

# GAVI Investments: Vaccine Confidence & Uptake

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# C-19 Lessons Learned From Implementing Demand Interventions

## Success Factors:

- ❖ Standard packages of technical guidance to support demand implementation across the globe
- ❖ Capitalizing on existing coordination mechanisms ensured greater harmonization of resources
- ❖ Enhanced collaboration on supporting resolution of cross-cutting issues, e.g., gender, equity & safety issues
- ❖ Global tracking of progress, trends and barriers to uptake enabled advocacy on demand-related issues
- ❖ Leveraging C-19 created a foundation for RI strengthening



# C-19 Lessons Learned From Implementing Demand Interventions

## Challenges

- ❖ Mis-alignment between demand and service-related strategies hampered efficiencies in reaching target groups
- ❖ Limited capacity to measure behavioural outcomes beyond process indicators
- ❖ Over-emphasis on hesitancy/risk perception at the expense of evidence-based barriers
- ❖ While funding for RCCE increased during C-19 – funding was not always aligned with high-impact/most effective strategies. Often with short-term vision



# Shifts From RCCE To An Integrated Demand Focus

## Is RCCE on its own enough?

- Re-framing of C-19 vaccination as part of a wider agenda ( primary health care, Universal Health Care)
- Promote pro-equity, gender-sensitive, evidence-based tailored strategies
- Make vaccination easy, convenient - accounting for opportunity costs
- Improve health workforce service experience
- Listen and respond to communities
- People-centered approaches: co-designing solutions
- Understand spill over effect of C-19 on RI and competing priorities ( outbreaks, campaign fatigue)
- Fit for purpose for integration?
- Document good practices on what works/fails



# Challenges For Integrating C-19 into Primary Health Care



- **Reaching priority groups remains a major challenge.** This necessitates engagement & multistakeholder coordination with a range of new PHC partners, (diabetes, nutrition, aged-care and social services)
- **Most countries (LMICs) lack capacity for evidence-based generation on decision-making around life course immunization**
  - ✓ Limited data
  - ✓ Siloed interventions and
  - ✓ limited resources
- **Communities have many competing demands:** Understanding what is feasible to integrate and prioritize is key

# Opportunities For Integrating C-19 into Primary Health Care



Three

Four

- **Integration across the life course is the future of immunization** - new vaccines administered beyond childhood necessitate new methods and approaches to reach priority groups
- **Tailored strategies to meet the heterogeneity of priority groups:** We will need to design interventions that can be administered through diverse delivery platforms, for different age groups with different needs across life course
- **Communication around acceptance of integration by communities** -clearer messaging, and present evidence in a compelling, people-centred way that encourages priority groups to value and seek recommended vaccines

# GAVI Investments on Integrated Demand Promotion

## Objectives: Vaccine Confidence Grant

- ✓ Promote vaccine confidence and address other demand-related barriers contributing to low uptake of C-19 vaccines, backsliding of RI and reach zero dose communities
- ✓ Leverage COVID-19 investments to strengthen RI, Primary Health Care and future pandemic preparedness
- ✓ Enhance Governments' capacity to design, deliver and monitor integrated vaccine confidence and uptake interventions



# GRANT PILLARS

*Catalytic*



*Innovation & scale*



**Integrated gender sensitive approaches** - strengthening health and community systems



**People centered –** Behavioral insights and human centered design approaches



**Improve service experience** – Strengthen health and community workers' capacities



**Community engagement-** Through CSO and strategic partnerships & networks

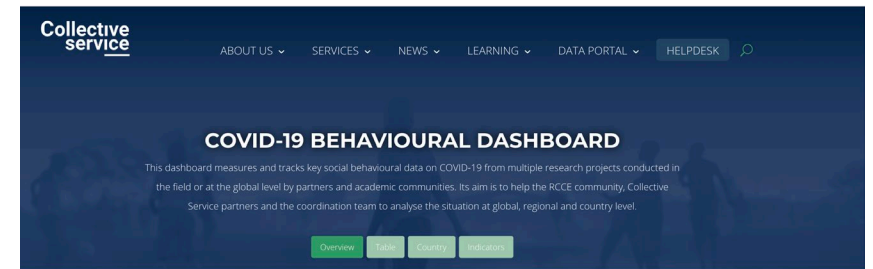


**Social and behavioral data & listening** – strengthening capacities to understand and diagnose drivers for uptake and address community concerns & rumors

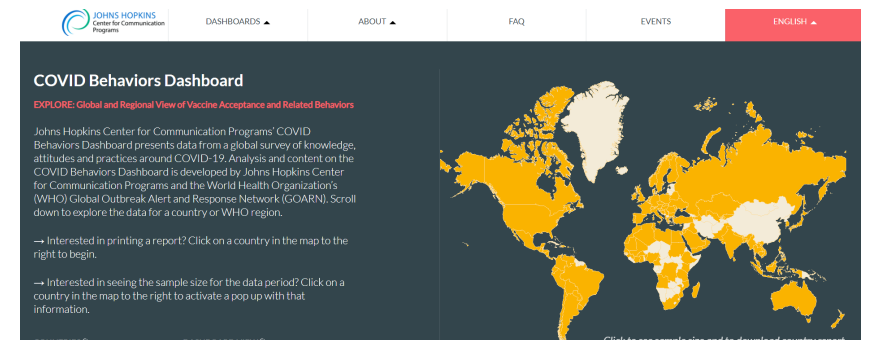


# Behavioral & Social Data Monitoring

- Gathering and using social data to understand behavioural and social drivers of vaccination and other PHC interventions, to inform the design, implementation, and evaluation of strategies, and ensure they meet the needs of the communities they are intended to serve, especially hard to reach populations.
- Supporting translation and socialization of evidence and insights on COVID-19 and RI amongst implementing partners, MoH and CSOs



## Overview



# Human Centered Design For Tailored Demand Strategies

*Locally-informed, context-specific strategies to improve vaccine uptake:*

## GENDER AND EQUITY BARRIERS

Inclusive of multiple local perspectives to understand challenges to uptake and demand facing marginalized communities

## INTEGRATED THINKING

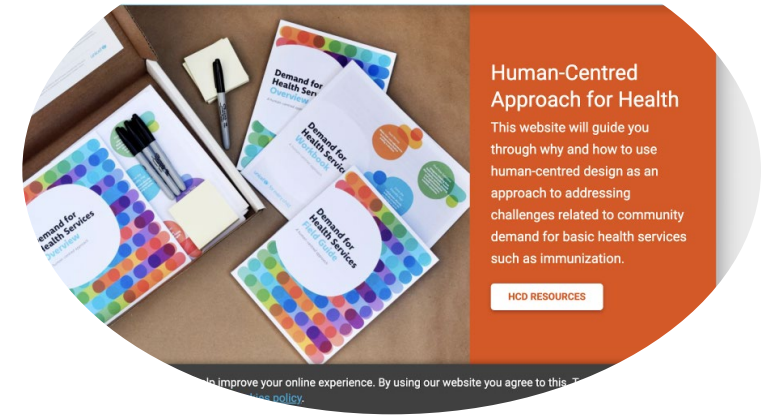
Identifying barriers hampering demand and uptake of COVID-19, RI and other health issues including mental health, to inform targeted interventions and build trust in the health service systems

## TAILORED SOLUTIONS

Community-specific solutions created by co-creating and co-designing local solutions with communities

## LEARNING

Implementation research in collaboration with UNICEF Office of Research to document what has worked



# Applying Behavioural Science To Improve Immunization Outcomes

## How does BeSci add value to our work?

### Address unconscious drivers of behaviour

Applied behavioural science helps us move beyond an emphasis on IEC toward tactics to bridge the *intention-action gap*.

### Redesign Choice Environments

Since people tend to do what is easiest, we design “choice environments” to make it easier for people to follow through on their intentions.

### Measure and Learn

Use of (quasi) experimental methods (e.g. RCTs) to test solutions in context.

### Strengthen Capacities

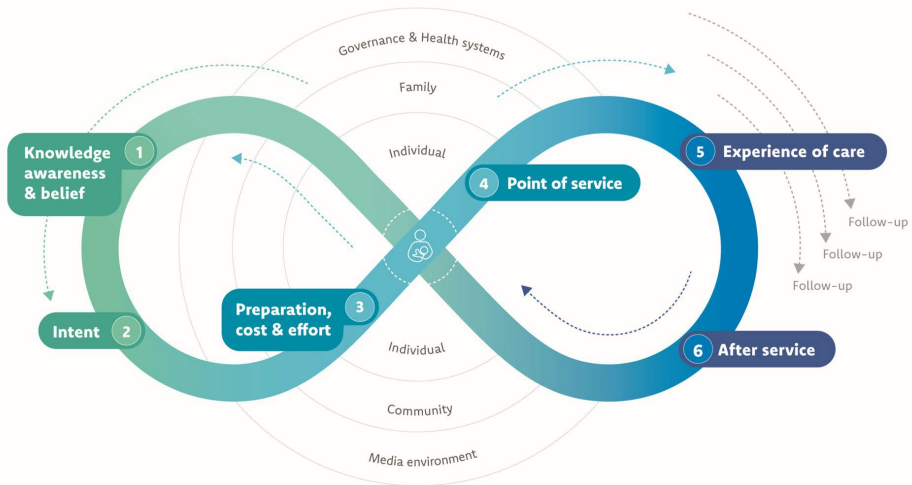
Establishing National Behavioral Science Datacenters to develop evidence base interventions for Covid-19, RI and future pandemics

**Activate intentions**

**Reduce “friction”**

**Test before scaling**

**Behavioural Labs**



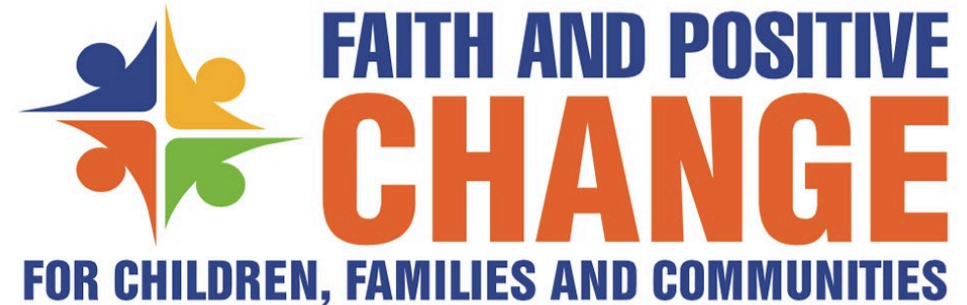

  
**TEACH TO REACH**  
**CONNECT**  
**MEET, NETWORK & LEARN**

# Improving Health Workers Service Experience

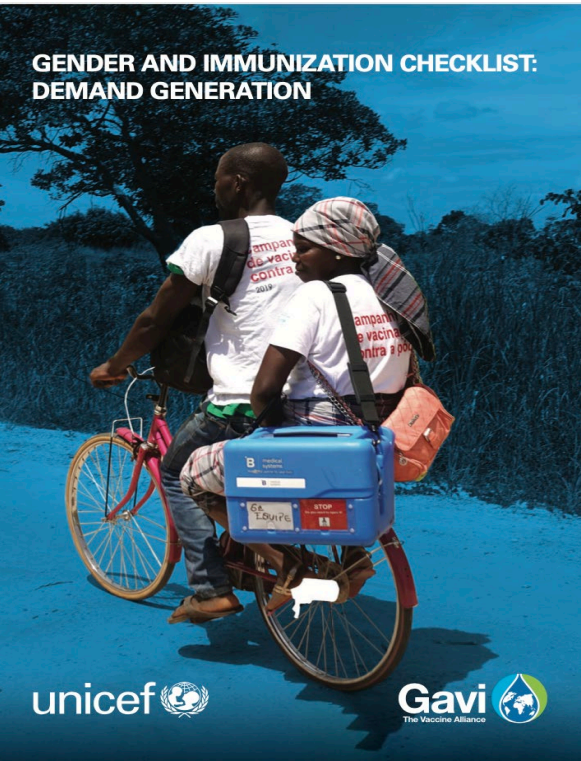
- Supporting health workforce on delivery strategies tailored to specific community needs including for disadvantaged and prioritized population groups
- Enhance the capacity of health workforce to deliver interpersonal communication and counseling for COVID-19 vaccination and RI with special focus on adolescent engagements to improve vaccination and immunization experience
- Partnership (AMREF/ Geneva Learning Foundation) to enhance blended learning of Health Workers reaching a network of over 40,000 HWs.
- Catalyze “movements” of health care practitioners, engaged in and committed Increased ability to find and vaccinate zero dose and defaulting children

# Community Engagement Through Faith

- Leverage UNICEF's global faith partnership to build a sustainable coordination mechanism for engagement with faith actors to catalyze change at local levels and better prepare for future pandemics using the influence of faith
- Incorporating Mind/Heart Approaches to increase vaccine uptake
- Regional and National Level Multi-Faith Action Dialogues
- Improved partnerships and coordination with faith actors on joint action planning & implementation
- Monitoring, Evaluation, Documentation and Learning



# Transformative Gender Response



- Understand and analyse how the socio-cultural context and prevailing gender norms impact vaccine-related decisions for women, men, girls, boys and gender diverse people - to ensure a robust gender perspective in all stages of implementation of demand interventions
- Promote the use of gender disaggregated social data in evidence generation to inform interventions
- Emphasis on initiatives that address gender-related COVID-19 mistrust and lack of or misinformation to reduce vaccine hesitancy and concerns

# Social Listening and Digital Engagement

- ✓ Support countries in scaling up of national social listening strategies/capacities developed during COVID to inform other health interventions
- ✓ Apply novel approaches such as the Internet of Good Things (IoGT) for capacity building and engagement with frontline workers on immunization and future pandemic preparedness
- ✓ Vaccine Acceptance Interventions Lab – supported through the Yale Institute of Global Health conducted message testing and RCTs in 6 countries
- ✓ Gamification introduced to inoculate players against mis-information. Through the introduction of Cranky Uncle. Field testing conducted in Uganda, Rwanda and Kenya
- ✓ Private sector partnership (Meta) Insights measurements



# Knowledge Convening & Sharing

- Global Vaccine Demand Event June 2022
- Comprehensive training on demand generation
- Demand Hub Networking event at SBCC summit – Marrakesh Dec 2022
- Demand Hub Face to Face Meeting – Nairobi Feb 2023
- Vaccine Acceptance Research Network Conference – Bangkok June 2023
- Africa CDC Engagements 3rd International Conference on Public Health In Africa - Nov 2023

