

# Vaccine Access and Creating Demand

unicef   
for every child

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# OUTLINE

- Overview of immunization equity and coverage
- Where the unvaccinated are/unique challenges of different contexts
- Understanding why they are unvaccinated
- Interplay between supply and demand
- COVID-19 impact on immunizations
- Conclusions

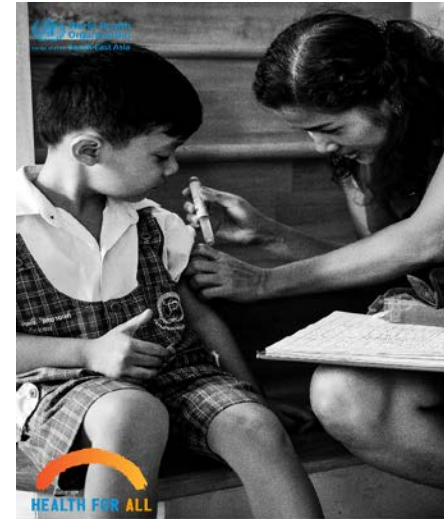
# THE WORLD IS TAKING EQUITY SERIOUSLY

The Sustainable Development Goals aim  
**to reach the most marginalized communities**



# THE WORLD IS TAKING EQUITY SERIOUSLY

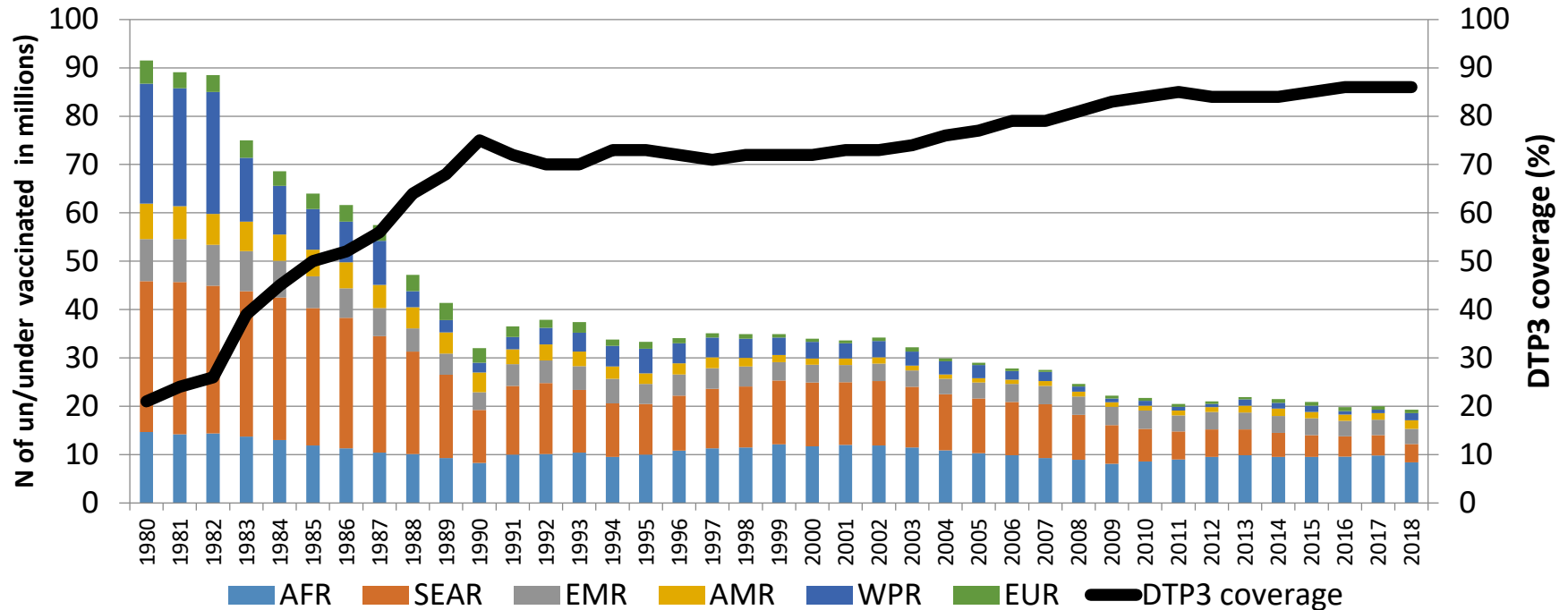
*Goal 3.8: Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.*



**UNIVERSAL  
HEALTH  
COVERAGE:  
EVERYONE,  
EVERYWHERE.**

# THE CHALLENGE

In spite of substantial supply-side investments, overall coverage is flat  
...time to focus on equity and demand



Source: WHO/UNICEF coverage Organization (WHO). 194 WHO Member States. Date of slide: 04 July 2019. estimates 2018 revision, July 2019. United Nations, Population Division. The World Population Prospects - the 2019 revision. New York, 2019 Immunization Vaccines and Biologicals, (IVB), World Health

**Global immunization coverage has reached 86%, but  
we still miss far too many children with lifesaving  
vaccines even today**

**Approximately:**

- **20 million under or unvaccinated**
- **13 million unvaccinated (“zero-dose children”)**

# IMPLICATIONS

- Wide disparities in access to vaccines across regions, between countries, and within countries
- Communities with large numbers of 'zero-dose' children:
  - Likely suffer multiple deprivations
  - Are vulnerable to deadly microbes, including AMR variants
  - At risk for intense disease transmission and outbreaks

# **What we know about the children and communities who continue to miss lifesaving vaccines**



# The Equity Reference Group identified four priority areas to address immunization inequities

<https://sites.google.com/view/erg4immunisation/home>



**REMOTE RURAL**



**URBAN**



**AFFECTED BY  
CONFLICT**



**GENDER**

# CONTEXT SPECIFIC UNIQUE CHALLENGES

## REMOTE RURAL:

- **Marginal cost of reaching people is high**
- **Recruiting, retaining, and motivating health workers is impeded by context limitations**
- **Long distances further challenge already stretched cold chain and supply systems**
- **People have limited socio-political power, which limits access to health institutions and services**
- **Data on populations is incomplete or underutilized**

# CONTEXT SPECIFIC UNIQUE CHALLENGES

## **URBAN POOR:**

- **Lack of accurate, disaggregated data**
- **Social distance and discrimination**
- **Residents of illegal settlements fear encountering public authorities**
- **Design of immunization services makes them inaccessible**
- **Insecurity limits access for communities**
- **Multiple stakeholders and a lack of effective partnerships**

# CONTEXT SPECIFIC UNIQUE CHALLENGES

## CONFLICT-AFFECTED POPULATIONS:

- **Damage to existing infrastructure and disruptions to the supply chain**
- **Loss and migration of skilled health care workers**
- **Decreased access to areas due to insecurity**
- **Large-scale population displacement and creation of refugee populations**
- **Difficulty in tracking and finding populations**

# CONTEXT SPECIFIC UNIQUE CHALLENGES

## **GENDER:**

**Mothers, typically primary caregivers, are limited by:**

- **Lower status in communities and limited capacity to act**
- **Physical and time barriers to accessing immunization services**
- **Lack of health literacy**
- **Experience of poor service quality, which may deter them from seeking health services**

# WHY CHILDREN MISS VACCINES

knowledge /  
information gap



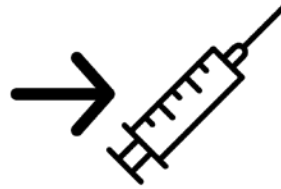
*Parents not aware of  
need for immunisation  
or how, when, where to  
access*

trust or  
confidence gap



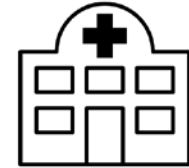
*Fear of side effects, or  
mistrust in vaccines or  
authorities delivering  
them*

'intention to  
action' gap



*Open to immunisation but  
lack of motivation,  
logistical barriers,  
competing priorities etc.*

service delivery /  
quality problems



*Lack of vaccines,  
vaccinators, long  
queues, rudeness, no  
toilets etc*



EXAMPLES

# DEMAND: THEORY OF CHANGE

## WHERE ARE THE MISSED CHILDREN?



~400M LIVING IN URBAN SLUMS



DTP3 7% LOWER IN RURAL



HALF OF FRAGILE COUNTRIES IN CONFLICT

## WHY DO WE MISS THEM?



LACK OF QUALITY SERVICES



SOCIO-ECONOMIC, GENDER BARRIERS



LOW DEMAND

## WHAT DO WE NEED TO DO?

ENHANCE SERVICE QUALITY & ACCOUNTABILITY

SERVICES BETTER MEET COMMUNITY NEEDS

COMMUNITIES ARE FULLY ENGAGED & MOBILISED

PARENTS & COMMUNITIES ACTIVELY DEMAND THEIR RIGHT TO IMMUNISATION

IMPROVE CHW KNOWLEDGE

INNOVATIVE CHW LEARNING

INCREASE ACCOUNTABILITY INCENTIVES & REWARDS

MANAGEMENT INNOVATIONS

COMMUNICATE ENGAGINGLY & EFFECTIVELY

INNOVATIVE COMMUNICATION

MANAGE RISK & BUILD RESILIENCE

SOCIAL LISTENING & TRUST BUILDING

BUILD POSITIVE COMMUNITY OWNERSHIP

MORE EQUITABLE SERVICE DELIVERY

HIGHER DEMAND

INCREASED HEALTH SERVICE UTILISATION

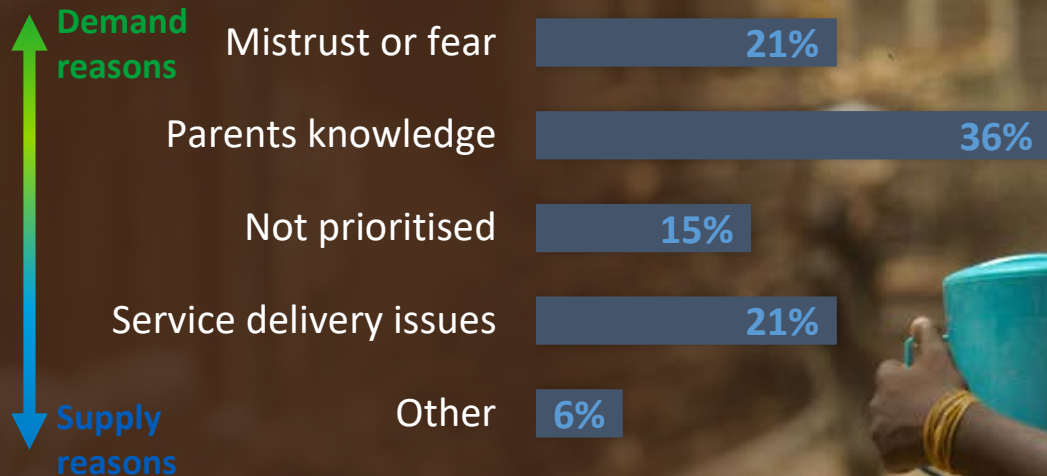
IMPROVED HEALTH SEEKING BEHAVIOUR

HARNESS DATA FOR LEARNING & DECISION MAKING

EVERY CHILD GETS VACCINATED ON TIME!

# Demand Challenges: Case: **Nigeria**

## Primary Reasons for under-vaccination





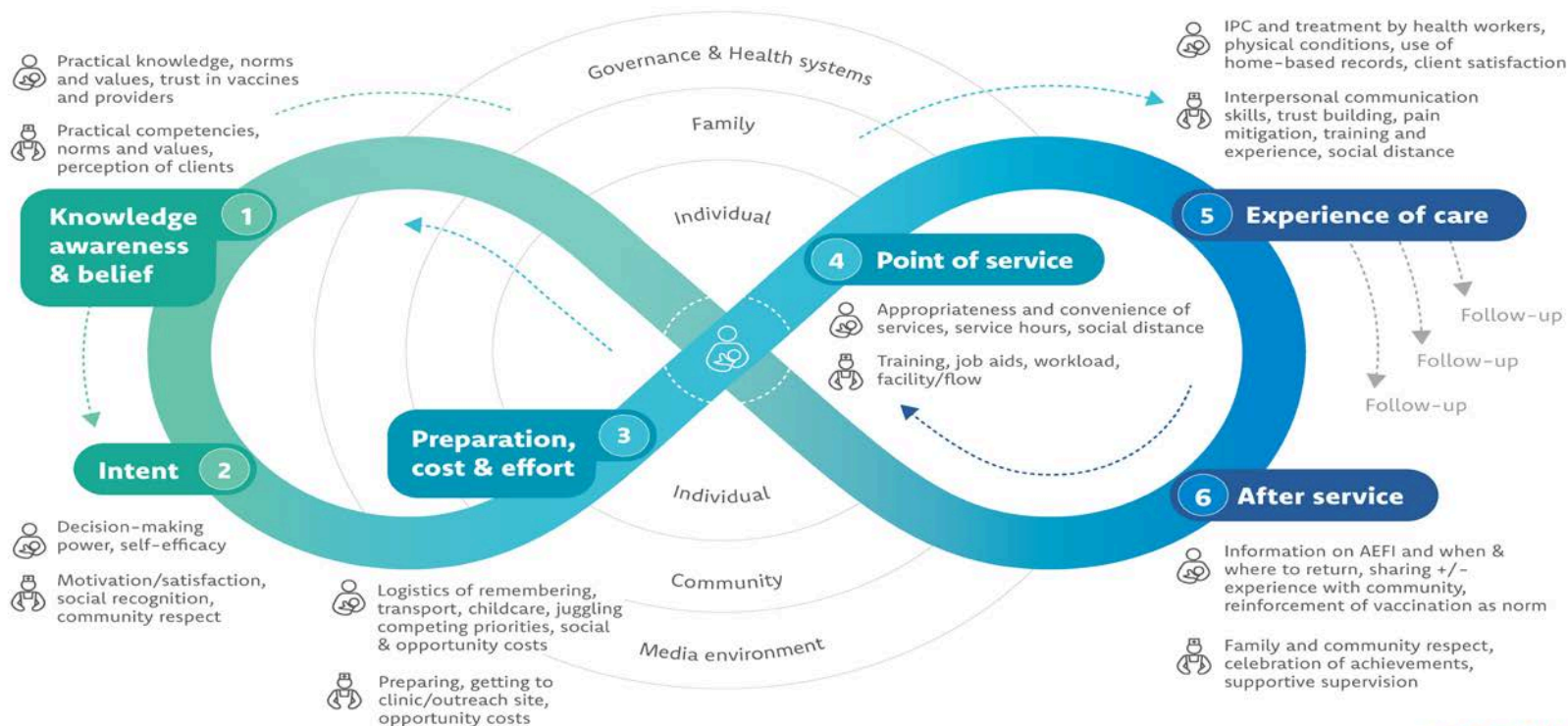
# THE JOURNEY TO HEALTH & IMMUNIZATION



CAREGIVER



HEALTHCARE WORKER



# Why are Sarah's children not immunized?

Not enough time to discuss her concerns with health worker

Was not reminded or prompted to come back for the next dose

Wanted to do it, but never got round to it

Does not feel welcome by health worker

Does not believe measles is a serious disease

Believes vaccination may cause autism

The picture on the pamphlet she received indicates the service is not for her (income, rural)

Opening hours not convenient and waiting time too long



The waiting room is not big enough

Religious concerns

Does not trust health officer (*s/he's not from our community*)

Does not trust national health authorities

Community resistance against vaccination

# Why are Helen's children immunized?

Fears measles

Local radio programme about the risks of low coverage in the community

Prompted to vaccinate by her hairdresser: that was a good reminder

The SMS reminder was also appreciated

Believes the risk of measles are much worse than the risks of vaccine adverse events



Feels welcome and accepted at health facility


Her mother in law says she should

Sunday service and walk-in pilot projects made it possible

Was contacted by her CHW when she didn't return for the next dose (defaulter-tracking)

It is community norm

Trusts her community health worker's advice

A woman with a red and black patterned shawl carries a young child on her back. The child wears a light-colored hood. The background shows a dry, open landscape with other people in the distance.

*Improving service quality and accountability  
- a determinant of demand*

## **Building Trust**

Improve interpersonal communication & FLW performance

## **Reducing Barriers**

Reduce queues and improve convenience.  
Ensure policies are enablers to vaccination

## **Tailoring Services**

Involve communities to improve the quality and accountability of services

## **Activating Intentions**

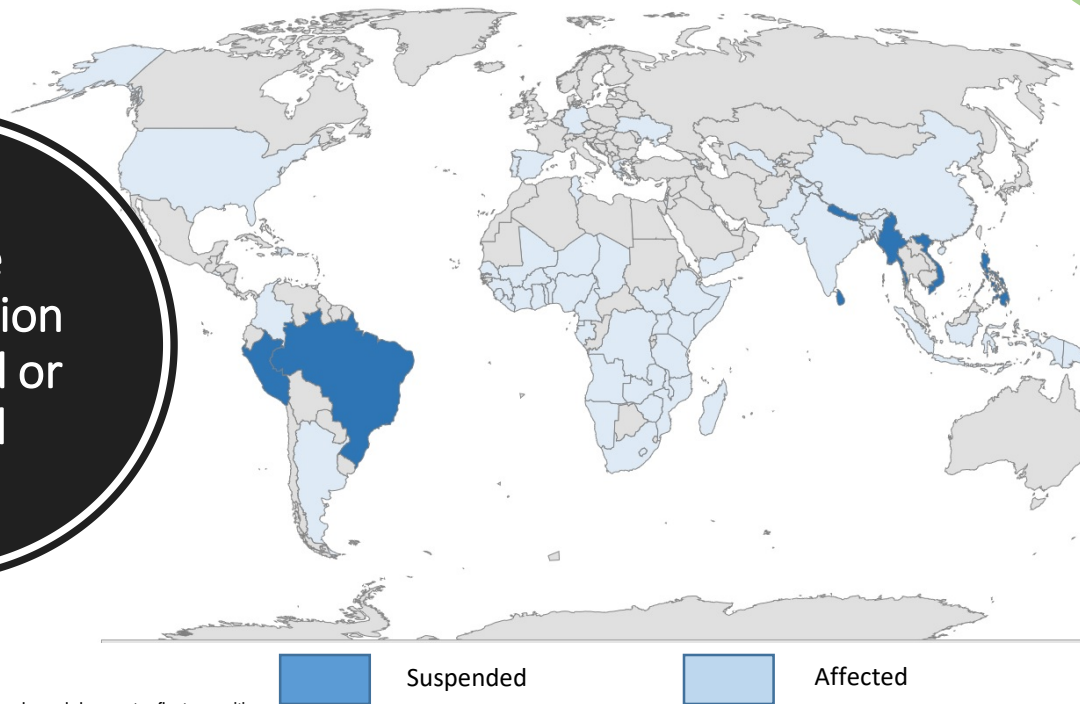
Introduce nudge tools including calendars and SMS reminders



# PULSE SURVEY FINDINGS

74 countries  
so far

Routine  
Immunization  
suspended or  
affected



- Some countries have not yet have reported interruptions
- In others, the actual impact is unknown (even if they reported that services are ongoing (demand))
- Next round of data collection mid-May

**Map disclaimer:** This map is stylized and not to scale and does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

# SIA INTERRUPTIONS: Measles, Measles/Rubella, Meningitis, Yellow Fever, OPV, TCV, etc

VPD Campaigns  
and/or  
Outbreak  
Response  
activities  
postponed

60  
countries

**Map disclaimer:** This map is stylized and not to scale and does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

**More than 173 million children at-risk of missing out on measles vaccines in 40 countries**

# Top 3 critical challenges



“With the lock-down, **residents do not believe that health facilities would be opened for services.**”

“Some health facilities were identified as **isolation centers**. Even those that are not isolation centers, there are **rumors** around suspects coming to these facilities.”

“People are refusing to bring their children for vaccination because of the **myths that the BCG, Measles and other vaccines are products of the COVID-19**

“The community **did not trust our vaccine** due to the fear of COVID-19 vaccine trial that have rumor in the country.”

“The health workers are scared to participate in immunization and other medical services because they **don't have PPEs.**”

# CONCLUSIONS

- Critical to address inequities to address stagnation and target areas with greatest burden of disease
- Important to address supply and demand together to address barriers to vaccination
- The Covid-19 pandemic will set us back on coverage and equity substantially
- We have to try and ‘reimagine’ immunizations and ‘build back better’ in light of Covid-19 to:
  - Catch up on backsliding
  - Achieve greater efficiencies
  - Regain erosion of trust in health systems
  - Contribute to address the needs of the most vulnerable holistically





Thank You

