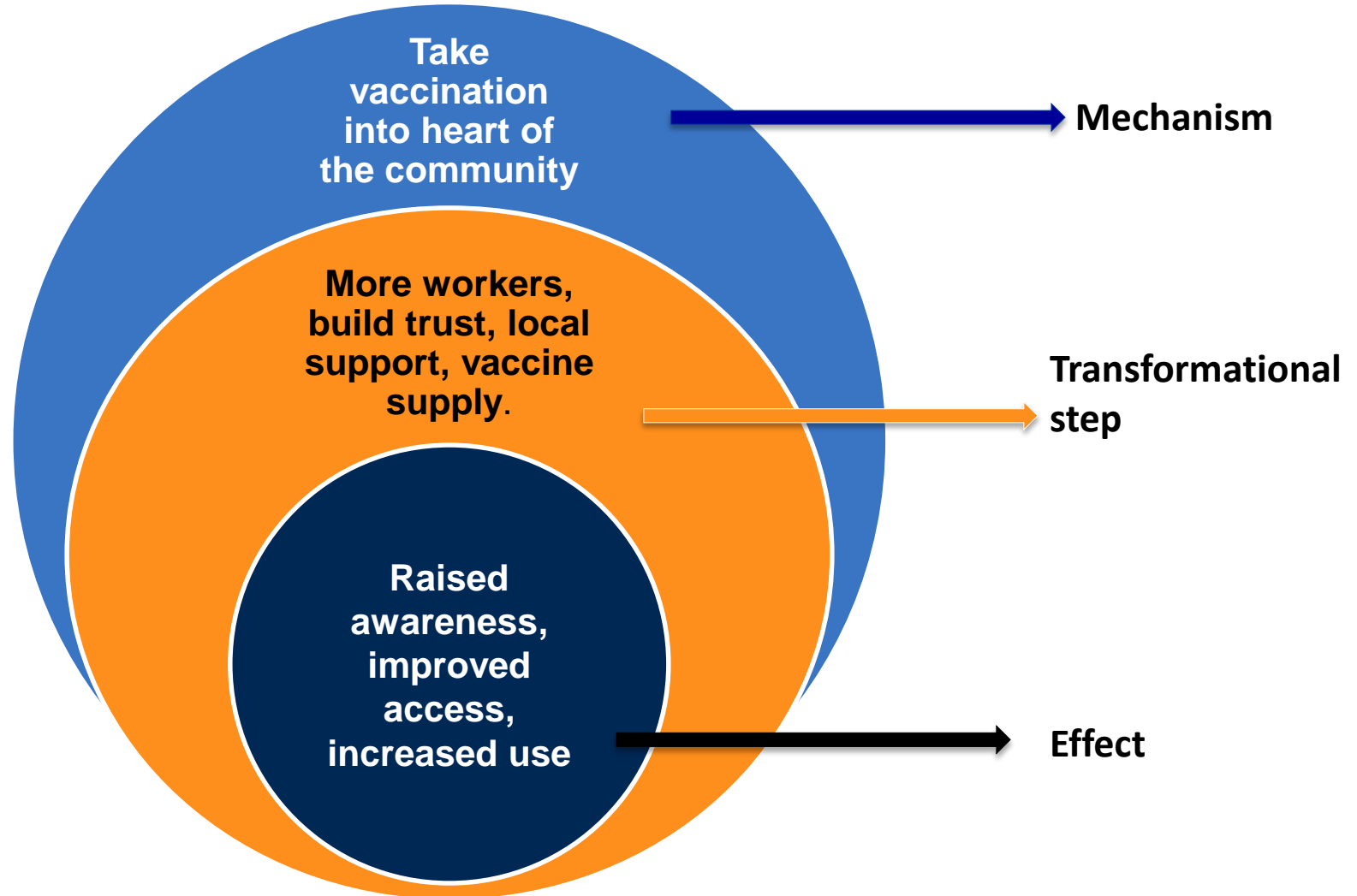
Four RI Direct Performance Drivers



Cadre of Community-centered Health Workers



Cadre of Community-centered Health Workers



Ethiopia

“75% of Health Extension Workers’ (HEW) time is spent on house-to-house to do sensitization and deliver services. As a result of this effort the awareness of the community about the importance of immunization has improved. This motivates HEWs to become more dedicated to their work.”



Partnership Between the Health System and the Community



Health System

Community

Local
Administration

Tailor Immunization Services to Community Needs

Standard program strategies are adapted to local context

Health workers modify their behavior towards mothers and children

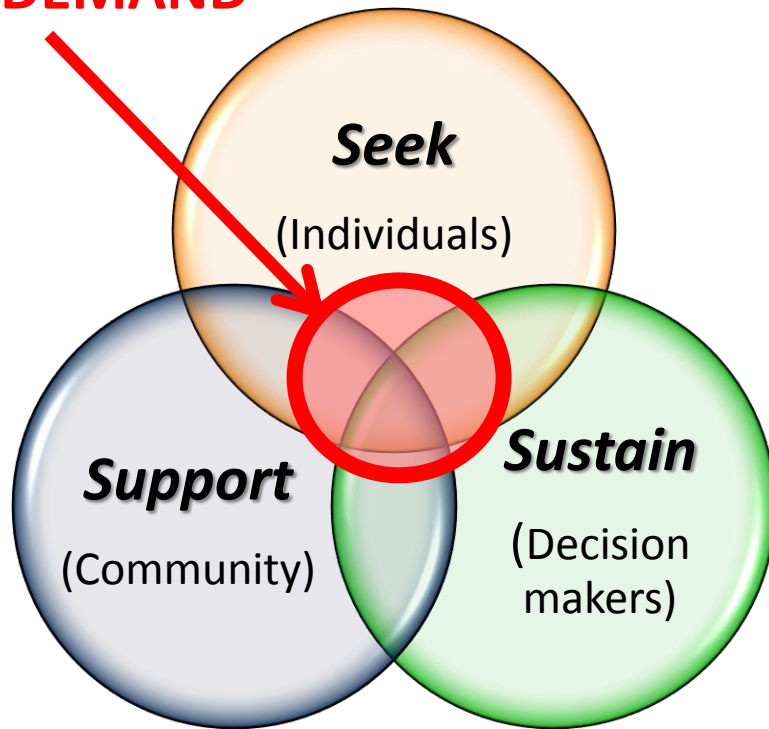
District management teams have fiscal autonomy to help health workers tailor their services

“Community Health Nurses are also very much in touch with the community. For instance the new outreach site being introduced was at the request of the community members and the Community Health Nurses are in the process of discussing with them the most convenient day for the Child Welfare Clinics in their community.”



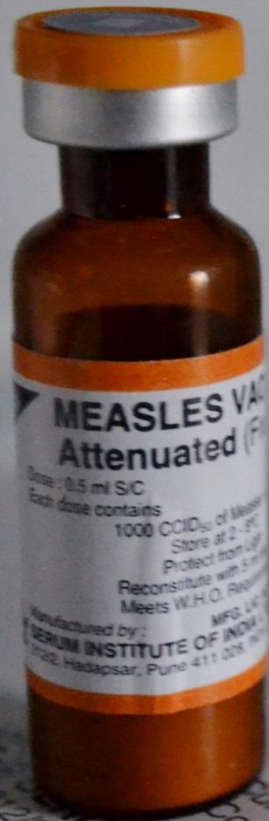
Driving and Sustaining Demand for Vaccination Services

DEMAND



- Service quality affects demand, so services must respond to individual and community views.
- Strong demand is vital to immunization success so needs to be captured in program strategies.
- Communities need mechanisms for providing input to service delivery decisions
- Much more to learn on what works
- Working definition: **Demand is the actions of individuals and communities to seek, support, and/or advocate for vaccines and vaccination services.**

To do: improving uptake



- Better understand the pathways to improving uptake – positive deviants
- Human centered techniques to create empathy and define user-led solutions
- Mixed methods research to understand the interplay of supply and demand
- Create and sustain enabling environments for clients/consumers
- Link clients, services, communities and local authorities to develop shared accountability and to advocate for reliable, good quality services
- Cultivate resiliency in communities and local health systems to counter mistrust and threats to resources required to sustain and enhance immunization outcomes.

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