World Health Organization

Understanding the impact of the pandemic on vaccine confidence and uptake

Vaccine acceptance virtual event, Fondation Merieux

16 December 2020

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When disaster threatens...

Public health in a crisis is different

In a serious crisis, all affected people:

- Take in information differently
- Process information differently
- Act on information differently

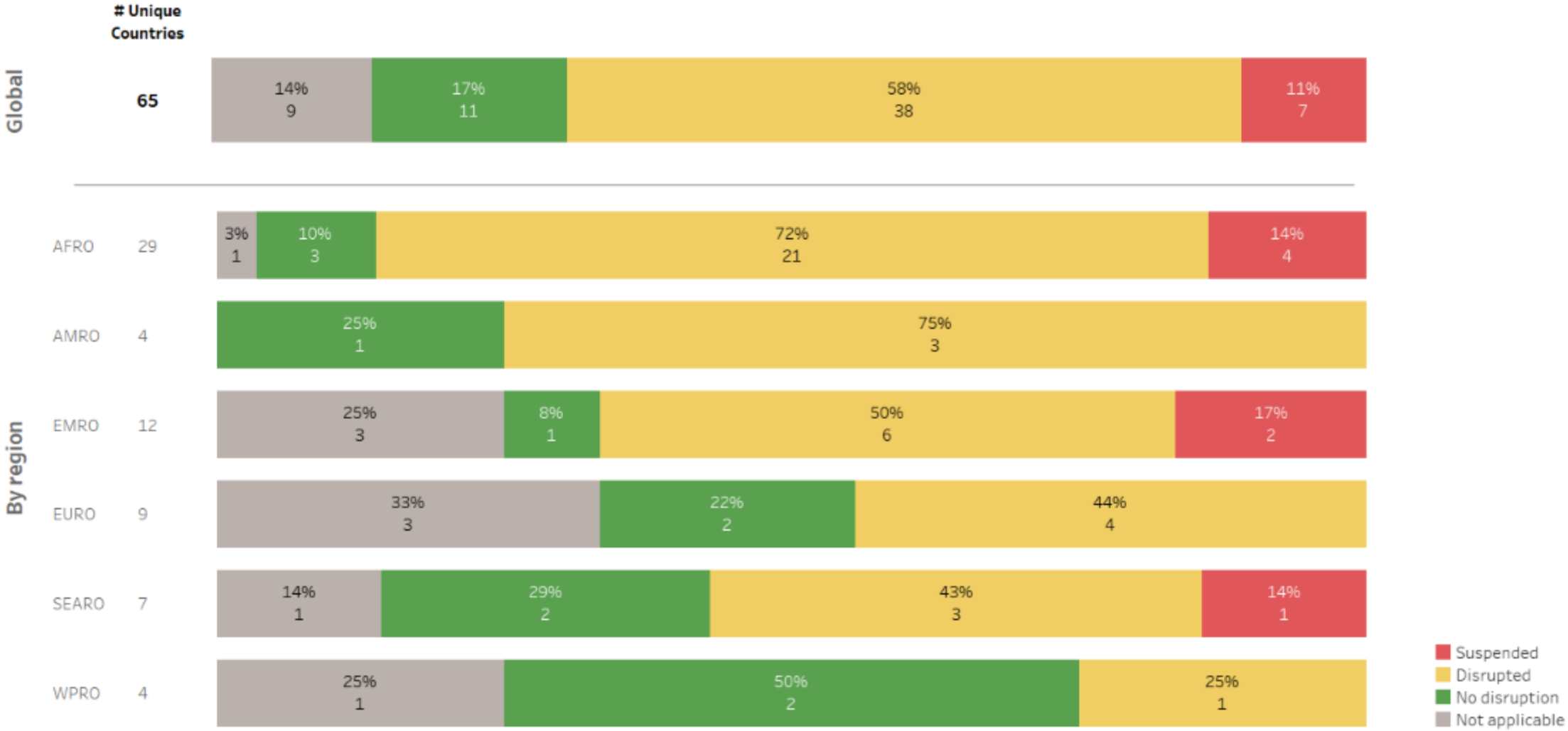
The **right message** at the **right time** to the **right person** can save lives

Based on single calculated status per country
National respondents only

Outreach disruption: Global

Reported level of disruption to outreach vaccination activities in May 2020 as a result of COVID-19

Percentage of countries reporting a given level of disruption. Includes national level respondents only, once 'Other' and 'Do not know' responses have been excluded.



Source: Immunization Pulse Poll 2, Question 5. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country

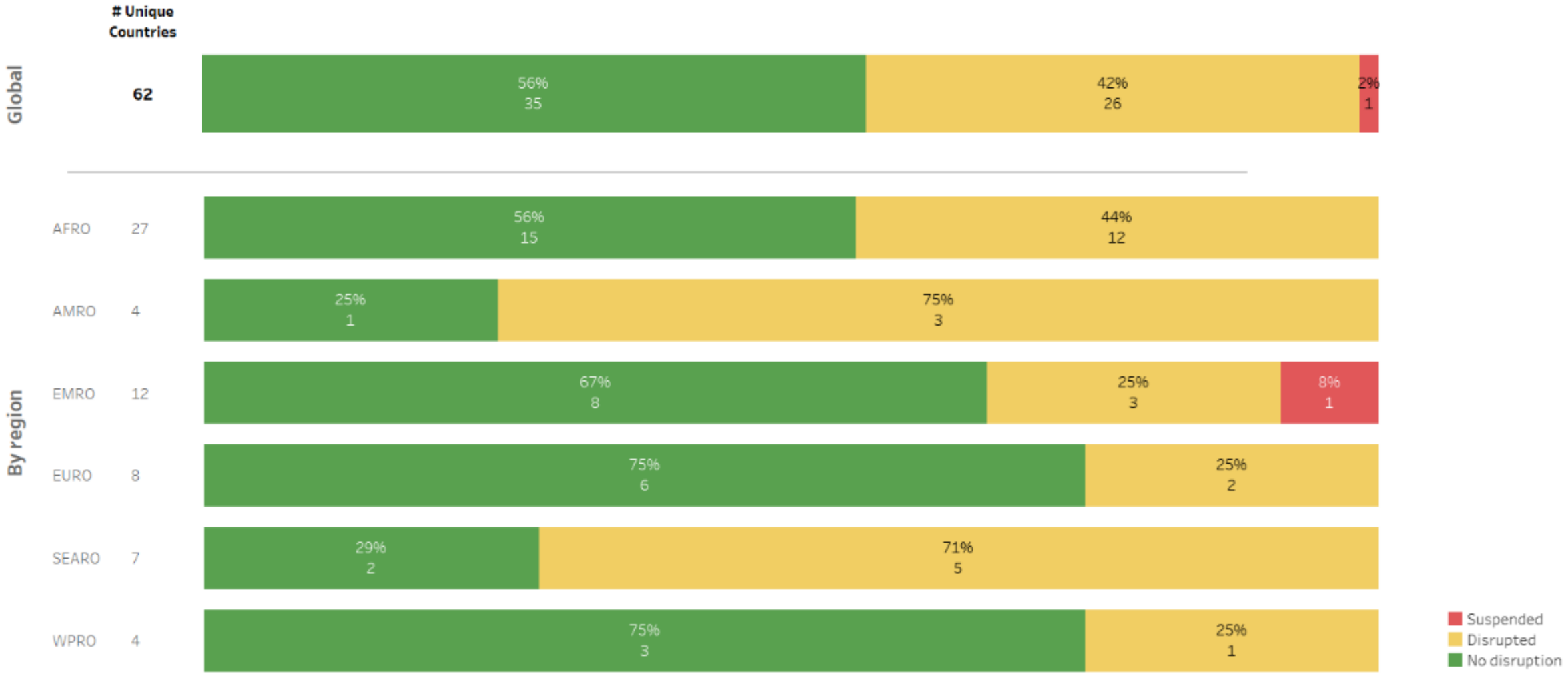
The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Based on single calculated status per country
National respondents only

Fixed post disruption: Global

Reported level of disruption to fixed post vaccination activities in May 2020 as a result of COVID-19

Percentage of countries reporting a given level of disruption. Includes national level respondents only, once 'Other' and 'Do not know' responses have been excluded.

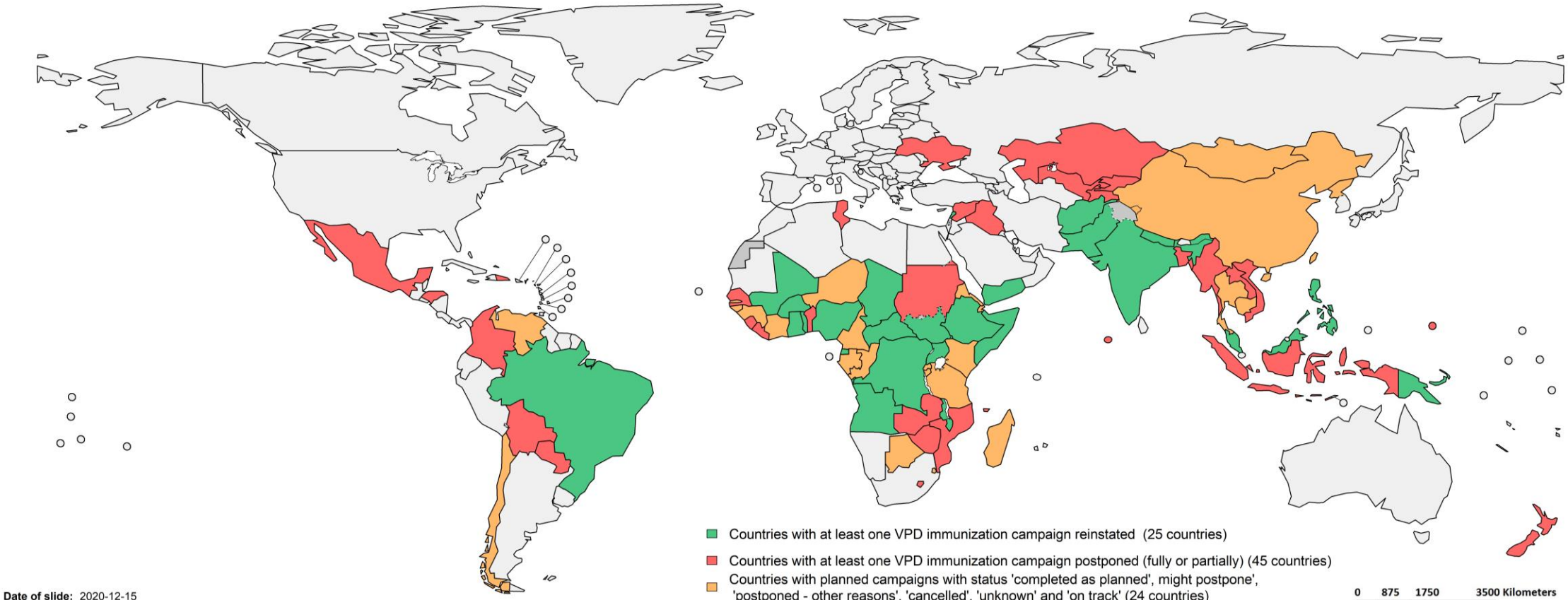


Source: Immunization Pulse Poll 2, Question 7. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

VPD campaigns postponed due to COVID-19: 45 countries with at least one VPD campaign postponed,

15 December 2020



Date of slide: 2020-12-15
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: WHO/IVB Repository, 15 December 2020

Disclaimer:

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Impact of COVID-19 on routine immunization: Summary of demand-related issues

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- Concerns about exposure to **COVID**
- Concerns about lockdowns, distancing policies, e.g. safety of public transport
- Lack of **awareness** of **continuity** of **vaccination services**
- Fears/concerns related to **misinformation, rumours, conspiracies**...

- Staff lacking motivation
- Safety fears/concerns related to **COVID**
- Fears/ concerns related to response / lockdowns

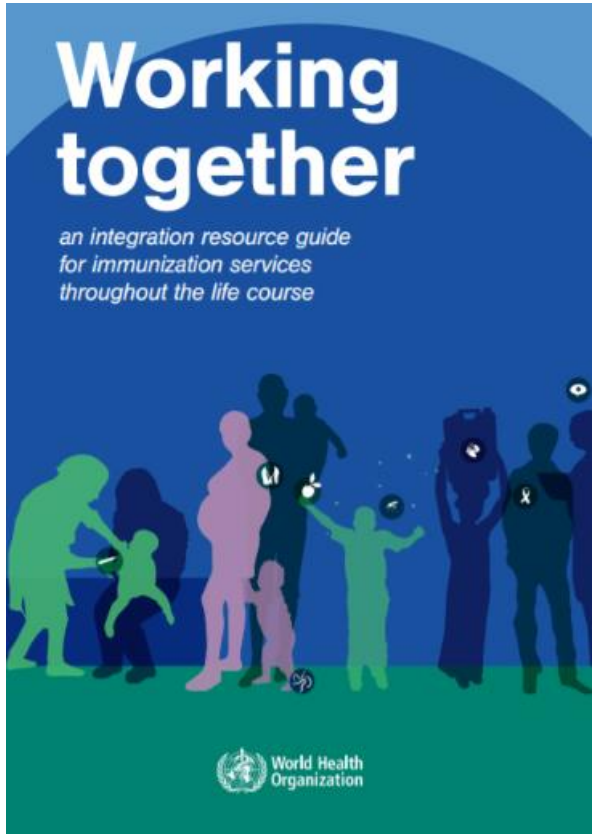
- Lack of PPE, training in IPC
- Lack of vaccines
- Lack of capacity
- Vaccination suspended due to response

Sources: Immunization training needs assessment (April 20), Immunization Pulse Poll in the context of COVID-19 (April 14-24), BMGF COVID-19 response related to immunization (Updated April 28, 2020), EMPOL Operational overview (Week 17, 2020). Immunization Pulse Poll, June 2020.

Resumption of campaigns: key learnings

- **A well-coordinated and transparent decision making process,** based on risk-benefit analysis
- **Strong partnerships**, working as one team (MoH, GPEI, local partners, COVID-19 response)
- **Quality pre-campaign briefings** to observe IPC measures and use of PPE
- **Quality supportive supervision**, to guide corrective adjustments in real time
- **Effective community engagement** with necessary stakeholders, to support uptake
- **Innovation**, e.g. using same personnel for pre-campaign community mobilization and delivery

Adjusting to a “new normal” and working together: … time for whole-of-society approaches

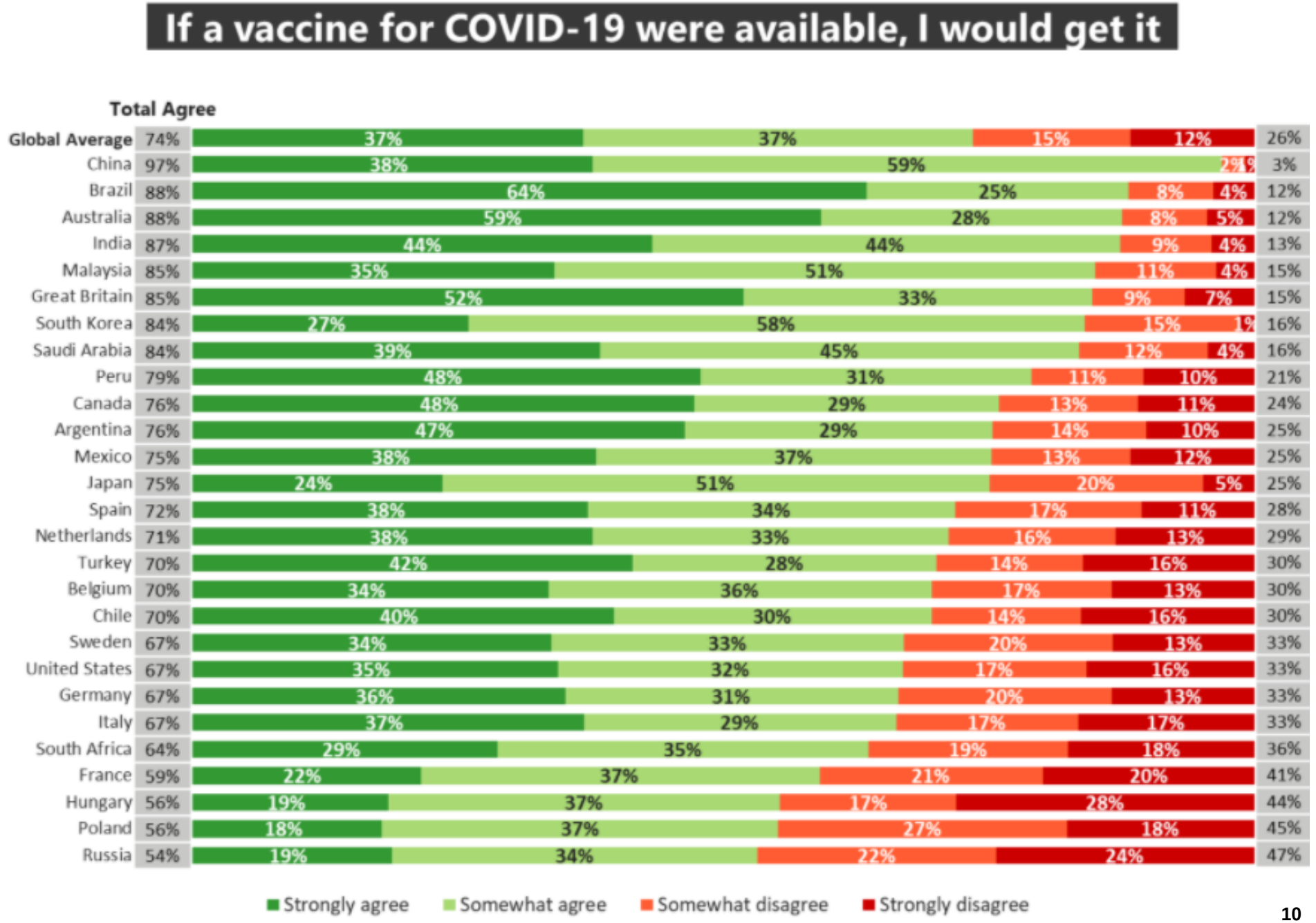


General considerations for integration:

- Do the proposed intervention(s) have high level support?
- What are the potential benefits and risks of integrating? (e.g. improved system efficiency, additional workload for health workers?)
- Do the potential benefits of integrating outweigh the potential risks?

https://apps.who.int/iris/bitstream/handle/10665/276546/9789241514736-eng.pdf

Global attitudes on COVID-19 vaccines



Base: 19,519 online adults aged 16-74 across 27 countries

https://www.ipsos.com/en/three-four-adults-globally-say-theyd-get-vaccine-covid-19

THE SPINOFF

New poll shows 16% of New Zealanders don't want to be Covid-19 vaccinated

POLITICS AUGUST 7, 2020

GALLUP

One in Three Americans Would Not Get COVID-19 Vaccine

The Guardian

Nearly one in six Britons would refuse Covid-19 vaccine – survey

euobserver

Poll: only 61% of Germans would get Covid-19 vaccine

Most Canadians would get COVID-19 vaccine: survey

NEWS 1130

BY AMANDA WAWRYK AND NIKITHA MARTINS

Posted Aug 4, 2020 5:39 pm PDT Last Updated Aug 5, 2020 at 1:16 am PDT

HUFFPOST

Le vaccin contre le coronavirus? 1 Français sur 3 le refuserait, voilà pourquoi [SONDAGE EXCLUSIF YOUGOV]

La France est championne du monde de la méfiance à l'égard des vaccins, le coronavirus n'échappe pas à la règle.

Mail Online

Half of Kiwis say they would NOT take a coronavirus vaccine if it was

We interpret such data with caution

Data on intentions can give a broad sense of public acceptance however…

- Intentions won't fully predict vaccination behaviour
- Intentions can change over time as new information arrives
- Practical factors (ease of access, convenience, etc) affect the path from intentions to vaccination

And media reporting on these findings can have downsides…

- Stigmatising those with genuine hesitancy
- Reporting low intentions may signal a social norm

Driving COVID-19 vaccine acceptance and uptake

1. **Secure political and community support**. Identify and engage key stakeholders at all levels. Involve from the start and in gathering feedback
2. **Gather and use local data** on behavioural and social drivers (BeSD), social listening and rumours. Be ready to respond to misinformation when needed
3. **Apply behavioural strategies:** Consider a broad range of interventions to shape acceptance and uptake, e.g. message framing, reminders, prompts, etc.
4. **Target communications and community engagement:** Work through trusted channels with tailored content to build trust and avoid any communication gaps
5. **Build capacity and strengthen systems:** Identify needs early and ensure that learnings are included in training curricula for health workers, community influencers and mobilizers
6. **Integrate with broader plans:** For COVID-19 and routine immunization, coordinate with a broad range of partners, where possible using existing mechanisms or groups

Acceptance and uptake (demand):

Guidance for programmes and partners

Coming soon!

Includes mechanisms to support testing, gathering of feedback and learning

1. National demand planning

- Narrative guidance to support planning
- Planning template (xls)
- Basic FAQs
- Basic messaging template
- Training module for demand planning

2. Behavioural and social data for action (incl. behavioural interventions)

- Survey for adults; survey for health workers
- Interview guides (qualitative) + framework analysis template
- Guidebook for gathering, analysing and using data
  incl. menu of interventions and basic decision tool for planning

3. Service experience / HW vaccine uptake

- Package of health worker job aids

4. Community engagement

- Community engagement guide

5. Social Listening and Digital Engagement

- Field guide for misinformation management for countries

6. GACVS COVID-19 vaccine safety manual: chapter 9 on safety communications

The COVAX Country Readiness and Delivery
Workstream and subgroups

Communication, Advocacy & Training
Global advocacy, communication and training materials

Data & monitoring
Data and system requirements and monitoring

Coordination
Project management coordination with partners and regions and planning delivery

Implementation & Guidance
Operational "how to" guidance and tools, split into 3 teams:

- **Vaccine introduction**
  Readiness checklist, delivery approach, vaccine use
- **Demand**
  Social data, community engagement, risk communication, digital listening
- **Supply & logistics**
  Supply distribution, logistics and cold chain

Delivery costing

Innovation to scale

Stakeholders

World Health Organization
unicef
Gavi The Vaccine Alliance
CEPI
Bill & Melinda Gates foundation
IFRC
The World Bank IBRD • IDA | World Bank Group

Note: Safety, Regulatory and Legal work is being conducted by different workstreams, but in close alignment and communication with the Country Readiness and Delivery group

Critical resources for country readiness

Vaccine Introduction Readiness Assessment Tool 2.0 (VIRAT)

The VIRAT is the combination of 2 vaccine readiness assessments which had been developed concurrently in September 2020 by WHO/UNICEF (the VIRAT 1.0) and by the WB (the VRAF)

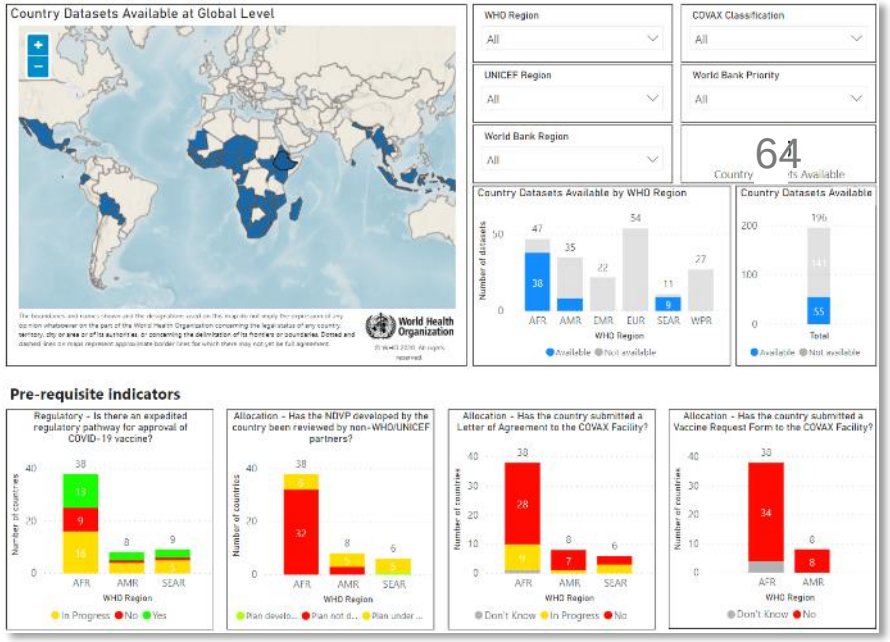
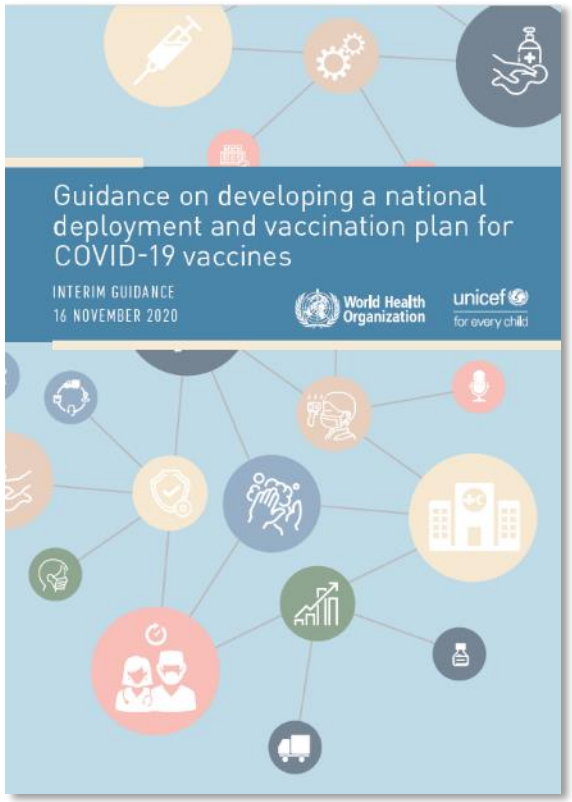


Illustration – COVAX Country Readiness & Delivery Core Indicators Dashboard

Guidance to develop a National Deployment and Vaccination Plan (NDVP)



- Published on the WHO website here
- Built upon existing documents incl. recommendations from the WHO Strategic Advisory Group of Experts (SAGE)
- Developed through a multi-partner collaboration: CDC, CHAI, CEPI, GAVI, IFPMA, IFRC, JSI, Leeds, UNICEF, WB, WHO.
- Will be updated as new information becomes available

COVID-19 has created new challenges

- Continuity of immunization
- Reaching zero dose
- Expanding to full protection
- Safeguarding domestic financing
- COVID-19 vaccine access and delivery

And ways to unlocking those challenges…

- New collaborations
- New value in public health
- New innovations
- New ways of working

THANK YOU

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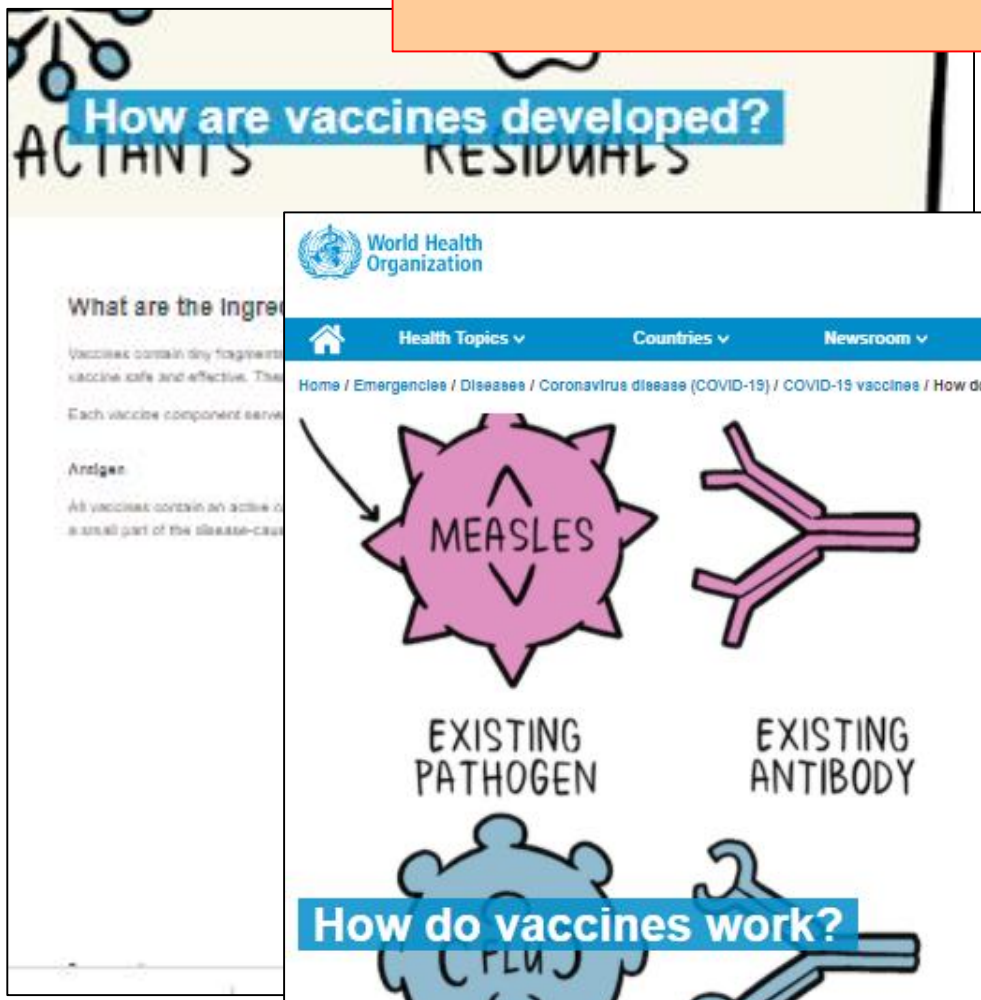

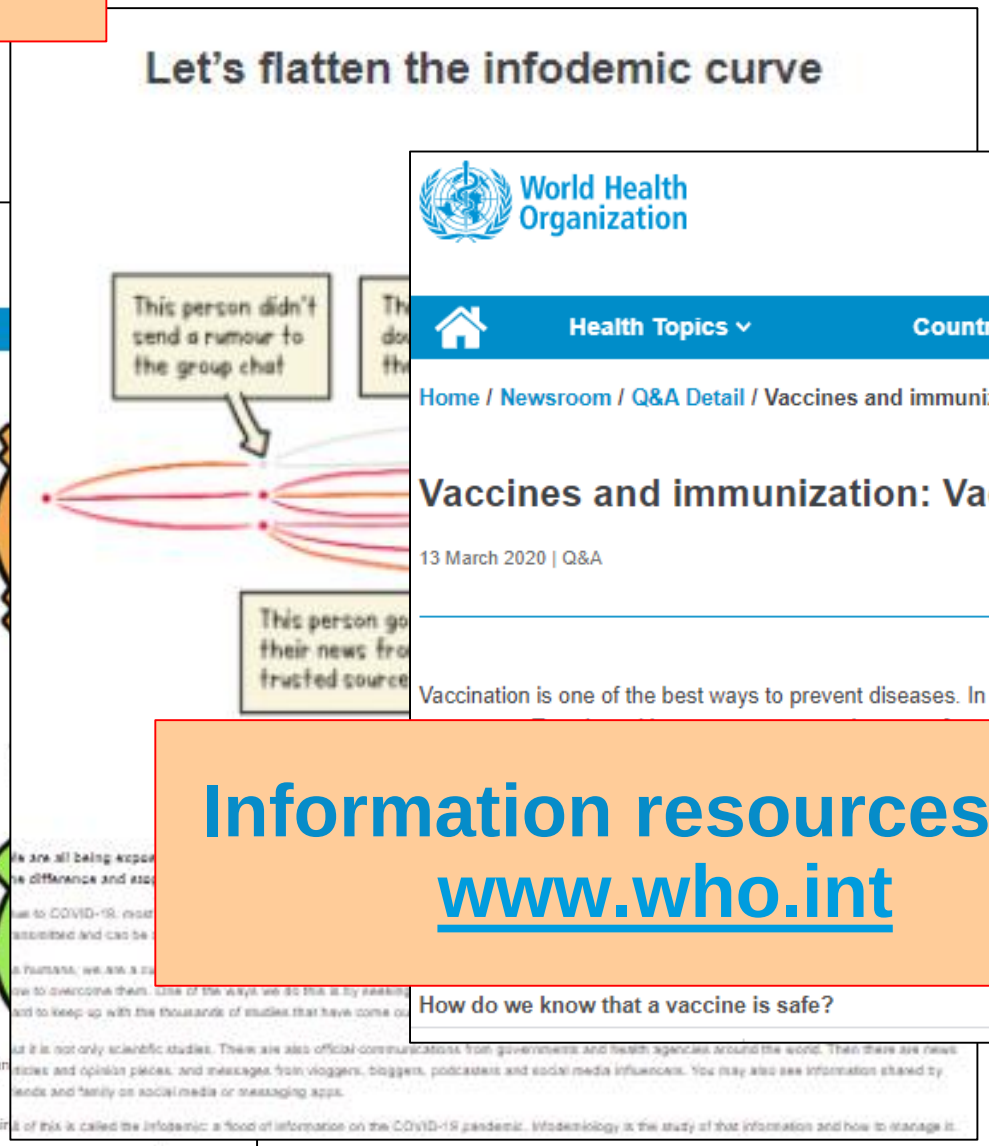

Information resources on: www.who.int