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Moving the agenda forward

AIMS

- To establish vaccination acceptance as a legitimate discipline for theoretical and applied research
- To ensure the adoption of standardized tools for understanding, diagnosing, monitoring and evaluation of vaccination acceptance
- To foster a dynamic and better connected community of practice
- To map what is working now, in practice, to increase vaccination uptake.

- Users Guide to Vaccination Uptake v1.0
  - Practice guide
  - Data based
  - Interventions
  - Tools to develop & monitor & evaluate interventions
- Twitter #motivgate

5AS VACCINATION COVERAGE ROOT CAUSE FRAMEWORK

Reaching target coverage through evidence-based advocacy

Angus Thomson
Vaccination Policy & Advocacy, Sanofi Pasteur

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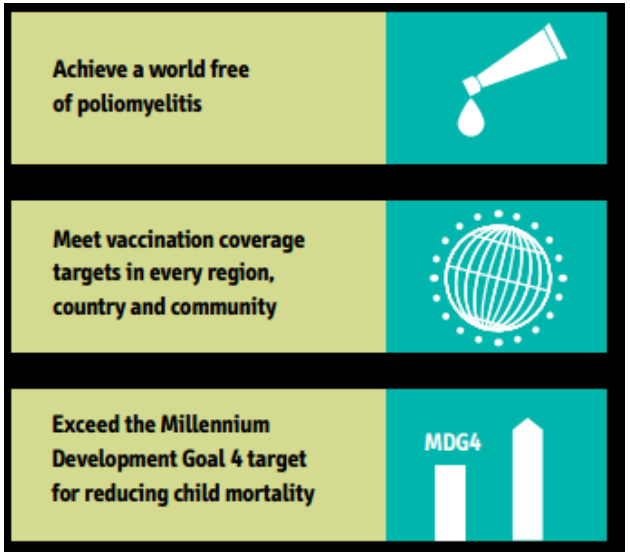
The Global Vaccine Action Plan

Roadmap for the decade of vaccines, ratified by 194 Ministers of Health.

- MISSION: To extend, by 2020 and beyond, the full benefit of immunization to all people, regardless of where they are born, who they are or where they live



- GOAL 2: **Meet vaccination coverage targets in every region, country & community**

- STRATEGIC OBJECTIVES:
  - **All countries commit to immunisation as a priority**
  - **Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility.** Metric: attitudinal surveys
  - **The benefits of immunization are equitably extended to all people.** Metric: vaccination coverage rates

- GUIDING PRINCIPLE 2: Shared responsibility and partnership: Immunization against vaccine-preventable diseases is an individual, community and governmental responsibility that **transcends borders and sectors**
  - *"Achieving the vision and goals of the Decade of Vaccines (2011–2020) will only be possible if **all stakeholders** involved in immunization commit themselves to, and take action to achieve, the six strategic objectives"*

- Echoed for flu vaccination in recent European Commission report

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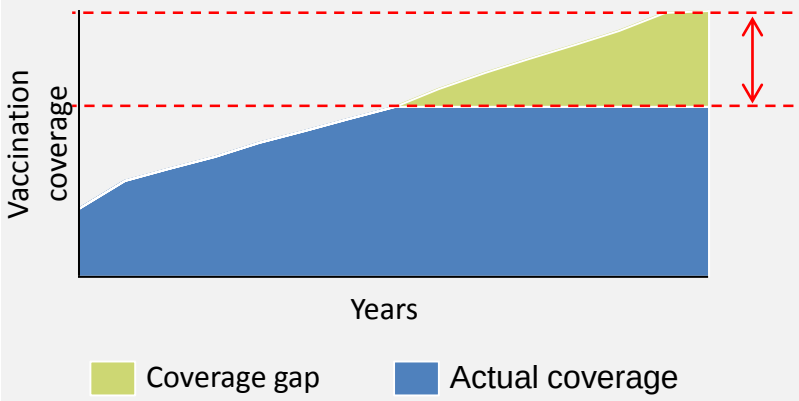
Vaccination programs face two major challenges: coverage gaps & coverage erosion

Coverage gap & coverage erosion mechanisms
(illustration, in % of vaccinated population)

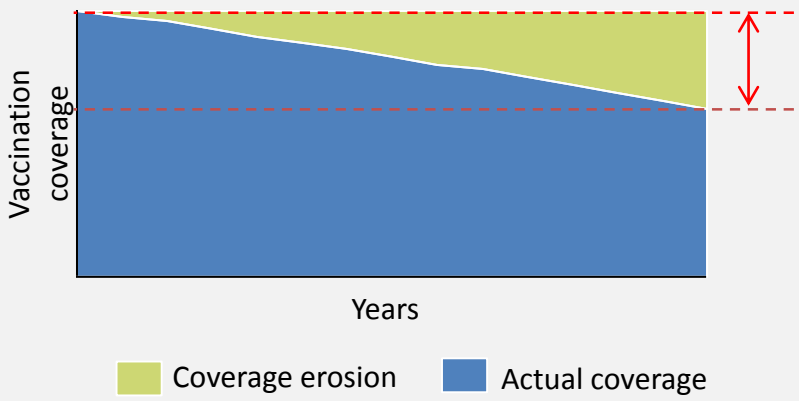
ILLUSTRATIVE

1 Coverage gap



- Great progress since introduction of EPI program - but 1 in 5 children still not receiving the basic vaccines
- Many influenza vaccination programs have never even approached the target coverage

2 Erosion gap



- Many countries have achieved sustained success
- However, all vaccination programs are intrinsically fragile
- Coverage rates have been eroded by loss of public confidence (MMR, HepB, Polio) or

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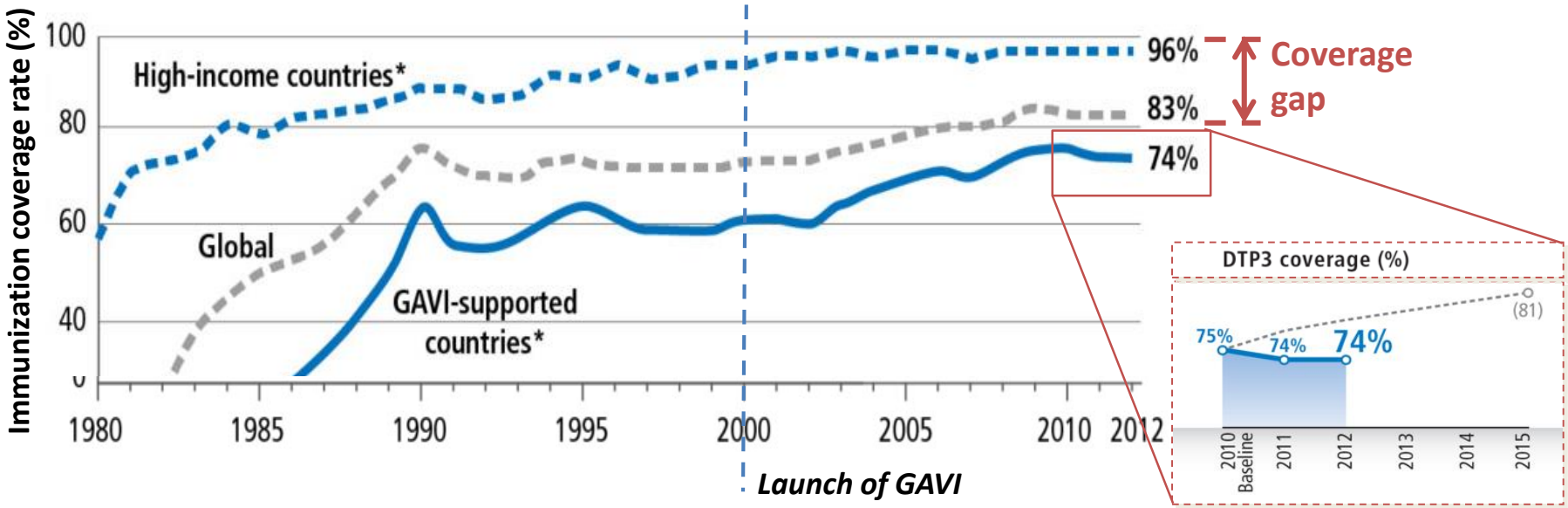
Coverage gap: Despite remarkable progress, 1 in 5 children still do not receive the basic vaccines

DTP3 average vaccination coverage trend by country type
(in % of population, 1980-2012 estimates)



The launch of GAVI in 2000, despite some progress (~14% in 10 years), has not succeeded in closing the childhood vaccination gap, coverage has plateaued & recently decreased.

Source: WHO, UNICEF, GAVI

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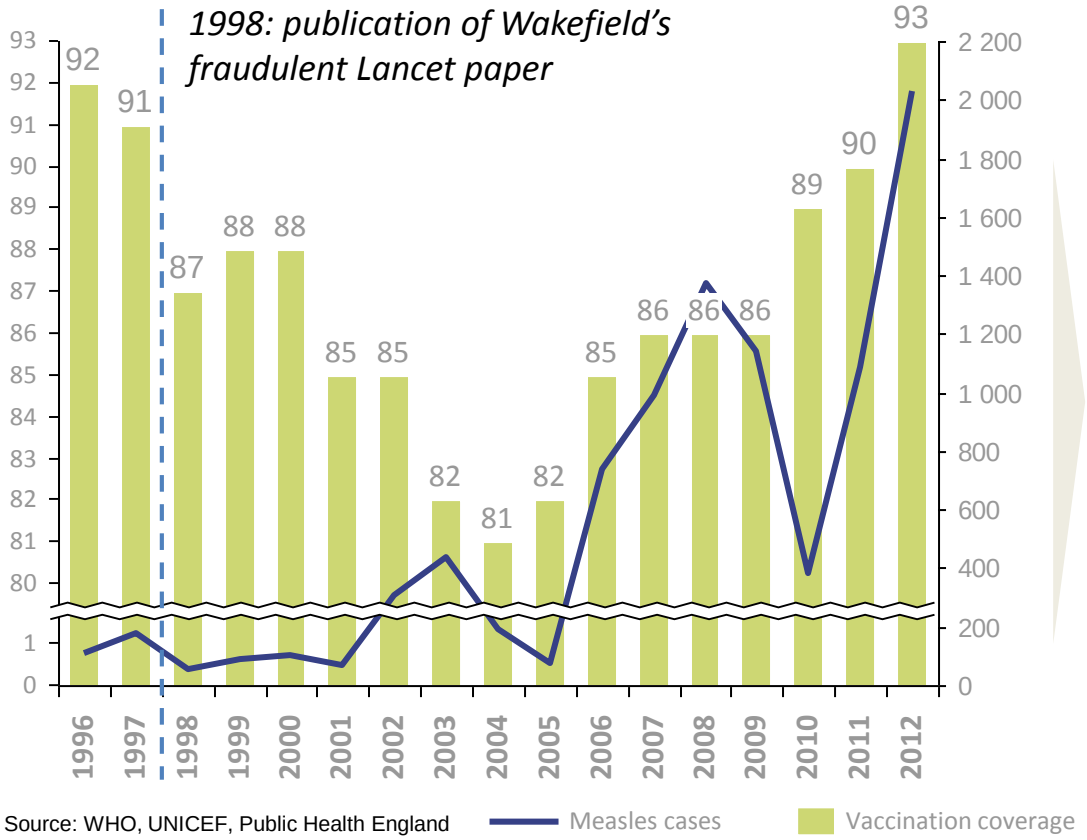
Erosion gap: Loss of public confidence in vaccination can lead to disease outbreaks in high income countries

Measles vaccine coverage & measles cases
(England and Wales, in % of total population and # cases)



Source: WHO, UNICEF, Public Health England

Key facts

- In Feb. 1998, a paper published in the UK by researcher Andrew Wakefield questioned the safety of the MMR Vaccine (article that later proved fraudulent)
- Wide media coverage made the MMR vaccination a hot topic in year 2000s
- The impact has been strong on vaccination coverage with significant drops in 2003/ 2004/ 2005

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5As framework: Optimising the impact of vaccination

1. **IMPACT**
   - Measurable improvements in vaccination coverage rates, lives saved, disease averted
   - Multisector partnerships
2. **HOW**
   - Development & implementation of comprehensive National Vaccination Coverage Programs
3. **WHO**
   - Broad & innovative partnership aimed at eventual country ownership
   - MoH, CSOs, HCPs, other stakeholders
4. **DELIVERABLES**
   - **National coverage programs**, methodology, toolkit of interventions/best practices, multisector partnerships

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Behavioral Analysis:
How we think we decide

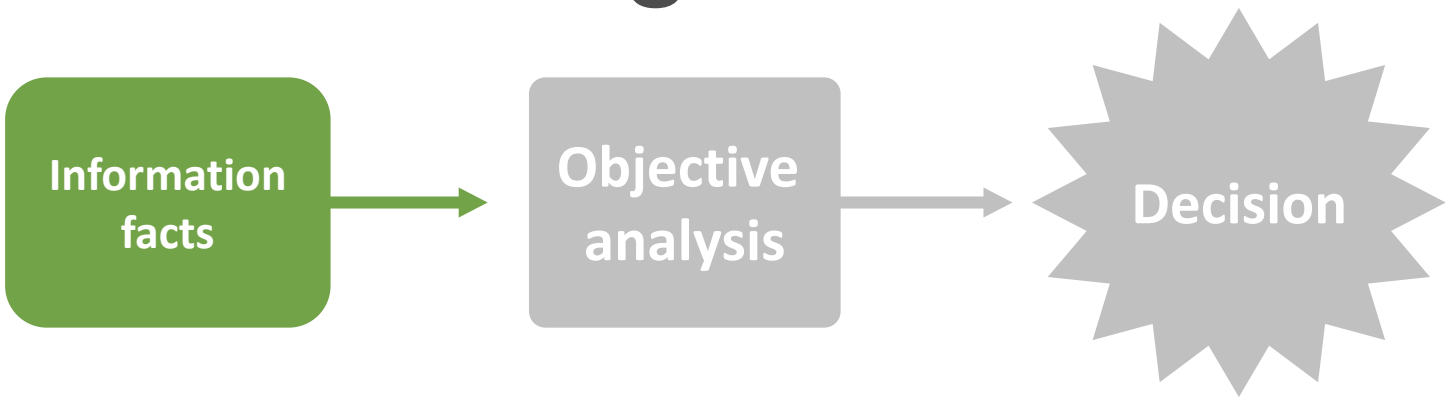
Information

Facts

Education

Critical analysis

Knowledge



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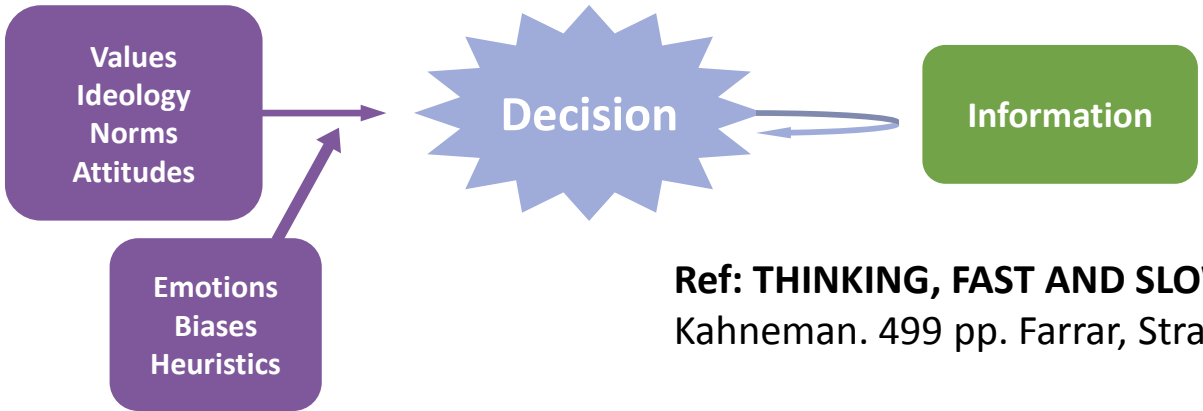
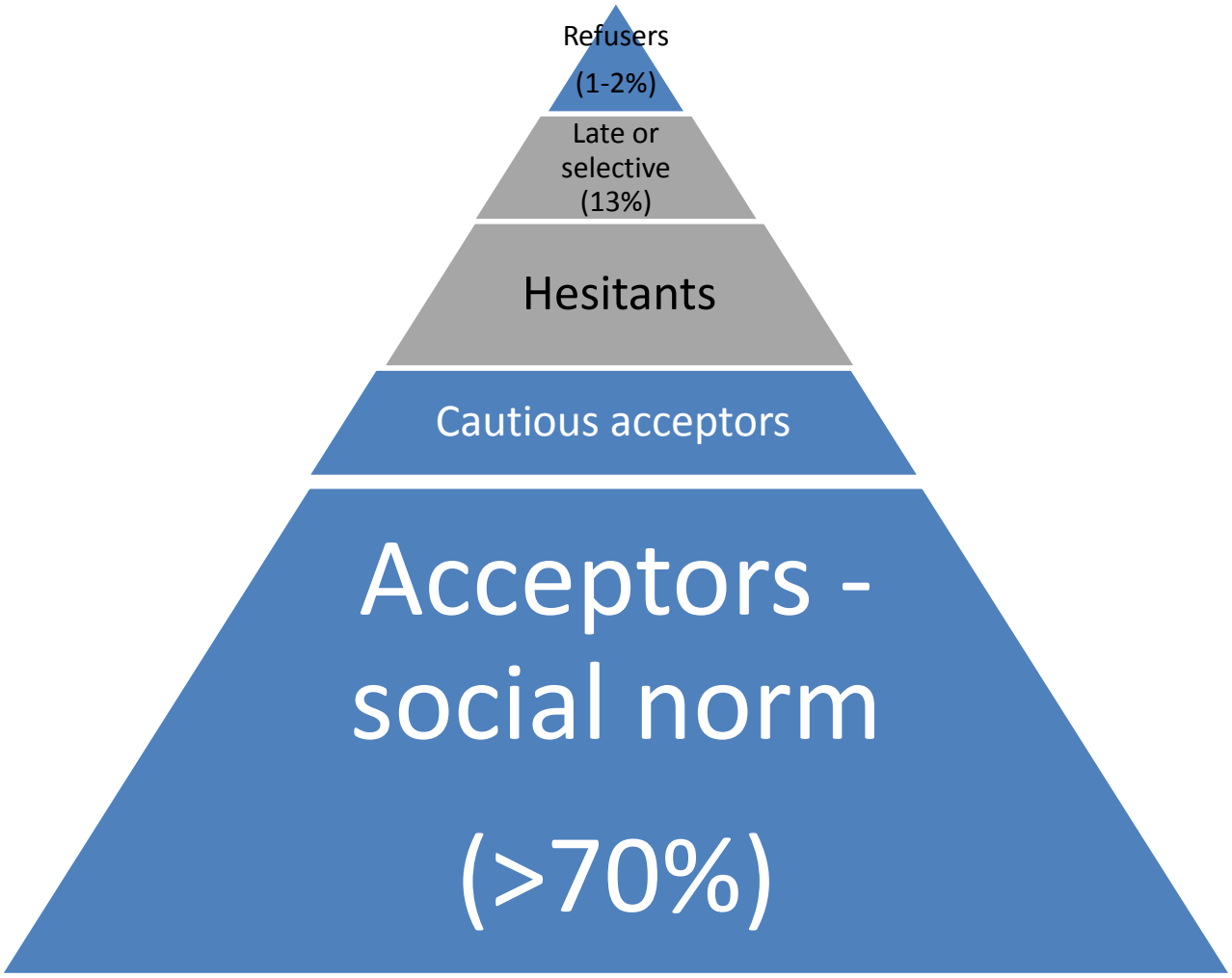
Behavioral Analysis: How we really decide



Ref: THINKING, FAST AND SLOW By Daniel Kahneman. 499 pp. Farrar, Straus & Giroux

Acceptance & hesitancy, not ‘anti-vaccination lobby’



Credit: Julie Leask

Childhood Immunisation Tracking UK DoH 2010. http://bit.ly/p2dPMf
Thomson Reuters-NPR Health Poll 2011. http://bit.ly/nwfKLo
Dempsey et al. (2011) Pediatrics 128. doi:10.1542/peds.2011-0400.

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Conceptual framework for vaccination advocacy: Listen, Understand, Engage

1. A. Thomson, M. Watson. Listen, understand, engage. Sci. Transl. Med. 4, 138ed6 (2012).

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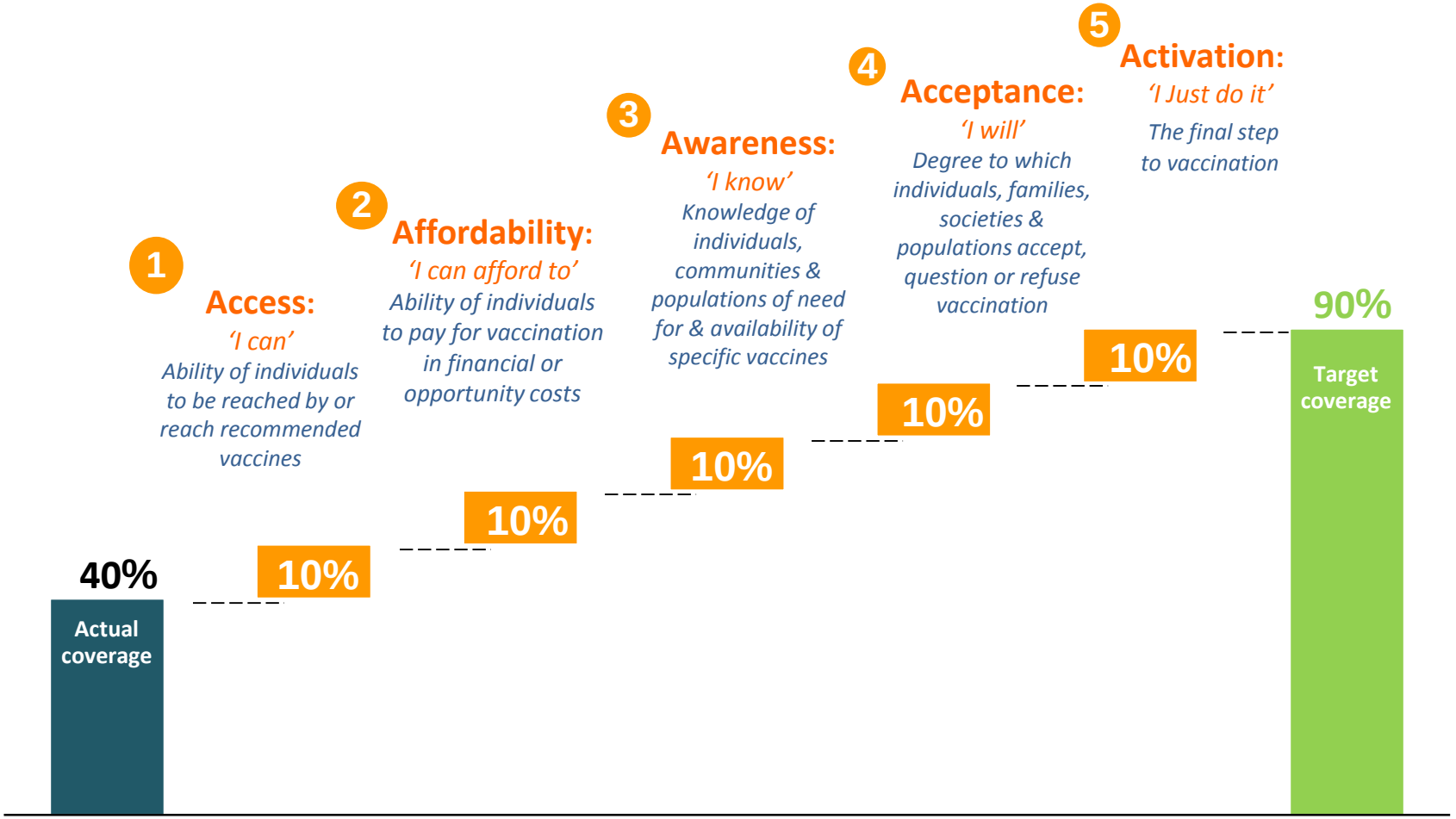
The 5 determinants of vaccination uptake



Figures for illustration only

Key barrier/driver to vaccination

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The 5As Vaccination Coverage Root Cause Framework – Key principles

- **Vaccination coverage: the intersection of shared value**
  - Common objective for all stakeholders: the success of vaccination programs
  - Business & public health impact
  - Building multisector partnership

- **Giving structure to complexity**
  - Systematic analysis of the root causes of a coverage gap
  - Access | Affordability | Awareness | Acceptance | Activation

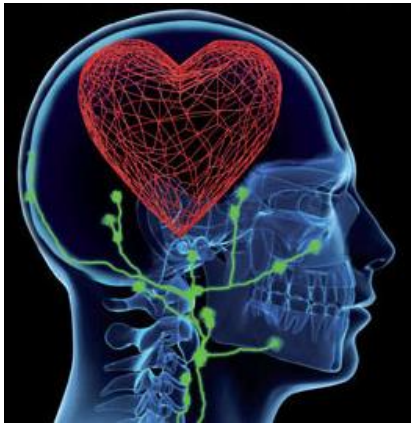
- **Evidence-based, not assumption-based**
  - Data-based & data-generating

- **Understanding the human part of the solution**
  - Working with social & cognitive sciences
  - To develop behaviour change interventions

- **Measure & Evaluate**
  - You cannot change what you don't measure

- **Toolkit of solutions**
  - Behaviour & social change interventions

- **Focus on Impact**
  - Lives protected, disease averted
  - Optimise market size, competitive advantage



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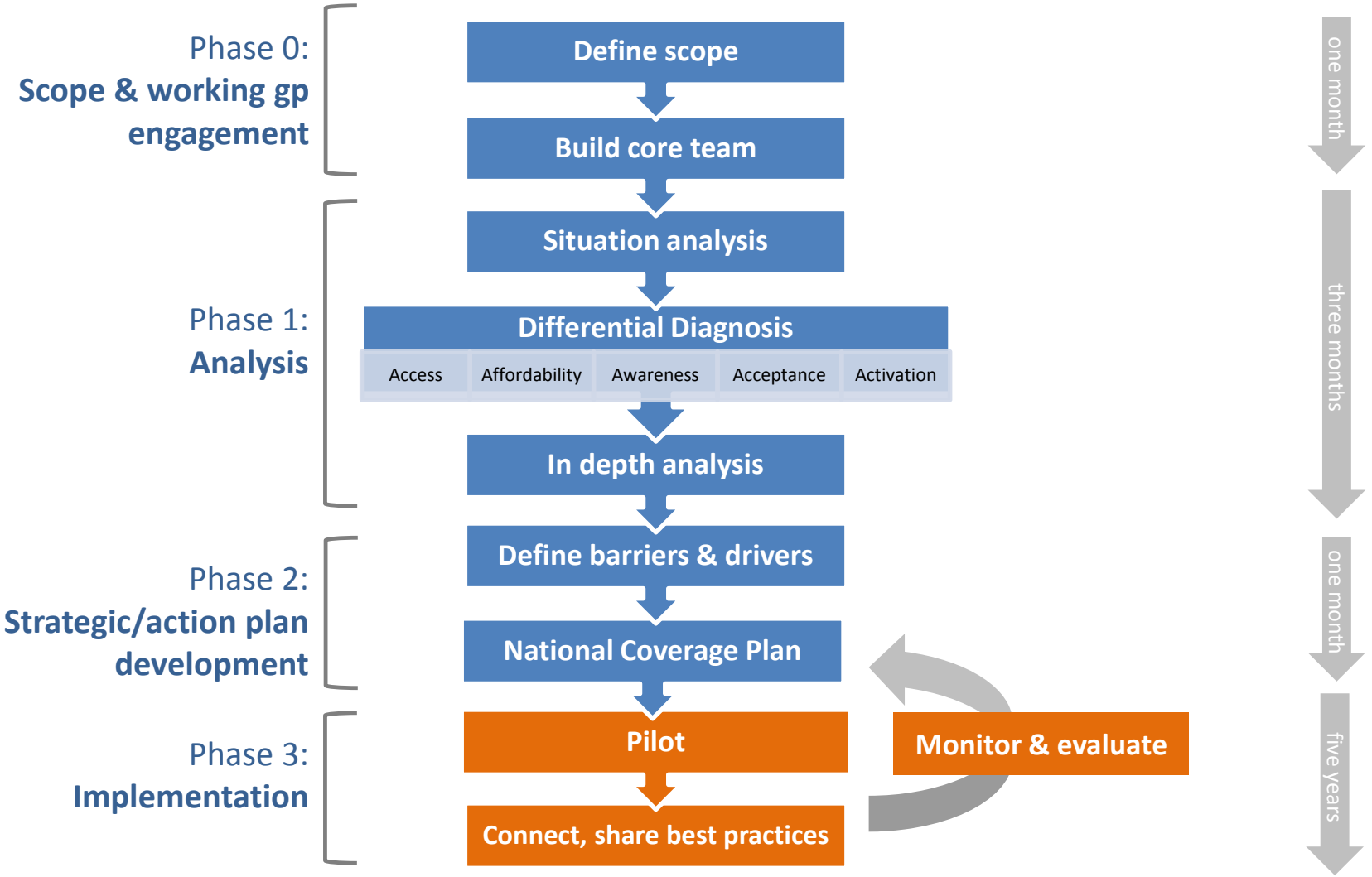
5As Process: Development & implementation of a National Coverage Plan



Ref: WHO (2013) Guide to **tailoring immunization programmes** (TIP)

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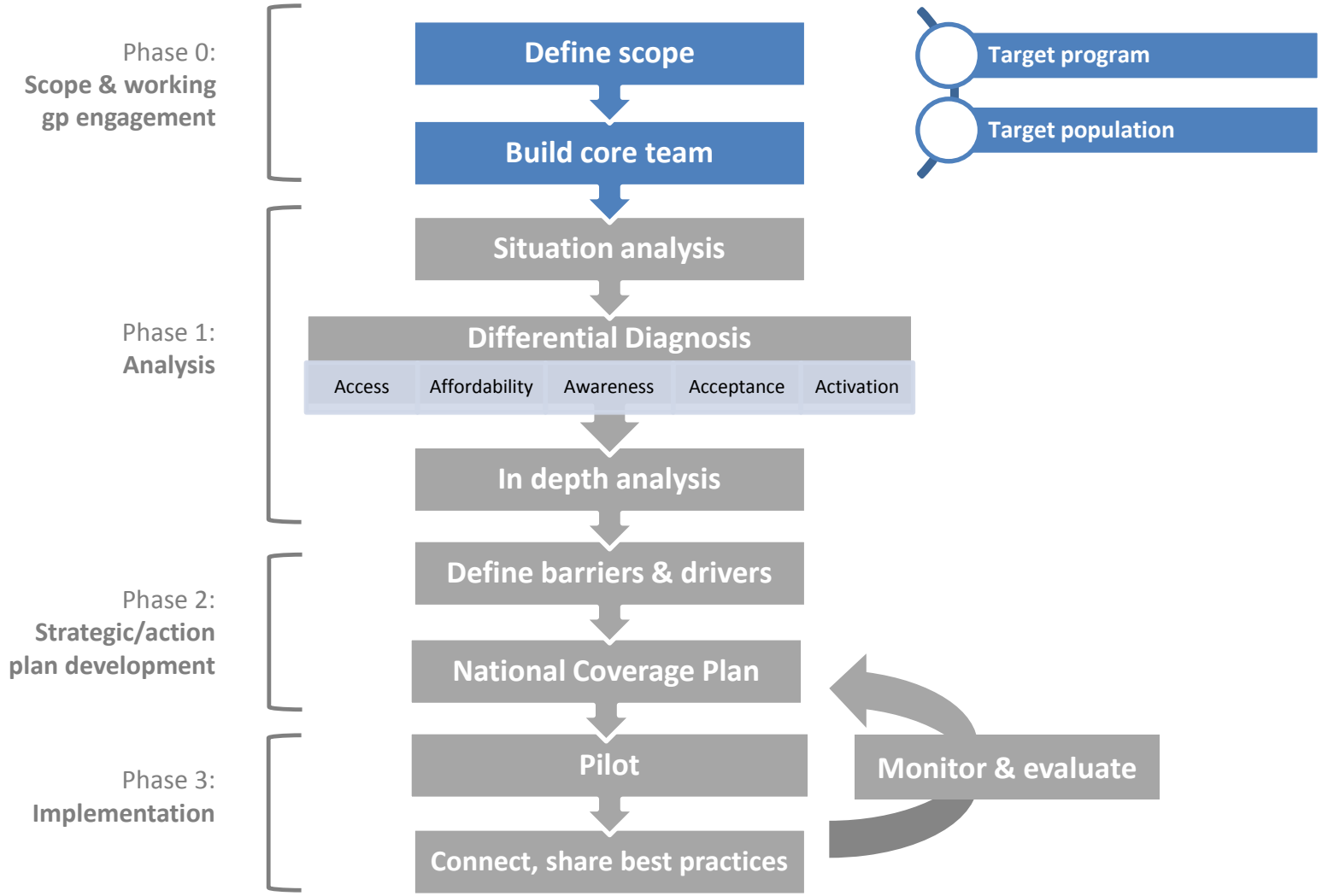
5As Process: Phase 0 – Scope & Working group engagement



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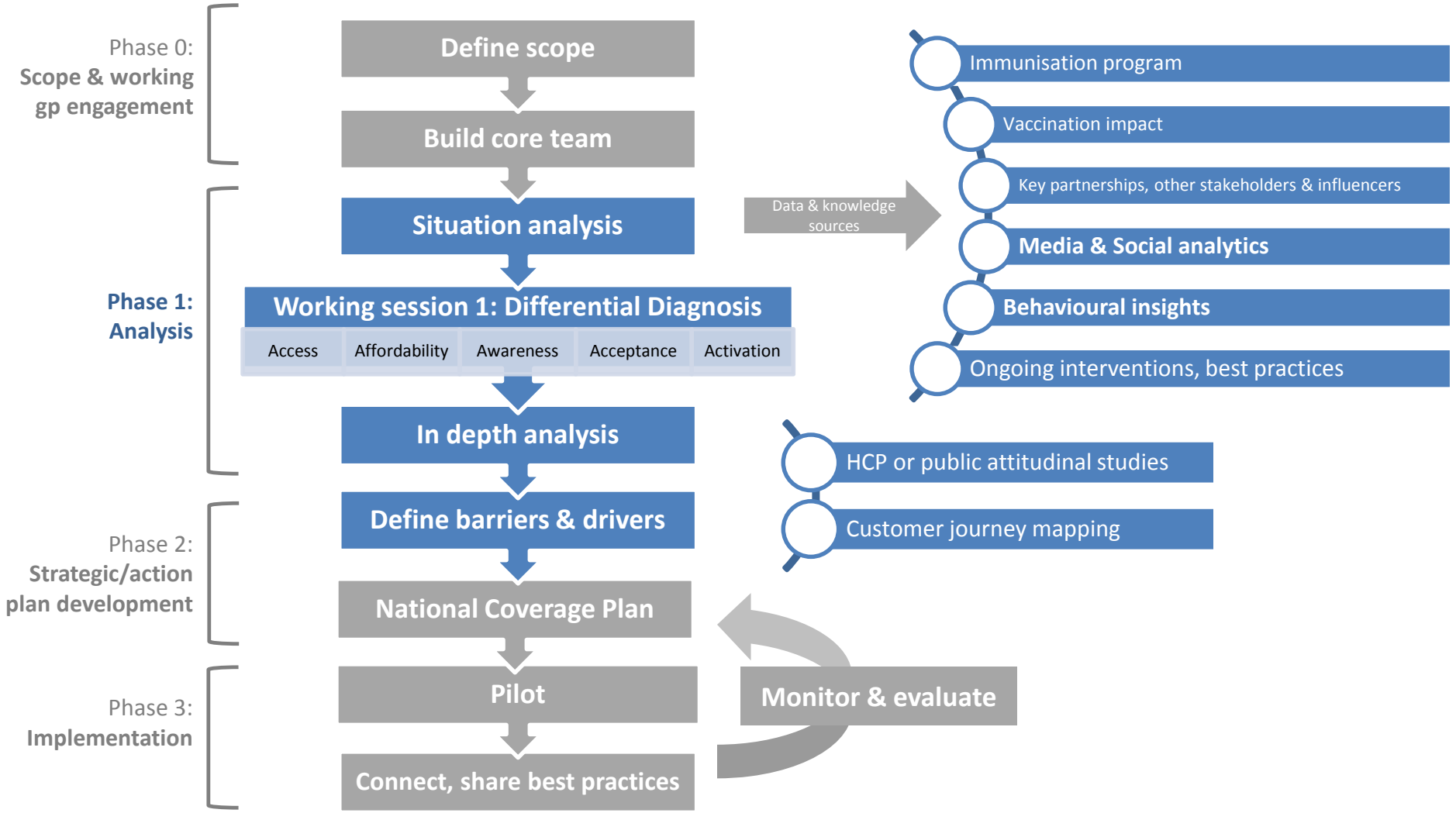
5As Process: Phase 1 - Analysis



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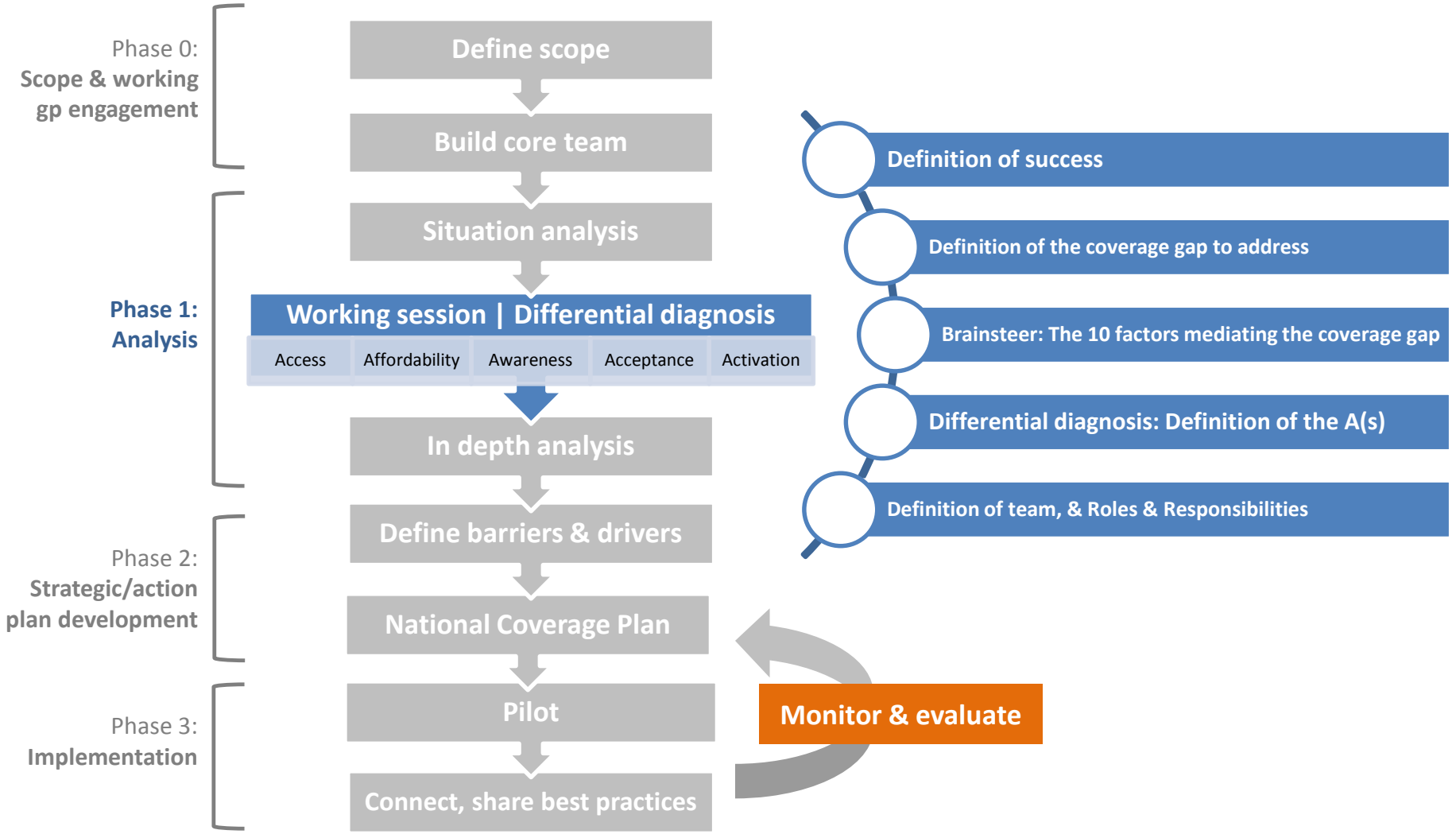
5As Process: Working session/differential diagnosis



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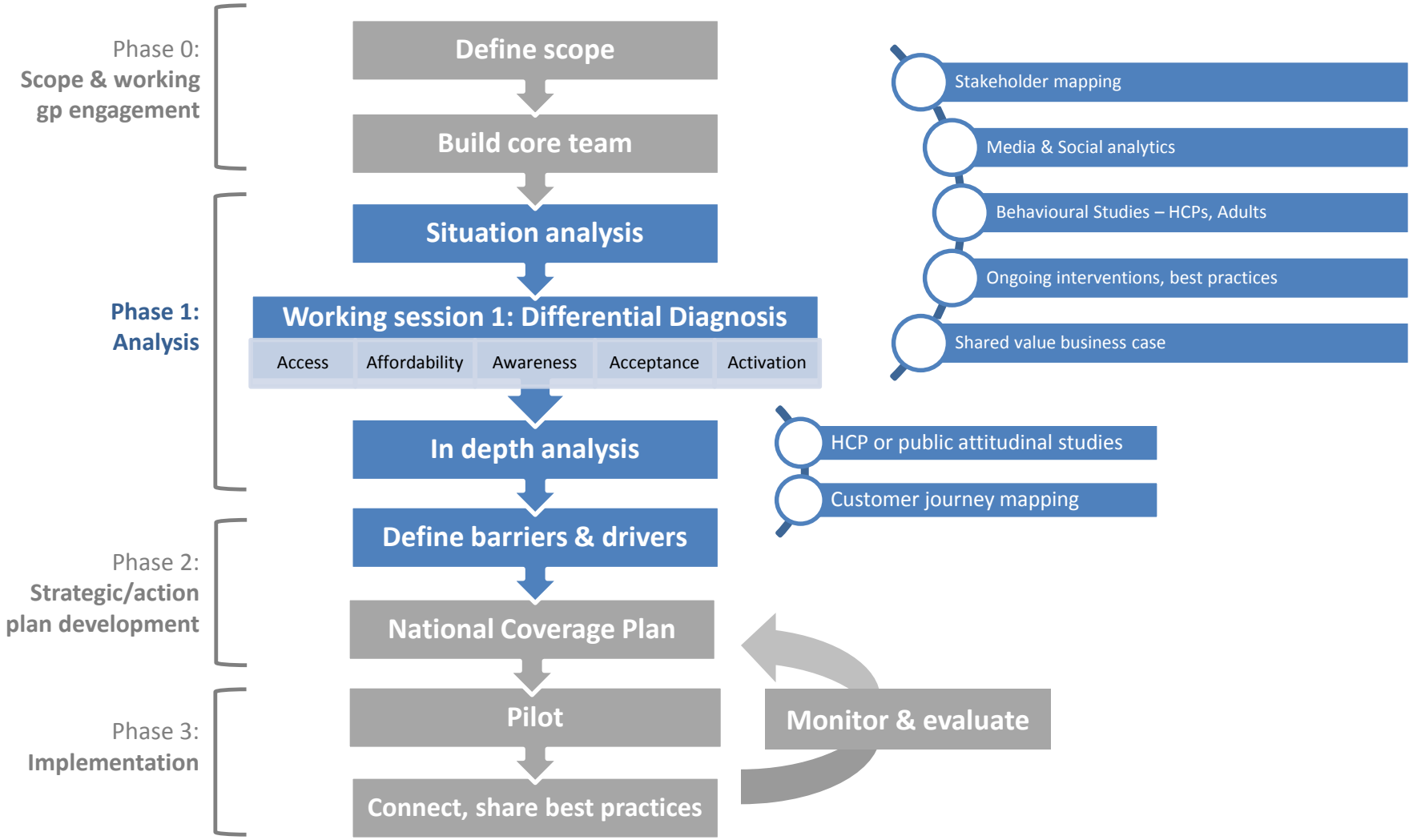
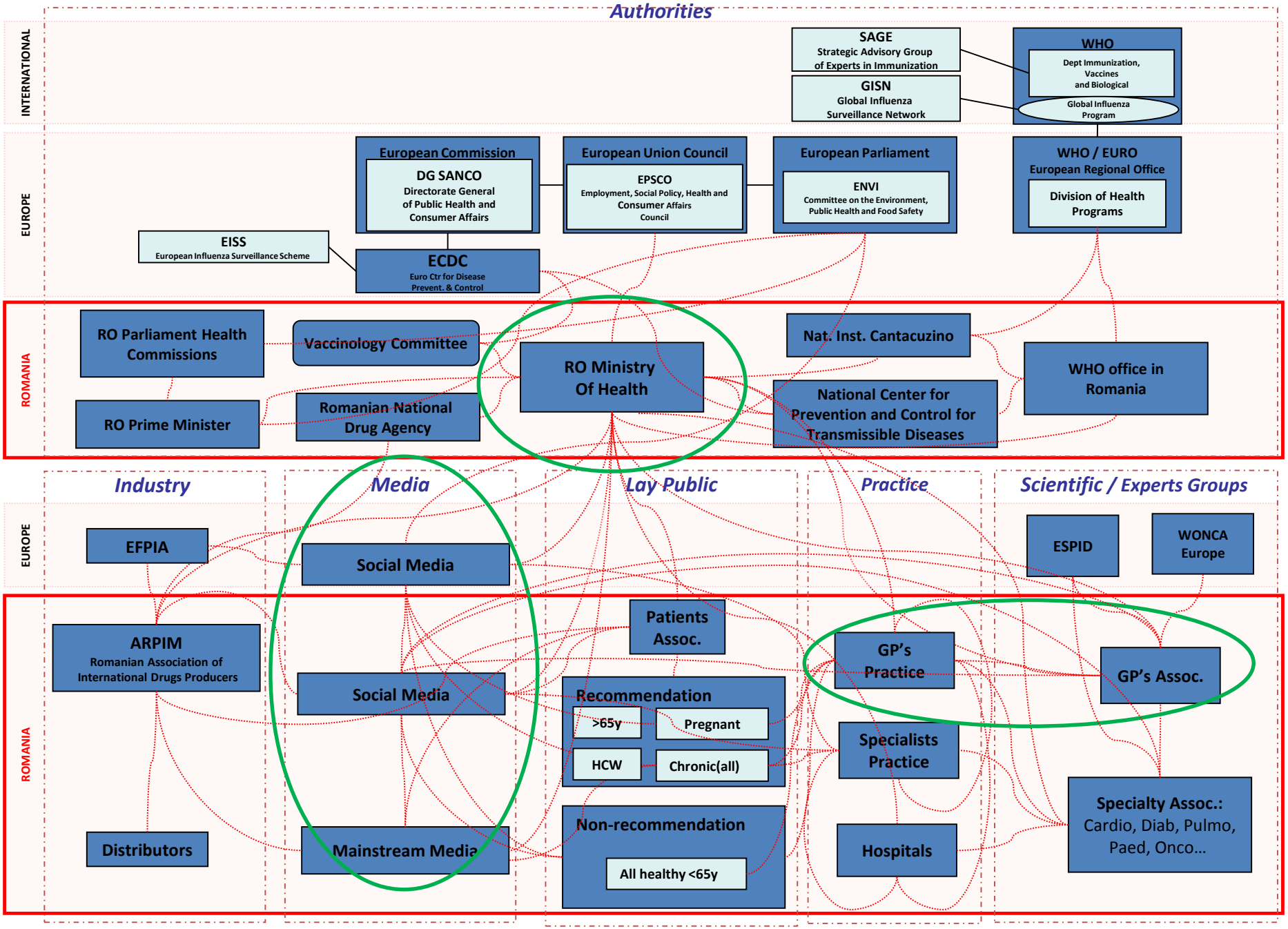
5As Process: Analytical tools



Stakeholder mapping for Influenza vaccination in ROMANIA



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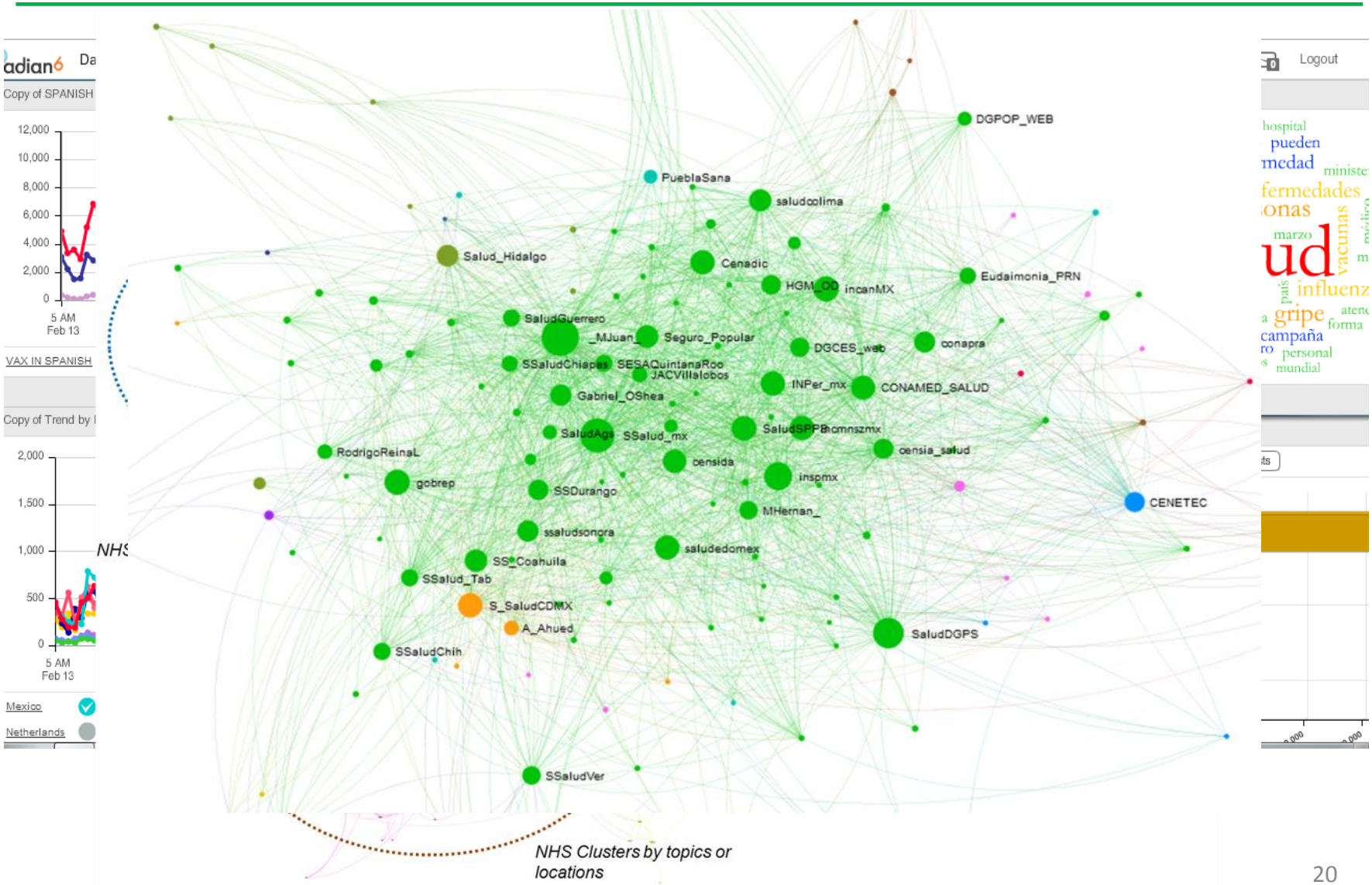
Phase 1 Analysis:
Media & Social Analytics



NHS Clusters by topics or locations

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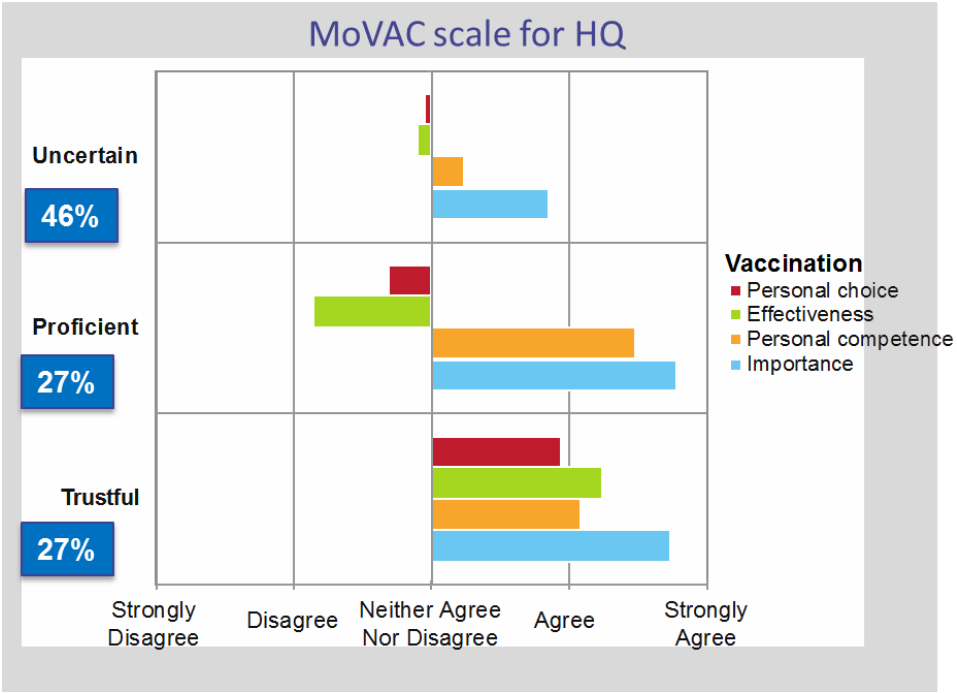
Phase 1 Analysis: Behavioural insights & analytics tools

- Attitudes to adult vaccination instrument
- HCP attitudes to vaccination & vaccination advocacy instrument

Uncertain
Vaccination is important but they are unsure of its efficiency, of their own knowledge, and of their autonomy in vaccination decisions

Proficient
Vaccination is important. They feel highly knowledgeable, but they know vaccination is not always effective and do not believe it is an individual choice

Trustful
Vaccination is important, effective and a personal choice; they feel relatively knowledgeable about the topic.



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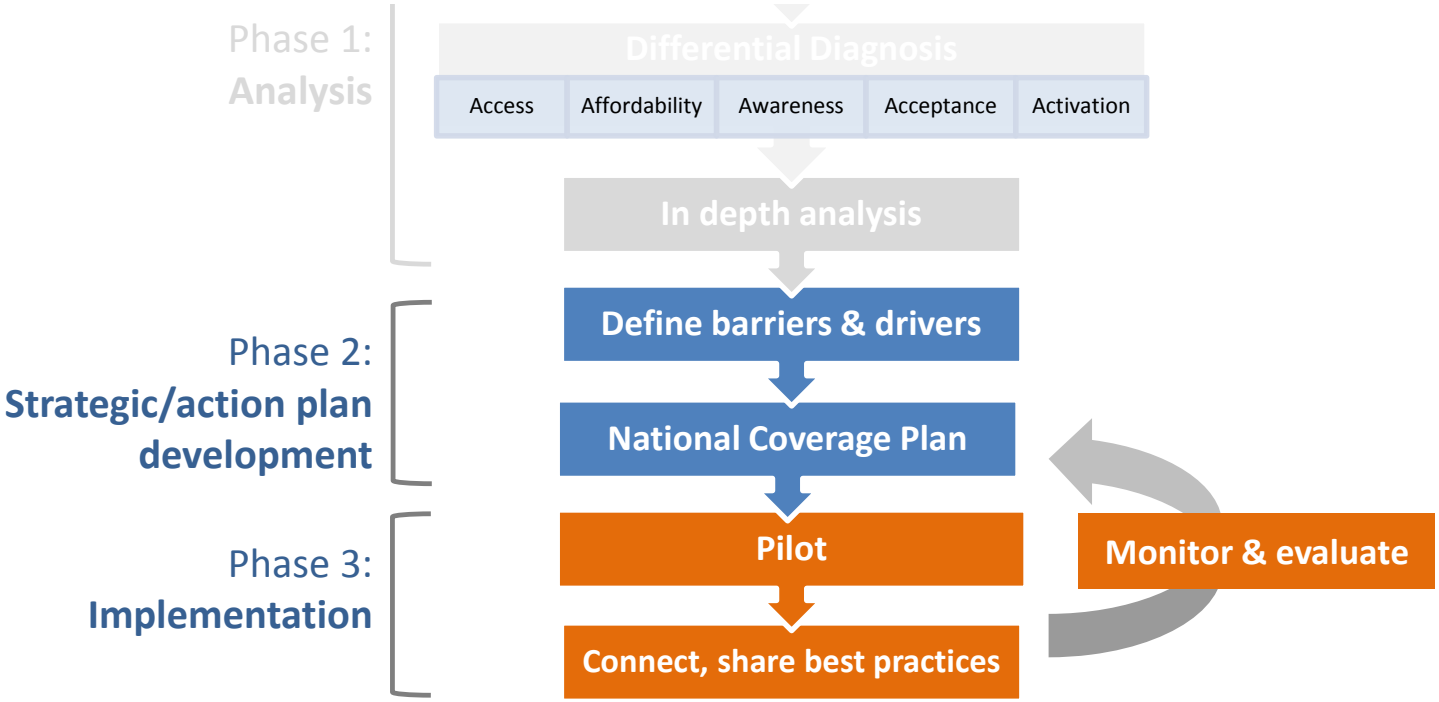
5As Process: National Coverage Plan development & implementation

- Not a comms campaign
- Comprehensive program that addresses the rights As
- Succession planning → Ownership assumed by MoH
- Monitor & evaluate



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Monitor & evaluate: Surrogate markers for impact

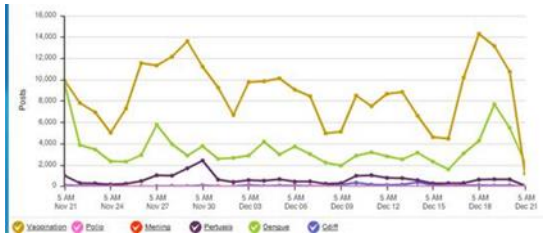
- We cannot change what we cannot measure
- Success = increased VCR
  - But this impact is mid-term
  - Need surrogate markers of progress

Impact: sentiment
Monitoring & listening (detectable changes in volume, sentiment & influencers)

Impact: Attitudes & beliefs
Changes in knowledge, beliefs & attitudes – in general public & HCPs

Impact: Intentions
Changes in intentions to be vaccinated & to vaccinate

Impact: Vaccination
Changes in vaccination behavior



Increased VCR

"We need to think quantitatively. We can only reach our objectives if we have the right metrics in place" – O. Charmeil (GLN Feb 2014)

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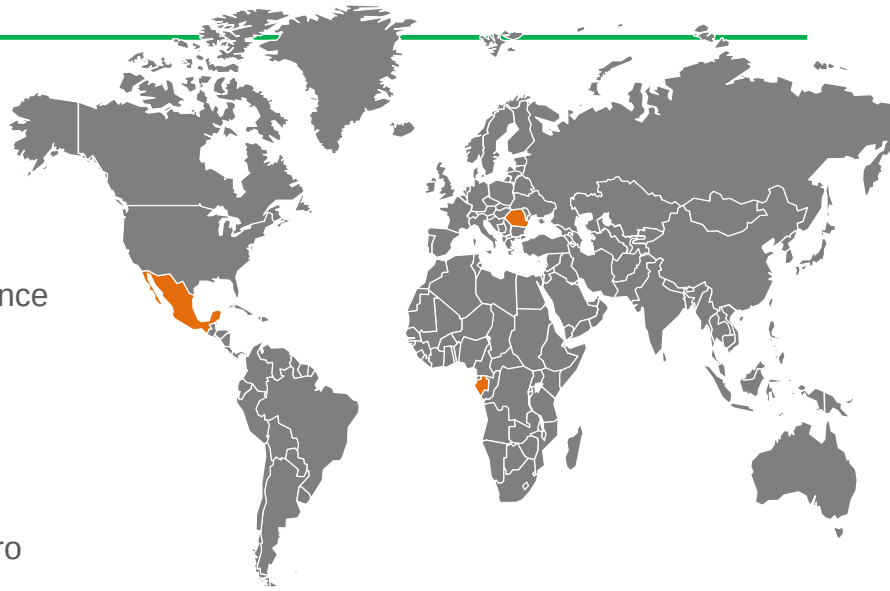
Current status 2014: 3 pre-pilots underway



- Romania, flu
  - Success: 20% increase coverage PA for 5 y
  - Study of HCP attitudes to vaccination and advocacy
  - Action plan has two workstreams: Access & Acceptance
  - Flu forum, Oct 2014
  - Social & mainstream media campaign
- Mexico, flu
  - Multisectorial working group established (MoH, Seguro Popular, IMSS, ISSSTE, Ntl Inst Geriatrics)
  - First working session July 2, Mexico City
  - Developing social media-integrated communications strategy for Mexico with MoH
  - Large robust study on attitudes to vaccination in adults
    - Clarify the A – awareness, acceptance, activation
- Gabon, pentavalent
  - Phase 1 – Situation analysis, building working group

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5As – Structuring complexity to optimise impact

For every complex problem there is an answer that is clear, simple, and wrong

- HL Mencken