How to use this tool

A GUIDE FOR DISCUSSION FACILITATORS AND MODERATORS

A– When to use this presentation

Examples of good moments to convene stakeholders and review the presentation may include:

- Gavi Joint Appraisal sessions (JA's)
- Demand promotion related meetings of Inter-Agency Coordinating Committees (ICCs)
- Meetings of communications or national demand promotion Working Groups

A working session with the presentation can also be a helpful to support:

- Efforts to develop new, national or sub-national immunisation communication strategies or plans, or to revise existing such strategies or plans;
- Design of the demand components of any new proposals to Gavi (HSS / CEF) or other donors;
- EPI Reviews or similar exercises that seek to review the performance, or improve the delivery of immunisation interventions, including demand-side interventions.

B– Important stakeholders to include in the working session

- ✓ EPI management and/or Ministry of Health's Health Promotion team
- ✓ EPI Communications or Ministry of Health Communications, or C4D for Immunisation MoH
- ✓ UNICEF / WHO Technical Support liaison(s)
- ✓ Other potential partners (including media and private sector)
- ✓ Relevant ICC and/or NITAG partners
- ✓ CSO partners
- ✓ Sub-national immunisation managers
- ✓ Colleagues from other primary health care demand promotion programmes

C- Types of content in this presentation

1. **The case for demand promotion and the evidence base findings:** proven activities or tools to stimulate demand in specific contexts.

2. **Your input slides:** an opportunity for you to share information about your national activities. Helps to inform discussions and build tailored, relevant action plans. *These slides are labelled with an icon:*

3. **Questions for discussion:** asks you to reflect on specific questions for your national context. We recommend you take notes of the discussions, and a blank table is provided at the start of each section for this purpose. *These slides are labelled with an icon:*

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D – How the presentation is structured

Part 1: The case for investing in demand promotion

- Duration approx. 2 hours (including discussions)
- Includes:
  - 1 slide-prompt for your input (national programme documents)
  - 7 slide-prompts for discussion
  - 1 slide offering a table template to document your discussions

Part 2: Novel, proven approaches to demand promotion

- Duration approx. 3 hours (including discussions)
- Includes:
  - 1 slide-prompt for your input (national programme documents)
  - 20 slide-prompts for discussion
  - 2 slides offering a tables template to document your discussions

The two parts could be completed in a (short) one-day working session; but they could also be split up across different days.

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E – Using this presentation

In addition to providing your own inputs where prompted, and facilitating discussion points:

We encourage you to tailor this presentation to your needs. Feel free to delete any slides that may not be relevant to your context, or add slides that can help further inform your stakeholders.

Lastly, please note that there is a place to **include your logo** (EPI, MoH or other) indicated by a light grey box at the bottom left of each slide.

Note on references:

The original source references are provided in the form of a DOI (digital object identifier) or the PMID (unique identifier number used in PubMed) throughout this document. This provides a link to the source on the Internet. Enter the DOI or PMID into your preferred search engine to find the source article

WORKING SESSION ON SMART INVESTMENTS THAT IMPROVE IMMUNISATION EQUITY

A TOOL FOR MULTI-STAKEHOLDER DISCUSSION ON DEMAND PROMOTION

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PART 1

The case for investing in demand

(Approx.. 2 hours)

Section 1

Voices from The Alliance

“We have now seen the impact of evidence-informed, tailored, and targeted interventions that determine the barriers to vaccination and work to increase uptake. I call on national programme managers to take advantage of the latest guidance to apply these strategies in order to increase demand for vaccination, and achieve and maintain high coverage rates”.

Dr Jean-Marie Okwo-Bele
Director of the Department of Immunization,
Vaccines and Biologicals,
WHO Headquarters in Geneva

“Recent supply-side investments by national immunisation programmes have generated impressive gains. Now we must balance these with additional investments in proven strategies that create and sustain public demand for vaccines. When we put caregivers and communities at the centre of our programming, we empower them, and thereby generate demand for high-quality, accountable services that better meet the needs of the populations we are trying to reach”.

Dr Robin Nandy
Principal Advisor & Chief of Immunization,
Health Section,
UNICEF Programme Division

“Gavi supports investments to strengthen both supply and demand to increase and sustain equitable coverage. Focusing on evidence-based Demand Promotion interventions that are tailored to the needs of specific populations and rigorously monitored and evaluated should contribute to more effectively reducing dropout, improving timeliness, and overcoming vaccine hesitancy”.

Hind Khatib-Othman
Managing Director,
Country Programmes,
Gavi, the Vaccine Alliance

Section 2

The case for investing in demand

YOUR INPUT

Resources related to your national programmes to consider in this section. You may find it useful to refer to these resources as you consider the questions for discussion.

- **Landscape assessments studies and results**
- **Demand promotion KAP studies or other evaluations of the reasons for low demand or high drop-out**
- **Communications for immunisation strategy or plan (if available)**
- **Outcomes and learnings of demand promotion M&E efforts**

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DOCUMENT YOUR DISCUSSIONS

This table captures the 6 discussion topics that follow in this section of the presentation.

We recommend that you copy this table into a separate document (word, PowerPoint or PDF) to be able to write your notes without navigating back to this slide. Doing so will also provide you with more space for your responses.

Discussion areas	Your notes: Key insights, agreed action steps, new questions etc.
Definition of demand	
Obstacles to demand	
Supply and demand: investments and infrastructure	
Beyond a 'business as usual' approach (1)	
Beyond a 'business as usual' approach (2)	
Improving data collection & analysis	

40 years of EPI progress

- ✓ 80% of the world's infants receive at least three doses of vaccines delivered through routine immunisation programmes, thanks to 40 years progress of the *Expanded Program on Immunization*.
- ✓ Immunisation is recognised as one of the 'best buys' in public health offering returns on investment of more than 16-times against the cost of averted illness, and more than 44-times in broader economic benefits (*DOI: 10.1377/hlthaff.2015.1086*).
- ✓ There have been significant improvements in service provision and supply-side systems of national EPI programmes, as a part of broader health systems.

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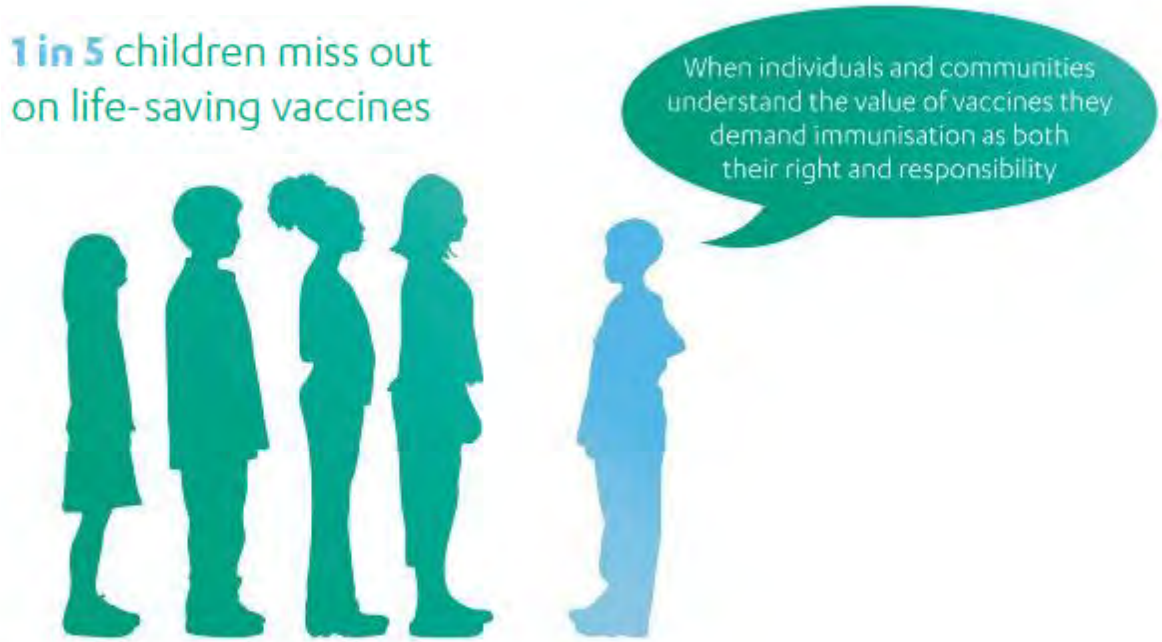
What is immunisation demand?



Activities that reduce hesitancy and help convince people to accept and ask for vaccines is defined as demand promotion.

DISCUSSION

Definition of 'demand'

- **What do you think about this definition?**
- **How is it similar or different from how you have typically defined demand?**
- **What's the difference between a caregiver accepting vaccines, vs. actively asking for vaccines?**
- **What is the difference between a caregiver being hesitant about vaccines, vs. refusing some (or all) vaccines?**

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Why is demand critical?

Even where adequate and reliable supply infrastructure is in place, crucial gaps in coverage remain, in large part, because of poor demand for immunisation.

- These gaps often concern the hardest to reach communities or those groups that are already most at risk of vaccine-preventable diseases.

- Caregivers may face various obstacles that lead to low demand or high drop out:
  - Insufficient knowledge on benefits of immunisation, or lack of practical information on where and when services can be found;
  - Reluctance to seek services if facilities perceived to be low quality, or customer service sub-optimal;
  - A small number may actively resist vaccination due to culture, community, religion or mis-information.

DISCUSSION

Obstacles that lead to low demand or high drop-out

- **Which of these barriers do you see in your country?**
- **What are some of the differences between some of your low-demand or high drop out populations, concerning the types of demand-side obstacles they face?**
- **How big are these differences between populations?**
- **Do you have recent, reliable, detailed evidence on these issues? Either quantitative (data) or qualitative (reports)?**
- **Is the evidence that you have sufficient? Or, is there a need for additional surveys and research about the population or specific population groups?**

Full, equitable coverage needs universal, sustainable demand

We cannot achieve broad, sustained coverage of vaccines, nor the full return on supply and vaccine investments, until all of communities are empowered and enabled to access immunisation services.

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DISCUSSION

Balance of supply and demand investments and infrastructure

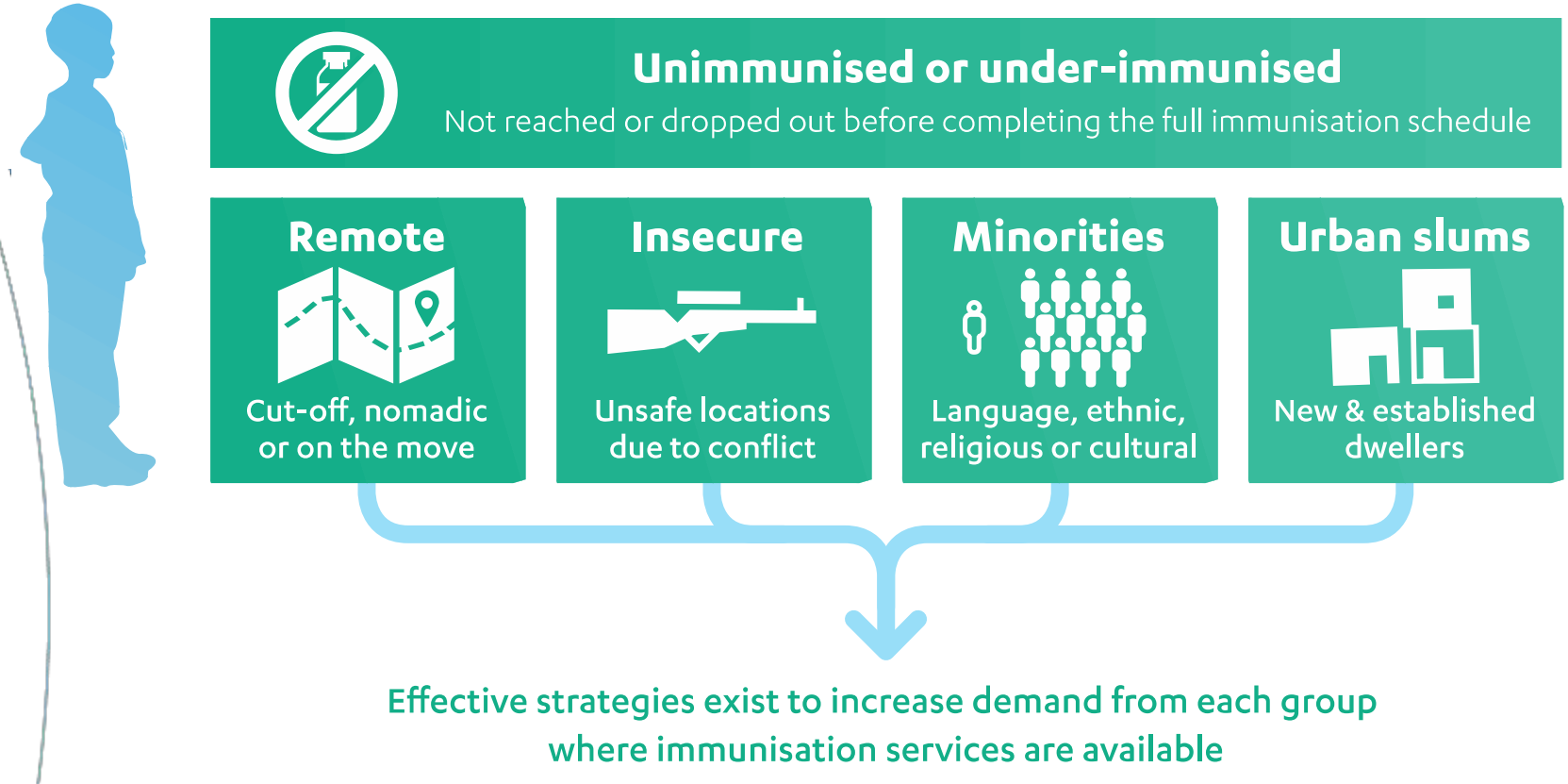
- **Are demand plans and programming adequately reflected in policies and strategies, such as cMYPs?**
- **Does the EPI program have the right people and skillsets to effectively design, manage, and monitor demand interventions? At the central and also sub-national levels?**
- **Are investments in resolving supply-side vs. demand-side challenges fairly balanced in your country?**
- **If no, how big is the difference in investments between demand and supply?**
- **Do you have cases where supply infrastructure is adequate but demand-side strengthening has not kept pace?**

Beyond a 'business as usual' approach...

Standard approaches or 'one size fits all' activities may not be reaching - or convincing - many low demand or high drop-out groups, including those at greatest risk of vaccine-preventable diseases.

- Traditional or 'default' demand promotion activities may be failing to reach some population segments altogether.
- Activities may not sufficiently address caregivers concerns, motivate them to overcome practical barriers, or enable people to access the immunisation services that are available.

Beyond a 'business as usual' approach...



DISCUSSION

Beyond a 'business as usual' approach (1)

- **Are there population groups who have not been well adequately reached or served by existing demand interventions?**
- **Do your demand promotion programmes explicitly focus resources on these most at-risk groups?**
- **Can you identify any past or current demand promotion activities that might not be effectively reaching their target group, or delivering their objectives?**

DISCUSSION

Beyond a 'business as usual' approach (1) Continued…

- **How many of your current programmes consist of generic activities or approaches, vs. those that are tailored to specific population groups?**
- **Do you believe some types of activities that you have implemented in the past might be more effective than others?**
- **Do you have ready evidence (data, reports) that enable you to test and verify which activities have been the most successful?**
- **Where have you seen tangible success (increases in demand, reductions in drop-out) in the last 3 years? What are the reasons for these successes?**

Beyond a 'business as usual' approach...

Current investments in demand promotion may simply not be enough to achieve and sustain full demand.

- Funds that are invested may be inefficient, or failing to achieve the desired impact if they are not targeted towards those activities that offer the best return on investment.

- In many cases, there are likely to be newer or more modern demand promotion activities, and tools which can deliver better outcomes and that are more cost-effective than traditional alternatives.

DISCUSSION

Beyond a 'business as usual' approach (2)

- **What are the ways in which the different population groups in your country access and consume information (for eg. through mass or other media, via local influencers etc.)?**
- **Has this changed over the last 10-15 years?**
- **Are there any new developments in the space (eg. internet, mobile phones, increased consumption of TV).**
- **Have your immunisation demand promotion activities evolved alongside these changes? Have they sought to make use of the new types of popular media?**
- **What could be learnt from the successes (or challenges) of demand promotion activities of other health promotion programmes in your country?**

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…towards demand promotion that is effective and value for money

Gavi, together with UNICEF and the World Health Organization, have partnered with the Emory Vaccine Centre at Emory University to compile the best available evidence on a range of demand promotion activities.

What we have learnt is both compelling and inspiring:

- A range of different strategies, approaches and tools have been shown to be **effective at increasing demand for immunisation** amongst unimmunised and under-immunised groups.
- The **value of these demand interventions is tangible** and the impact can be measured, as well as demonstrated, using appropriate tools.

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A call to action: Improving data collection and analysis

Emerging evidence points towards some effective ways to stimulate public demand for immunisation.

However, greater efforts are needed to scale-up and institutionalise the collection of outcomes and impact data.

Whilst the evidence presented here will demonstrate that the outcomes and impact of demand-side activities are both measurable and tangible, greater efforts are required on the part of all immunisation stakeholders to track, measure and evaluate the outcomes of demand promotion activities.

A broad set of robust data is essential to enable evidence-based decision-making and to continuously improve demand programming.

→ Contact your UNICEF or WHO technical support liaison to obtain the most up to date guidance and best practices on collection, monitoring and evaluation of data for demand promotion.

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DISCUSSION

Improving data collection and analysis

- **Which are the routine immunisation demand promotion activities that consume the largest amounts of budget in your country?**
- **How far have these specific activities been rigorously tested and evaluated?**
- **What standard processes do you have in place to facilitate that evaluation?**
- **How adequate is the evidence that you current have (or regularly collect) to determine which activities or mix of activities are most effective for different population groups?**

“There is a need for evidence-based, cost-effective interventions to increase and sustain demand for vaccines in low and middle-income countries”.

Dr Saad Omer
William H. Foege Professor of Global Health,
Emory University

PART 2

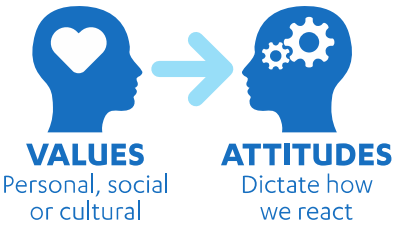
Novel, proven approaches to demand

(Approx. 2-3 hours)

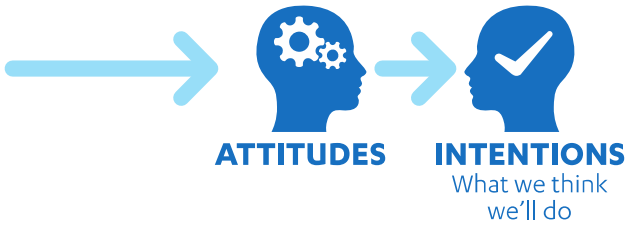
Section 1

A framework for stimulating demand

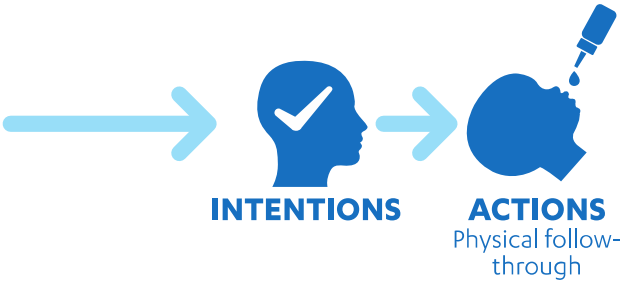
Locating barriers to demand in the vaccine decision-making process



This framework is one way to map out the reasons for low coverage or high-drop out rates amongst some groups.



Various unimmunised or under-immunised groups may be located at different points across the framework.



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The role of values, attitudes and intentions

Values → What we perceive as good, right or acceptable.
Often rooted in social or cultural context.

Attitudes → Our feelings towards certain ideas or issues.
Dictate reactions in concrete situations.

Intentions → The act or instance of deciding upon some action or result.
Gives purpose to an attitude.

Actions → The follow-through on an intention.
All necessary steps or 'acts' to achieve an aim.

How does the framework interact with common barriers to immunisation demand?

Social, demographic and economic barriers to demand can act on different transition stages of the framework.

Some barriers may act on more than one transition stage.

- Factors related to the cultural or religious context may influence vaccine-refusing **values**.
- Service availability barriers – such as distance or limited opening hours – might provoke the **attitude** that, if he/she really needed to immunise their child, there would be more resources.
- Care-giver knowledge and acceptance of the risk of a disease, or the severity of its consequences, can modulate **attitudes** and **intentions** to see out vaccination.
- Fear of poor or unequal treatment by health workers or vaccinators might reduce the strength of otherwise positive **intentions** to vaccinate and might mean that care-givers do not ultimately **take action**.

DISCUSSION

Values, attitudes, intentions and action

- **Can you readily identify examples of population groups where low demand or high drop-out is linked to:**
  - **Values?**
  - **Attitudes?**
  - **Intentions?**
- **What are some of the specific barriers to demand that you can identify for each of these population groups?**
- **What demand promotion activities have been implemented amongst these populations to date?**
  - **What were the specific objectives?**
  - **How did they seek to link to the specific demand barriers?**

Section 2

Evidence base

“In areas where we have low coverage, high drop out, or communities with increased susceptibility to vaccine-preventable diseases, we have been able to apply evidence-based interventions to boost acceptance of immunisation at a community level. In areas where these interventions were implemented, we recorded a significant increase in the number of children who were vaccinated. To equitably extend the benefits to all, there is real potential now in the area of demand promotion and all countries should explore the latest guidance.”

Dr Fiona Braka
Immunization Team Leader,
World Health Organization, Nigeria

YOUR INPUT

Resources related to your national programmes to consider in this section. You may find it useful to refer to these resources as you consider the questions for discussion.

- **Demand investments per population group**
- **Landscape assessments studies and results**
- **Stakeholder and support partners engagement, and their involvement / roles**
- **Demand promotion elements in EPI budgets and cMYPs**
- **M&E tools in place for demand promotion**

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Effective ways to stimulate and maintain demand for immunisation

The following slides present examples of activities based on a thorough review of published studies on immunisation demand promotion in the academic literature.

These examples point to novel, varied and inspiring practices that are relevant to different contexts and which help to overcome different types of demand barriers.

They can serve as a starting point to encourage decision-makers to begin investing in more proven, effective demand promotion interventions.

The examples presented in this section **do not:**

- provide an exhaustive list of all promising approaches, or
- constitute detailed technical guidance

How to access more information on the examples presented here

The activities and their outcomes are described in very short summaries in this section. The emphasis is on what has been shown to work, and what are the associated statistical results.

For additional information about the activities:

- Consult the companion brochure to this PowerPoint presentation http://www.gavi.org/library/publications/gavi/smart-investments-demand-promotion-guide/
- Access the source article by entering the DOI or PMID article identification number into your internet browser.

The annex section of this presentation provides a comprehensive list of field-guides and other resources for the design and implementation of demand promotion programmes.

DOCUMENT YOUR DISCUSSIONS

On the following 3 slides you will find a table that can help you to summarise your discussions about the activities and findings that are presented in this section.

Once completed, this table will be a useful tool to use in your discussions with WHO and UNICEF about your technical assistance needs for demand promotion.

The table prompts responses to the following questions:

- **How relevant is this finding for your national programme?**
  High / Medium / Low?
- **Which specific population groups could benefit from this activity?**
  List groups
- **What is your plan to introduce this activity, or to scale it up?**
  Describe plans

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DOCUMENT YOUR DISCUSSIONS

We recommend that you copy this table into a separate document (word, PowerPoint or PDF) to be able to write your notes without navigating back to this slide. Doing so will also provide you with more space for your responses.

Findings / activity examples	How relevant is this finding for your national programme? High / Medium / Low?	Which specific population groups could benefit from this activity? List groups	What is your plan to introduce this activity, or to scale it up?
Match the messenger to the recipient			
Reach out through relevant media			
Help targets identify with messenger			
Identify vaccine champions			
Present the expert consensus			

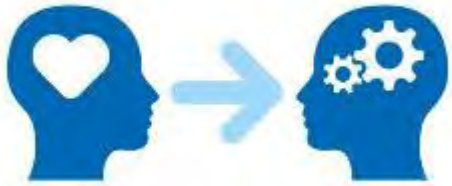
DOCUMENT YOUR DISCUSSIONS

Insight / evidence	How relevant is this finding for your national programme? High / Medium / Low?	Which specific population groups could benefit from this activity? List groups	What is your plan to introduce this activity, or to scale it up?
Make messages persuasive			
Gain-framed and loss-framed messages			
Less (talk) is sometimes more			
Listen to your target communities			
Be specific, not general			
Remind frequently, communicate simply			
Consider mobile technology			

DOCUMENT YOUR DISCUSSIONS

Insight / evidence	How relevant is this finding for your national programme? High / Medium / Low?	Which specific population groups could benefit from this activity? List groups	What is your plan to introduce this activity, or to scale it up?
Encourage planning			
Integrate different strategies			
Consider additional motivation			
Mass media (case study)			
Polio (case study)			

Working with values



DISCUSSION

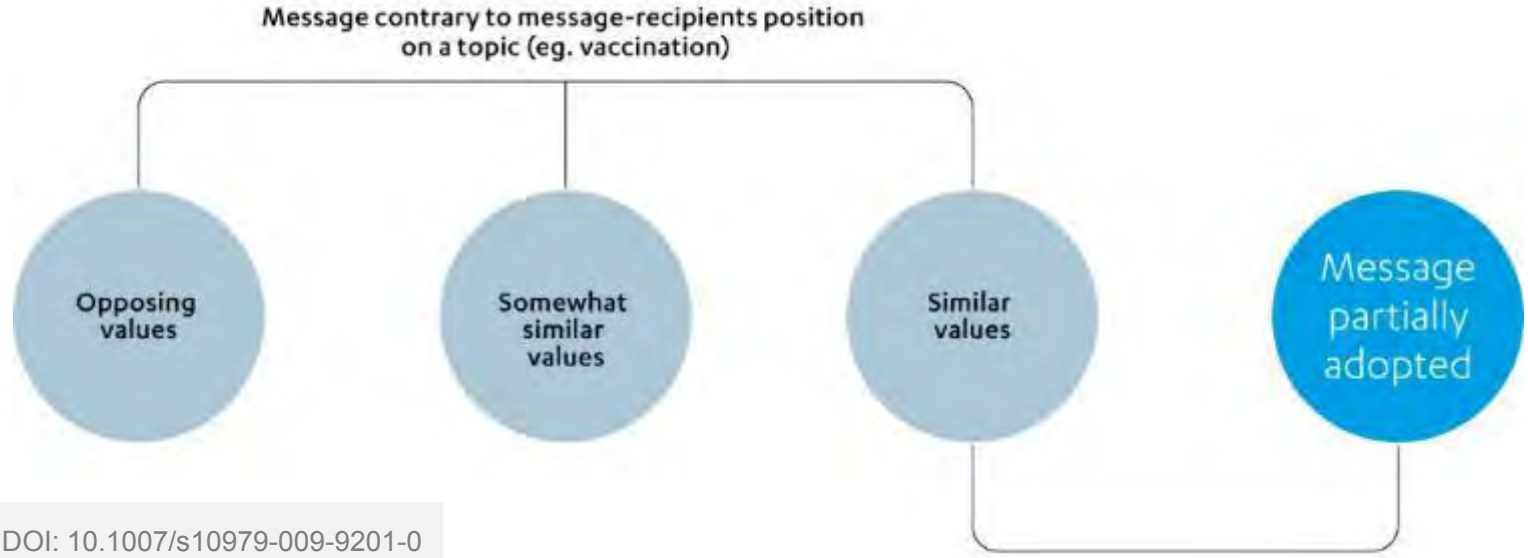
Working with values

- **Can you identify specific population groups in your county that hold vaccine-refusing or vaccine-limiting values?**
- **Do you have information about the different values that are most important to different low-demand population groups?**

Match the messenger to recipient

Care-givers may be more likely to accept information that contradicts their current attitudes if they recognise that the messenger holds similar core values to themselves.

Message recipients were shown to partially adopt the new message when they perceived themselves to share similar values to the advocate. This was true even if the message was contrary to the message recipient's position on a specific topic like vaccination.



DOI: 10.1007/s10979-009-9201-0

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DISCUSSION

Match the messenger to recipient

- **Have you already tested or implemented any similar activity with a strong values-orientation? Or activities that deliberately select certain advocates that have similar values to the target population groups?**
- **If yes, what was the outcome? Were activities successful, and why?**
- **If no, do you see opportunities to implement this kind or activity - either as tests, or as a part of your national demand promotion programme?**

From attitudes to intentions

DISCUSSION

From attitudes to intentions

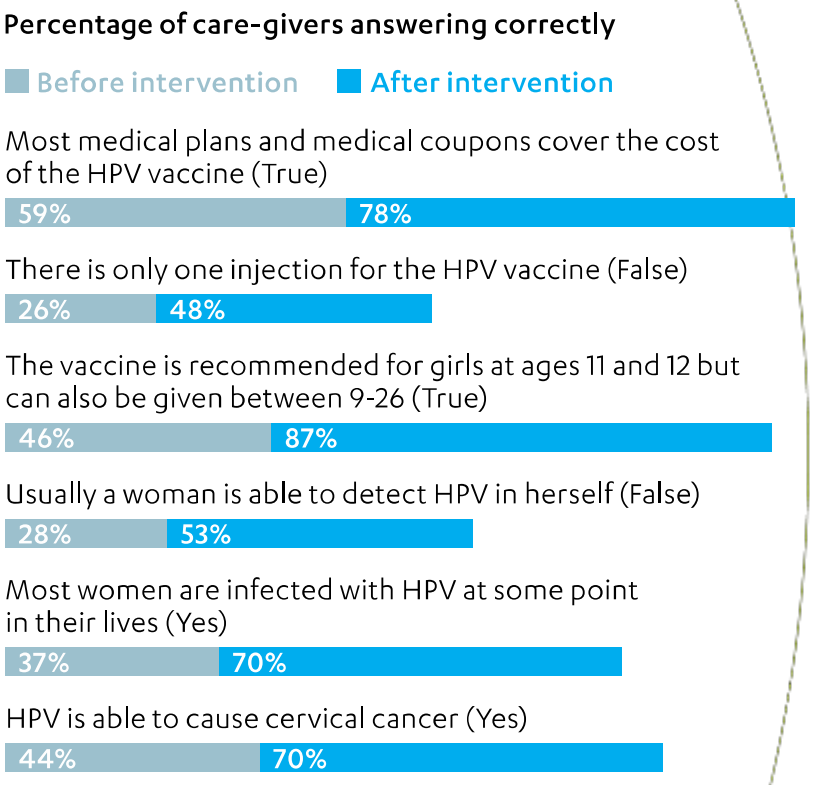
- **What are examples of groups in your country who <u>are generally positive</u> about vaccination, but who may be not prioritising vaccinating their children (for example, compared to other caregiver responsibilities)?**

Reach out through relevant types of media

Using media channels and formats that are familiar to specific target populations, and with which they culturally identify, can be effective in changing negative attitudes to immunisation. Examples might include storytelling via radio and television programmes, or live cultural or dramatic performances.

After listening to 'radionovelas' with plotlines that addressed uptake of the human papillomavirus (HPV) vaccine, US-living, rural Hispanic parents of Mexican descent demonstrated higher knowledge and positive-vaccine beliefs.

DOI: 10.1007/s10900-011-9395-1



p<0.05
All differences between percentage of parents answering correctly before and after the intervention were significant compared to before and after differences of a control group, with the exception of answer to the statement 'HPV is able to cause cervical cancer'

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DISCUSSION

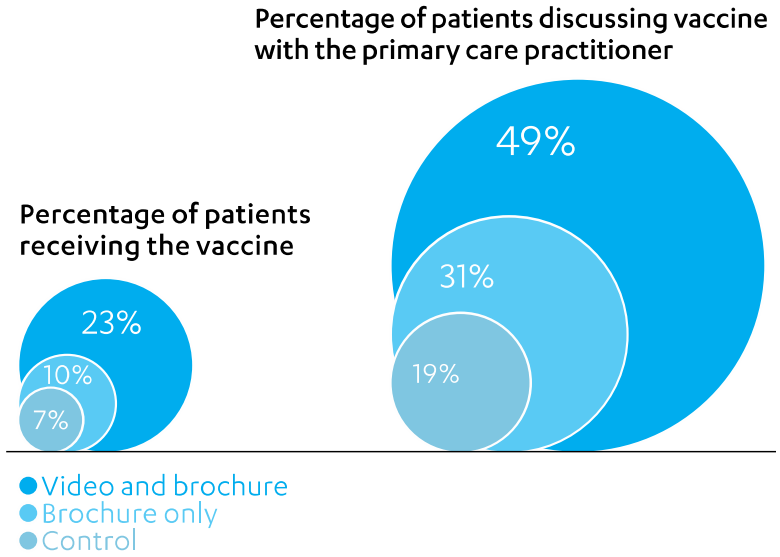
Reach out through relevant types of media

- **Do you have information about which media channels are accessed by which different populations?**
- **How far have you tailored your communications according to this information?**
- **Are there way that you could improve the selection and tailoring of media channels?**

Help your target groups identify with the messenger

Images and videos that promote vaccinations should almost exclusively feature individuals that are of a similar ethnicity or culture to the target groups.

A significantly higher percentage of subjects viewing a pneumococcal conjugate vaccine (PCV) video presented by ethnically-similar actors went on to discuss the vaccine with their primary care practitioner, and a higher proportion also received the vaccine vs. other study groups.



p<0.05
All differences are significant with the exception of the difference between percent of patients receiving the vaccine in the control arms compared with the patients receiving the brochure only.

DOI: 10.1136/jim-51-03-16

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DISCUSSION

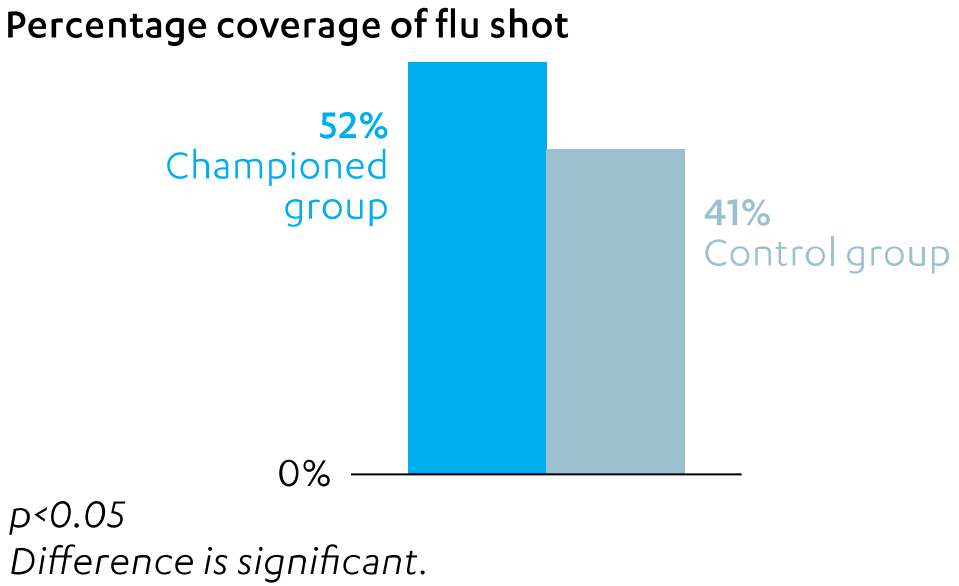
Help your target groups identify with the messenger

- **How often do your communications materials (such as posters, leaflets, TV spots etc.) feature images that were tailored specifically to the different ethnic and cultural groups in your country?**

Identify vaccine “champions”

Using champions from the target population, who are generally well-liked and influential, can be an effective tool in shaping the perceptions peers have of vaccines.

Healthcare workers that were encouraged by workplace ‘champions’ were statistically more likely to receive the seasonal influenza vaccine.



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DISCUSSION

Identify vaccine “champions”

- **Have "champions" featured as a part of your communication strategy?**
- **If yes, have they been national champions?**
- **Do you have different champions for different priority population segments?**

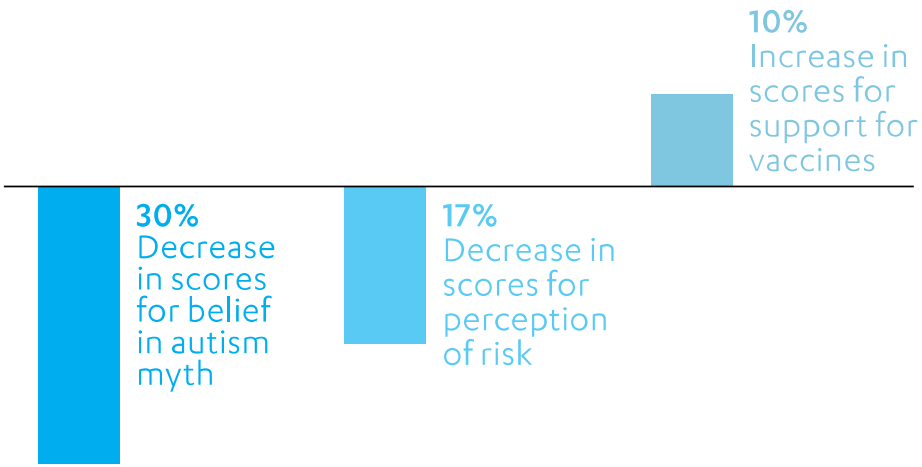
Present the 'expert consensus'

Offering a united front across experts and spokespeople on the topic of immunisation has been shown to bolster general support for vaccination and reduce belief in vaccine myths.

Participants in a study that received any sort of consensus-highlighting message believed less strongly in the autism myth, perceived less vaccine-associated risk and had stronger support for vaccines overall vs. those receiving no message.

DOI: 10.1186/s12889-015-2541-4

Percentage change in mean test scores following expert consensus message



p<0.01
All differences between 'any consensus message' and no message' are significant.
No statistically significant difference in scores between different consensus messaging conditions.

Present the 'expert consensus' ***Continued…***

Examples of 'expert-consensus' messages might include:

"90% of medical scientists agree that vaccines are safe",

"90% of medical scientists agree that all parents should be required to vaccinate their children".

DOI: 10.1186/s12889-015-2541-4

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DISCUSSION

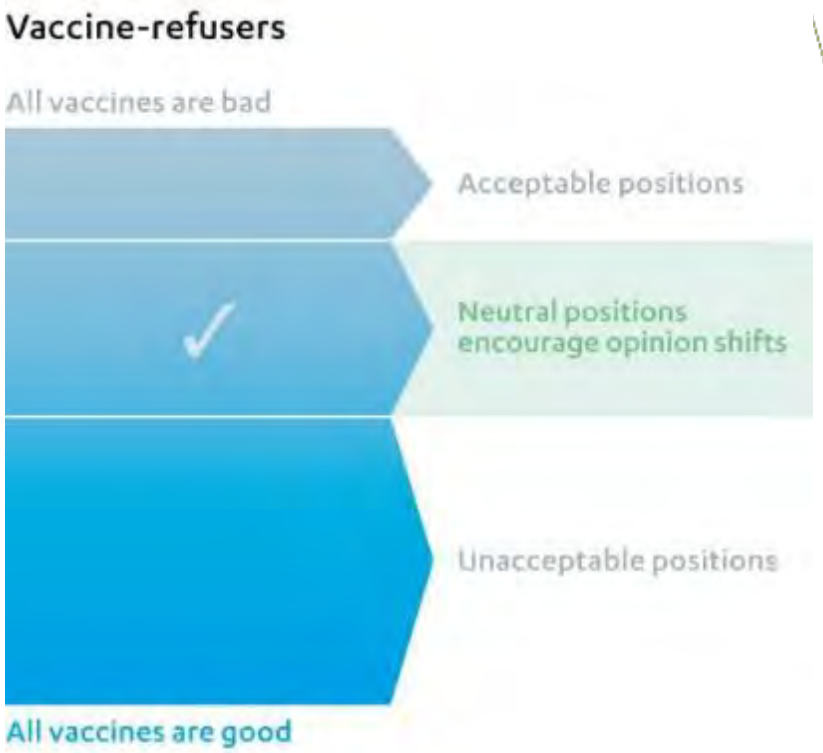
Present the ‘expert consensus’

- **Have any of your communication activities featured ‘expert consensus’ messaging?**
- **What kinds of experts have you featured?**
- **Are there other types or groups of experts that could be leveraged?**

Make messages persuasive

For subjects holding vaccine-refusing attitudes to some or all vaccines, attitudes are more likely to be improved by presenting messages that are more 'neutral' vs. those that are overwhelmingly vaccine-positive.

When they received message that they *neither* agreed nor disagreed with, vaccine-refusing participants demonstrated shifts in their opinion *towards* the new vaccine message. However, if a message was *too positive* and *did not address their concerns*, it did not encourage positive opinions shifts.



DOI: 10.1002/ejsp.2420230510

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DISCUSSION

Make messages persuasive

- **Do you have information about which of your low-demand population groups have more 'vaccine-refusing' attitudes? Which groups have more 'vaccine-accepting' attitudes?**

- **Have any of your demand promotion communications been specifically tailored (and different) for broadly vaccine-refusing groups? In what way were they tailored?**

Know the right time to use messages about gains or losses

Presenting the potential gain from an action appears to be more effective in some specific circumstances, and presenting what stands to be lost – or the negative consequences of not acting – appears to be more effective in others.

Gain-framed messages

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More effective when:

- the message recipient already believes vaccines are effective;
- the overall cultural attitude is more individual-orientated; or
- a specific vaccine requires only one dose.

Loss-framed messages

More effective when:

- the message recipient has low confidence in vaccines;
- the overall cultural attitude is more group orientated; or
- when a vaccine requires multiple doses.

DOI: 10.1080/10410236.2011.617243 / DOI: 10.1007/s12160-008-9024-0 / DOI: 10.1007/s12160-011-9273-1

Know the right time to use messages about gains or losses ***Continued…***

Examples of 'gain-framed' message:

"If you decide to get the vaccine, you may decrease your chance of contracting the potentially deadly H1N1 flu virus."

"Getting the vaccine requires substantial effort. You'll need to go to the Student Health Center 6 separate times within a six-month period to get vaccinated (that is, you'll have to go to the clinic 6 times in half a year). At each visit, a technician will inject a dose of the vaccine."

Example of 'loss-framed' messages:

"If you decide not to get the vaccine, you may increase your chance of contracting the potentially deadly H1N1 flu virus."

"Getting the vaccine requires very little effort. You'll need to go to the Student Health Center just one time to get vaccinated. At the visit, a technician will inject a dose of the vaccine."

DOI: 10.1080/10410236.2011.617243 / DOI: 10.1007/s12160-008-9024-0 / DOI: 10.1007/s12160-011-9273-1

DISCUSSION

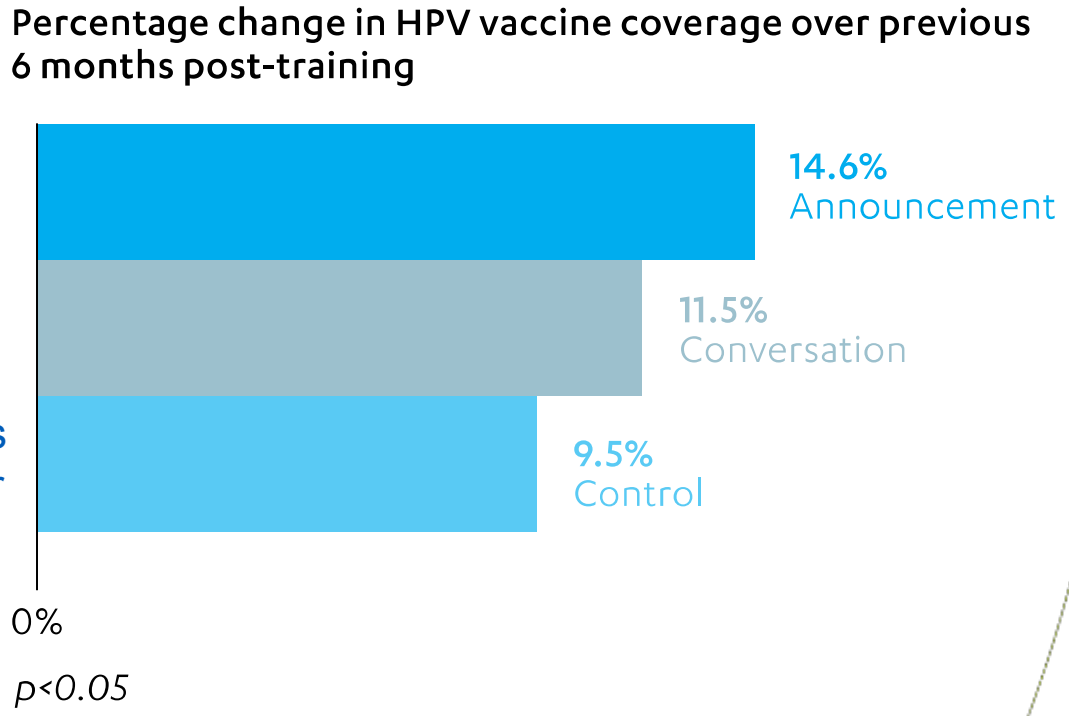
Know the right time to use messages about gains or losses

- **Thinking about the types of messages that are currently used in your demand promotion communications for routine immunisation: are these messages gain-framed, or loss-framed, or both?**
- **Can you think of population groups that meet the suggested criteria for using gain-framed messages? And groups that would be better targeted with loss-framed messages?**
- **Based on the information presented on the previous slides, is there any adjustment you might consider in your message framing with any particular groups?**

Less (talk) is sometimes more

When health workers delivered short, clear *messages* to caregivers about the human papillomavirus (HPV) vaccine vaccine, this increased coverage of the vaccine *more* than when the health workers engaged caregivers in a *conversation*.

In the study, physician-educators provided either a short message about the timeliness of the HPV to parents of 11-12 year-old children, or engaged the parents in a longer conversation. Short messages delivered a significantly higher coverage of the vaccine.



DOI: 10.1542/peds.2016-1764

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DISCUSSION

Less (talk) is sometimes more

- **Can you think of examples of demand promotion activities in your country that (have) require(d) physicians or other health providers to address caregivers with *only short messages* about any vaccine?**
- **Can you think of examples where *conversations* between the healthcare provider and the caregivers was the recommended or commonly used method?**
- **Do you have and data -or anecdotal evidence- that reveals something about the success or impact of these approaches?**
- **If yes, is the impact and/or success of these approaches different for different population groups?**

Listen to your target communities

Educational messages were found to be more effective when they reflected the critical factors and concerns that impact the target groups' and their decisions to vaccinate. Conducting this research and designing messaging together with communities is more effective compared to 'one size fits all' messaging.

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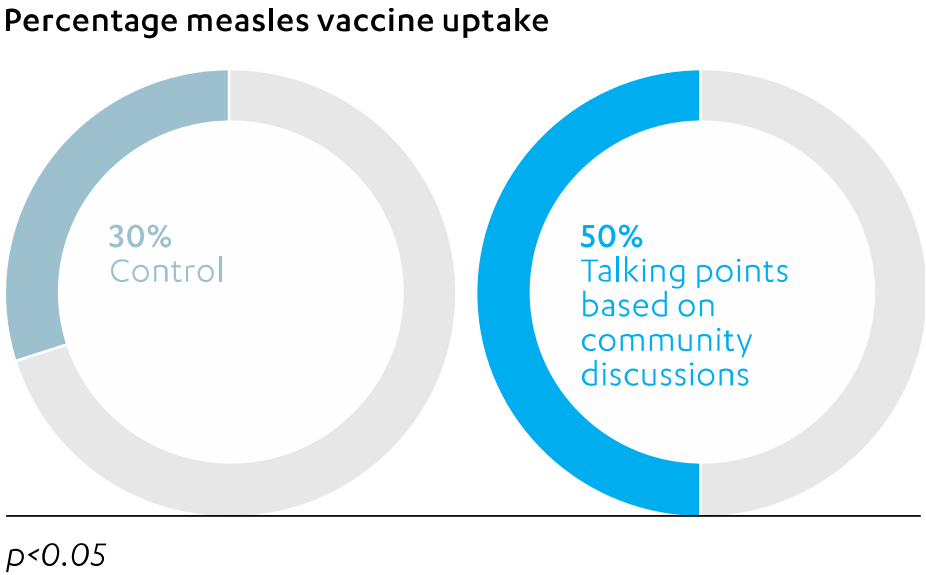
Standardised talking points developed on the basis of the community learnings more than doubled the odds of a child in an intervention community receiving the measles vaccine.



DOI: 10.1186/1472-698X-9-S1-S8

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DISCUSSION

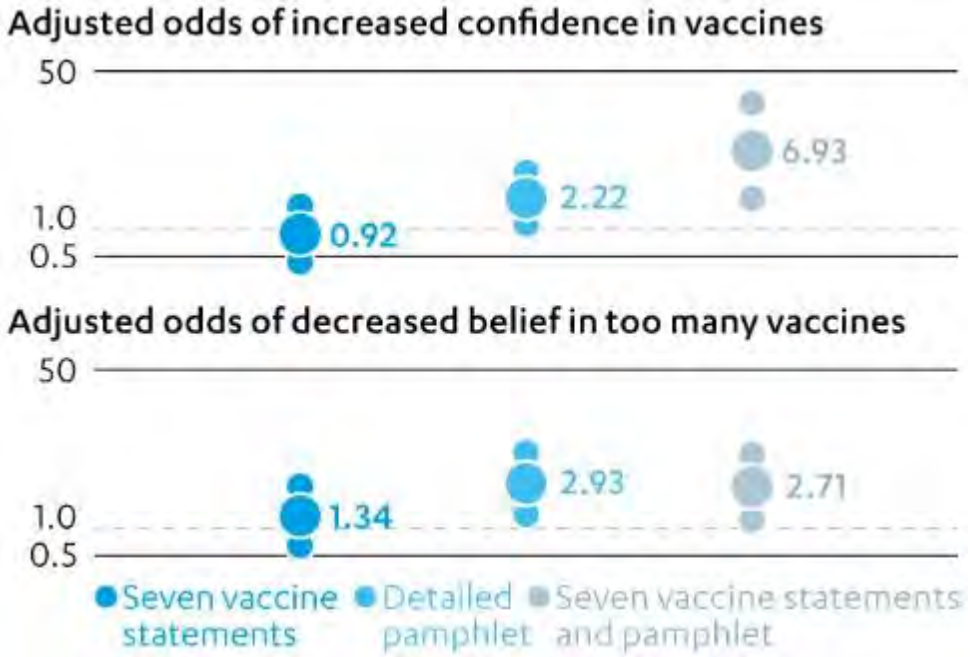
Listen to your target communities

- **Have your national demand programmes or activities included similar research for some communities? That is, community discussion and exploration around the critical factors and concerns that impact those communities' decisions to vaccinate?**
- **If yes, have educational messages been subsequently tailored to those specific individual groups?**
- **Is this something that could be considered for priority populations?**

Be specific, not general

Educational materials that address specific concerns have been shown to be more effective, compared to materials that present only more general ideas. This is particularly true when the materials address specific concerns related to the severity of a disease or its salience (the perceived threat of acquiring the disease).

Recently-delivered mothers expressed increased confidence and fewer concerns regarding multiple injections after receiving more detailed information.



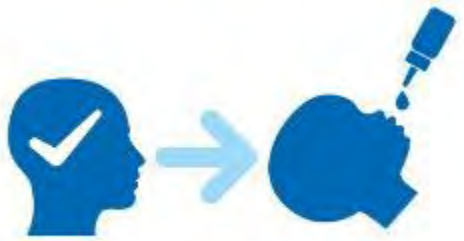
DOI: 10.1016/j.vaccine.2009.10.046

DISCUSSION

Be specific, not general

- **Thinking about messaging that is currently used in routine immunisation (RI) programmes, are there examples of messages that refer to the severity and/or the likelihood of acquiring the disease?**
- **Are there messages that address other specific caregiver concerns?**
- **Or are most messages more general in nature? (Eg. 'vaccination prevents disease', or similar).**

From positive intentions to action



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DISCUSSION

From positive intentions to actions

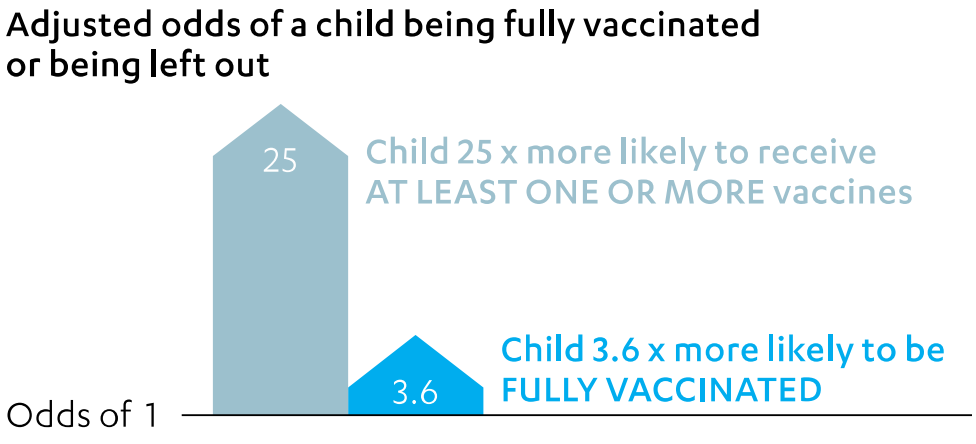
- **Can you think of examples of population groups in your country where caregivers do generally express the intention to vaccinate, but then frequently fail to attend the vaccination session(s)?**

- **If yes, do you have information about why they are failing to follow through on their intentions to vaccinate (eg. information gathered from front line health worker reports, population group surveys, or focus groups)?**

Remind frequently, communicate simply

Sending multiple reminders is most effective. These reminders should ideally convey short, comprehensive messages about when and where the vaccination will take place.

An automatic schedule of text message-based reminders for mothers in rural Bangladesh was tested. It more than tripled the odds of a child being fully vaccinated*(OR 3.6) and increased the odds of a child receiving at least one or more vaccines by twenty-five times (OR 25).



DOI: 10.1016/j.vaccine.2015.11.024

* 'Fully vaccinated' in the study includes: BCG (Bacillus Calmette–Guérin) vaccine (1 dose); Penta3 (pentavalent vaccine covering diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae* type b (3 doses); and, MR (measles rubella) vaccine (1 dose).

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DISCUSSION

Remind frequently, communicate simply

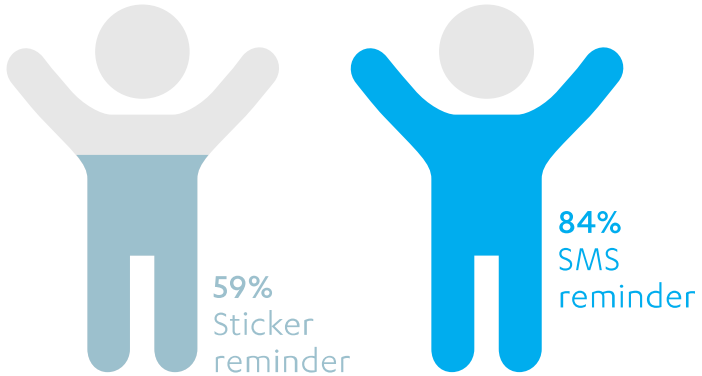
- **Have your demand programmes used text messages to reminder population groups about upcoming vaccine sessions?**
- **If yes, have these text messages included messages about when and where routine immunisation services are available?**
- **Have they used other messages that help inform or remind caregivers about how to access vaccination services?**
- **Were outcomes of the text message programmes measured, and were they successful in increasing demand and/or decreasing drop out?**

Consider mobile technology for hard to reach groups (1)

Phone calls and text messages are effective ways to remind hard-to-reach people about when they need to be vaccinated.

Children in three districts of Kenya were less likely to miss a pentavalent vaccine third dose (vs. control group) when parents received an appointment reminder on a sticker. Parents were instructed to stick one sticker in the child's health booklet and a second in a prominent location in the house. However, children were even less likely to miss the appointment when the parent received an SMS text reminder.

Probability of a child NOT missing a scheduled appointment vs. control group



p<0.05

Statistically significant difference between SMS message and control. No statistically significant difference between Sticker and control.

DOI: 10.1186/s12889-016-2823-5

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DISCUSSION

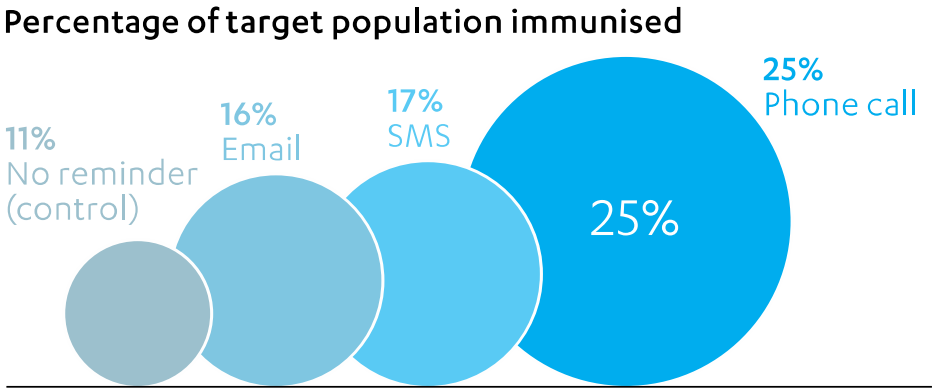
Consider mobile technology for hard to reach groups (1)

- **Can you think of examples of 'reminders' that have been used as part of your demand promotion approach?**
- **If yes, what kinds of tools did you use to deliver reminders? Stickers, SMS messages, other?**
- **Did you collect any learnings about the success of (different) reminder communications or tools?**

Consider mobile technology for hard to reach groups (2)

Phone calls and text messages are effective ways to remind hard-to-reach people about when they need to be vaccinated.

In Beirut, patients over the age of 40 who had not yet received the pneumococcal vaccine were significantly more likely to take-up the vaccine after receiving a short phone call reminder, compared to an email or SMS text reminder.



p<0.05
All differences are significant with the exception of the difference between email and SMS text message

DOI: 10.1016/j.vaccine.2015.07.050

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DISCUSSION

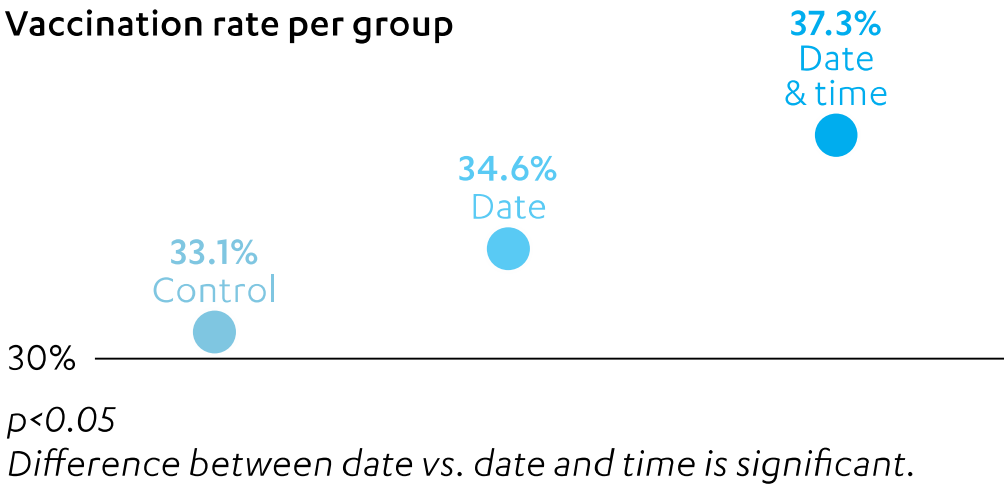
Consider mobile technology for hard to reach groups (2)

- **Can you think of any priority population – so, those that have low coverage or high drop out – and where mobile telephone ownership, or use is high?**
- **Have your demand programmes used any mobile telephone-based communication activities?**
- **If yes, did they use short calls, SMS reminders? Were these approaches successful in increasing the number of caregivers attending vaccination sessions?**

Encourage realistic planning

Providing ways for the target audience to make an action plan, even if it is non-binding, increases likelihood of vaccination. Examples could range from requesting caregivers to write down a planned vaccination appointment on a paper schedule, or reply to an email or SMS.

Employees of a company receiving a reminder mailing about the seasonal influenza vaccine availability were more likely to take up the vaccine if they were prompted to write down their planned choice of date and time for the vaccine.



DOI: 10.1073/pnas.1103170108

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DISCUSSION

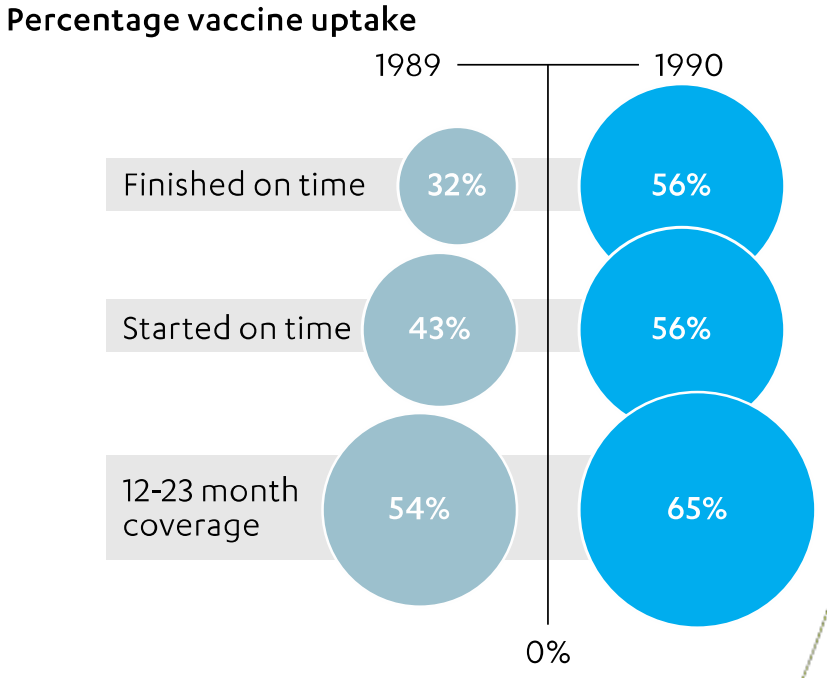
Encourage realistic planning

- **Can you think of examples of activities that have included a similar planning component (ie. caregivers have been asked to write down the location, date, and even time of the chosen appointment)?**
- **Did care givers have to write down on a paper or card, on a sticker, reply to an email, reply to an SMS etc.?**
- **Can you think of any priority groups or ongoing programmes where it would be helpful to use these kinds of techniques?**
- **In the current EPI / primary health system of your country, which are the contact points where caregivers could be asked to make a plan about going to vaccinate their children?**

Integrate different strategies to drive uptake and coverage

Integrating the different strategies discussed in this evidence base is feasible and also promising in terms of increasing vaccine uptake and overall coverage. Consider combining multiple channels of communication to target a specific group or groups, rather than relying on only one tool such as posters or community volunteers.

A national intervention in the Philippines leveraged both mass media and face-to-face communication between the healthcare worker and mother. It also employed messaging focussed exclusively on measles. Not only did measles coverage increase, but so too did the 12-23 months coverage of the complete schedule of vaccines.



PMCID: PMC2486710 / Cabanero-Verzosa et al, Managing a Communication Program on Immunization Metro Manila, Philippines, Department of Health, (1989) Dec. vii, 63 p. Source: http://www.popline.org/node/378743

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DISCUSSION

Integrate different strategies to drive uptake and coverage

- **Can you identify examples from your current or past programmes which have *deliberately* coordinated the delivery of similar or complimentary messages, through different channels?**

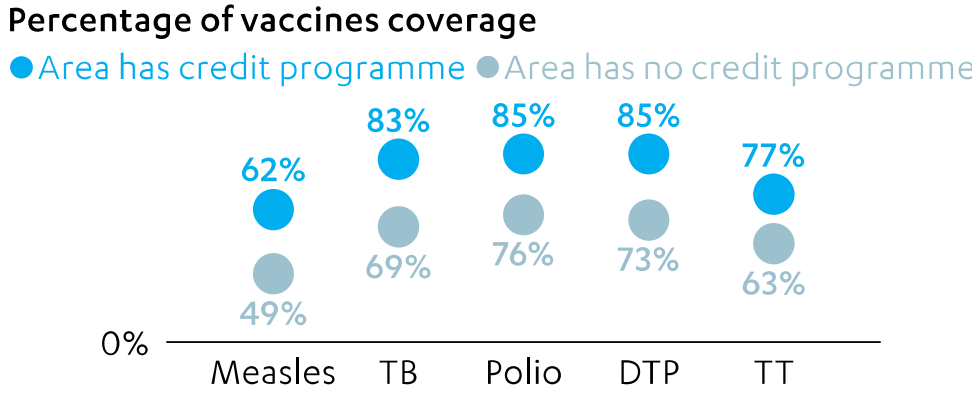
- **Did you measure results, and what were the outcomes? Were there any interesting learnings generated?**

Consider providing additional motivation

Financial incentives, along with non-financial incentives, are one way to motivate those who are undecided, those who do not actively think about immunisation or those who face practical or financial barriers to accessing services. However, incentive-based interventions also require long-term buy-in to achieve scale and sustainability, and to avoid sharply declining demand if and when these interventions end.

Non-collateral credit loans for immunisation were found to increase uptake of various vaccines in Bangladesh. Uptake was higher in areas with a credit programme vs. areas without, and for women who were credit members vs. those who were not.

DOI: 10.1300/J013v25n01_05



The same trend can be seen in the coverage of each vaccine for members of a credit programme vs. non-members.

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DISCUSSION

Consider giving credit

- **What experiences do you have of using financial incentives in your immunisation demand programmes?**
- **What about non-financial incentives?**
- **Can you think of any (additional) priority groups that might benefit from incentive programmes?**
- **Do you believe that - in those cases where incentives may be relevant – they could be financially sustained over the long term?***

** If not, you might consider alternative approaches.*

Antonio Cabral/DMI

Section 3

Case studies

DISCUSSION

Case studies

This section presents two case studies, on the topics of mass media approaches, and Polio eradication respectively.

- **As you read through the case studies, we encourage you to reflect on any relevant opportunities you might see amongst you priority population groups to use these kinds of approaches to improve demand within routine immunisation programmes.**

CASE STUDY 01

Mass media delivering cost effective improvements in child survival outcomes in Burkina Faso

Preliminary end-line findings of the largest cluster-randomised trial to date on mass media

A first-of-its-kind, three-year randomised control trial rigorously measured the potential of mass media to save lives, and assessed the associated costs.

Development Media International (DMI) together with the London School of Hygiene and Tropical Medicine (LSHTM) predicted that simply by disseminating information and guidance about important life-saving behaviours via radio broadcasts, low income countries could see up to a 23% reduction in child mortality.

The prediction was derived using a mathematical model developed by DMI and LSHTM, building on the *Lancet* Child Survival Series.[1]

Moreover, these types of mass media intervention carry a lower cost per life-year saved (DALY) vs. any other existing public health intervention.

In 2014, mid-line results of the study indicated that the activity may be effective in changing some behaviours on a scale large enough to result in measurable reductions in all-cause, post-neonatal, under-five child mortality.

Recently, preliminary end-line findings suggest that the behaviour changes that were measured indeed led to a 7.5% reduction in under-five mortality in the intervention zones.

Footnote 1: http://www.thelancet.com/series/child-survival

CASE STUDY 01

Mass media delivering cost effective improvements in child survival outcomes in Burkina Faso

Key insights:

- The study has recently completed three years of broadcasting a media campaign for maximum coverage in seven intervention areas.
- The campaign comprised ten daily one-minute radio adverts (spots) and longer nightly, radio dramas.

Recent *preliminary findings* from the end-line evaluation suggest:

- **The radio campaign led to a 35% increase in health facility visits for children with symptoms of pneumonia, malaria and diarrhoea.**
- **In addition, modelling using the 'Lives Saved Tool'2 suggests that the radio campaign achieved a 7.5% reduction in under-five mortality, at a cost of $25 per disability-adjusted life year (DALY), or $750 per life saved.**

Footnote 2: http://www.developmentmedia.net/news/dmi-publishes-childsurvival-rct-endline-results
Footnote 3: http://livessavedtool.org/

CASE STUDY 01

Mass media delivering cost effective improvements in child survival outcomes in Burkina Faso

Further information on this activity:

- http://www.developmentmedia.net/news/dmi-publishes-child- survival-rct-endline-results
- http://www.developmentmedia.net/burkina-faso-child-survival-rct.html
- DOI: 10.9745/GHSP-D-15-00049
- DOI: 10.1016/S0140-6736(14)61649-4
- DOI: 10.9745/GHSP-D-15-00153

CASE STUDY 02

Social mobilisation networks contributing to the eradication of polio in India

Effective tools to overcome vaccine resistance and reach chronically underserved groups

UNICEF started the Social Mobilization Network (SMNet) in 2002 as a tool to generate community support for polio immunisation activities.

It works by deploying community mobilisers in areas identified as high-risk for polio, with the main task to encourage uptake of the oral polio vaccine (OPV) amongst resistant communities.

SMNet delivers a critical mass of communication and strengthens coordination with partners, helping to ensure maximum turnout at vaccination sessions.

An 'underserved' strategy was developed over time to reach specific high-risk groups and areas, ranging from Muslim sub-sects to slum dwellers.

One reason for the programme's success has been the involvement of community leaders to inform the evolution of locally-relevant strategies for overcoming vaccine resistance.

SMNet is now widely recognised as a 'gold standard' in public health communication.

CASE STUDY 02

Social mobilisation networks contributing to the eradication of polio in India

Key insights:

- The network comprises 6,500 Community Mobilization Coordinators (CMCs) in the two states (Uttar Pradesh and Bihar) with one per 500 households.
- Strategies included religious and community influencers, festivals and gatherings, children's brigades, interpersonal communication, counselling, Mothers meetings and rallies.
- The programme uses coding and tracking method (the 'X' code) to identify reasons for non-vaccination at the micro-plan level (such as reluctance, sickness or absence) and attributed relevant response strategies.
- **Global Polio Eradication Initiative noted evidence that SMNet contributed to routine immunisation (RI) coverage increases in Bihar from 19% in 2005 to 67% in 2010**.

CASE STUDY 02

Social mobilisation networks contributing to the eradication of polio in India

Further information on this activity:

- https://www.unicef.org/evaldatabase/index_73493.html
- https://www.unicef.org/evaldatabase/files/India_2013-001_Evaluation_of_Social_Mobilization_Network_Final_Report.pdf
- PMID: 27771640
- DOI: 10.9745/GHSP-D-12-00018

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Section 4

Checklist

DOCUMENT YOUR DISCUSSIONS

This 'action planning' table can help you to document your discussions about the checklist that follows.

We recommend that you copy this table into a separate document (word, PowerPoint or PDF) to be able to write your notes without navigating back to this slide. Doing so will also provide you with more space for your responses.

Checklist topic	Agreed action steps
1. Invest in demand	
2. Know your landscape	
3. Mobilise support and expertise	
4. Make plans evidence-based and tailored	
5. Think in terms of returns	
6. Insist on M&E improvements	

1 INVEST IN DEMAND

- Support investments in demand promotion for routine immunisation, via Gavi HSS (health system strengthening) funds, campaigns or other national sources.
- Prioritise populations or areas where service supply is strong, but community uptake is weak or drop out rates are high.

2 KNOW YOUR LANDSCAPE

- If you are missing data, or if information is out-of-date, prioritise implementation of rapid reviews of the demand situation and demand-side coverage and equity challenges.
- Consider *user-centred approaches* to demand promotion (such as described in the UNICEF Human-centred design resource: http://hcd4i.org/), alongside more traditional tools such as KAP surveys. Integrate demand-related enquiries into other planned immunisation or health related surveys whenever possible.

3 MOBILISE SUPPORT AND EXPERTISE

- Convene appropriate partners, support and expertise. To help further strengthen your plans look to other health programmes, government agencies, civil society organisations and the private sector.
- Seek technical assistance (TA) to support implementation of expanded and innovative solutions, or to enhance the monitoring and evaluation of existing interventions. Request support from Gavi PEF (partners engagement framework) and/or HSS, or other sources.
- Optimise the demand promotion component of your new or existing Gavi-funded HSS programmes. Contact your GAVI country manager to discuss the most up to date programme guidance on targeting demand promotion interventions.

4 MAKE PLANS EVIDENCE-BASED AND TAILORED

- Ensure that communications plans and strategies are evidence-based, that they are tailored to specific populations, and that they are fully included in EPI budgets and comprehensive multi-year plans (cMYPs).

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5 THINK IN TERMS OF RETURNS

- Work with EPI colleagues to ensure that national and Gavi funds are invested in interventions that overcome specific, prioritised demand barriers, and offer good returns on investment at the same time.
- Insist your EPI programme managers always track and record cost and outcome data, and use them to develop cost effectiveness metrics for the activities you implement.

6 INSIST ON M&E IMPROVEMENTS

- Catalyse a national demand database that records coverage and drop out metrics. Plan to monitor and measure your successes right from the beginning, enabling further learning and improvements.
- Allocate adequate resources to your M&E efforts. Remember to request technical assistance support to strengthen national M&E approaches.
- Share impact and cost effectiveness learnings with the international immunisation demand community to help other countries get more value out of demand promotion.

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Call to action!

A PICTURE TELLS A THOUSAND WORDS…

Don’t forget to document your demand activities with pictures and videos!

Capture images of the challenges, but also the moments of success.

…and share them with your partners such as Gavi, UNICEF, WHO so we can help tell your stories and inspire others too!

CONTACT US

UNICEF

https://www.unicef.org/immunization/

https://www.unicef.org/about/contact_contactusform.php

World Health Organization

http://www.who.int/immunization/en/

vaccines@who.int

Gavi, the Vaccine Alliance

www.gavi.org

info@gavi.org

ANNEX

Further resources

FURTHER RESOURCES

Creating and tailoring communication programmes

- Tools and guidance for designing data-driven communications (https://poliok.it/c4d/).

- WHO EURO guide to tailoring immunisation programmes (TIP), with a range of tools and methodologies for identifying, diagnosing and designing evidence-informed responses (www.euro.who.int/en/health-topics/communicable-diseases/poliomyelitis/publications/2013/guide-to-tailoring-immunization-programmes).

- UNICEF Human-centred design resource for investigating and responding to immunisation demand challenges (http://hcd4i.org/).

- WHO/UNICEF/USAID 'Communication handbook for Polio Eradication and Routine EPI' (https://www.unicef.org/cbsc/files/polio.pdf).

- Vaccine-specific guides for HPV vaccine communication (www.who.int/immunization/documents/WHO_IVB_16.02/en/); and for IPV introductions a communications planning guide, media kit, and issues management guide (www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/inactivated_polio_vaccine/implementation/en/).

FURTHER RESOURCES

Vaccine safety communications

• WHO resources to support communications on vaccine safety (www.who.int/vaccine_safety/initiative/communication/en/).

Communication to address vaccine hesitancy and promote vaccine acceptance

• WHO and SAGE working group resources on understanding and addressing vaccine hesitancy (www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/), including survey questions designed to assess determinants of hesitancy (www.who.int/immunization/programmes_systems/Survey_Questions_Hesitancy.pdf).

FURTHER RESOURCES

Resource mobilisation and advocacy

• WHO EURO workbook: 'Mobilizing resources for immunization' (www.euro.who.int/en/ health-topics/disease-prevention/vaccines-and-immunization/publications/2015/workbook-mobilizing-resources-for-immunization).

• WHO EURO advocacy library (www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/immunization-advocacy-library), including messages on why Member States should continue to invest in immunisation, and how to present the wider societal benefits of immunisation.

• Gavi's 'Advocacy for immunisation' toolkit (http://advocacy.vaccineswork.org/).

THANK YOU