

COMMITMENT AND DEMAND

Introduction and value proposition

Achieving and maintaining high levels of vaccination coverage requires commitment to immunization by various actors at all levels, from the community level to the global level. The primary responsibility, however, falls on governments, which must commit to developing and delivering immunization within primary health care systems and ensure quality service experiences. Political will for immunization and the corresponding commitment by policymakers is influenced by a wide range of stakeholders working in immunization, health and beyond. Political will and commitment to the overarching vision and goals of IA2030 will be central to ensuring that immunization is accessible, valued and actively sought by all people.

Strong commitment from governments, supported by broad stakeholder coalitions and other actors, is vital to secure the sustained allocation of resources and technical support needed to coordinate, implement and evaluate immunization programmes, including policy change where needed. Although

Key Definitions

Commitment to immunization is the willingness and actions taken by governments and different actors to develop, support and sustain comprehensive immunization and health systems that can deliver vaccines to everyone who needs them regardless of their location, gender, age or social status.

A broad range of actors have a role to play in strengthening immunization programmes; these include policymakers, programme managers, health care workers and social mobilizers, civil society, the private sector, academia and professional societies.

Demand refers to the actions of individuals and communities to seek out, support the use of and/or advocate for vaccines and vaccination services. Demand is dynamic and varies by context, vaccine, vaccination services provided, time and place.

Demand is fostered by governments, immunization programme managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities.

there is variable community understanding of the value of immunization and the full range of health and economic benefits it delivers, recipients of vaccination, caregivers and community stakeholders can also play powerful roles in advocacy efforts and exert pressure on decision-makers to make vaccines easily available for all, including the most vulnerable. Commitment and demand are therefore critical factors helping drive investment in and support for immunization.

Beyond the national level, global and regional institutions and donors should also be committed to supporting vaccination and to addressing inequities within and between countries. Inequities in immunization and health, in health systems, and the conditions in which people live are shaped by social, political and economic forces. Global and regional institutions must therefore also be committed to supporting low- and middle-income countries to attain their immunization targets and addressing the global equity gaps that impact on immunization, health and human development.

An important factor in securing commitment and demand will be the active engagement of a wide range of local and national stakeholders in the programme. Stakeholders include those engaged in health and immunization issues, such as local health departments, service providers (including those in the private sector), and others promoting immunization, as well as non-health stakeholders, professional organizations, academia, civil society, community groups, parliamentarians, media and others. It is important for all stakeholders to understand that vaccines not only prevent death but also reduce illness and disability, with wide-ranging health, social and economic impacts. The commitment of a wide range of actors to vaccination programmes can help support accountable and sustained allocation of resources, evidence-informed policymaking and mobilization of the technical assistance needed to implement immunization programmes in an effective and equitable manner. Because immunization is so critical and cost-effective, it is important that it is institutionalized in legislation.

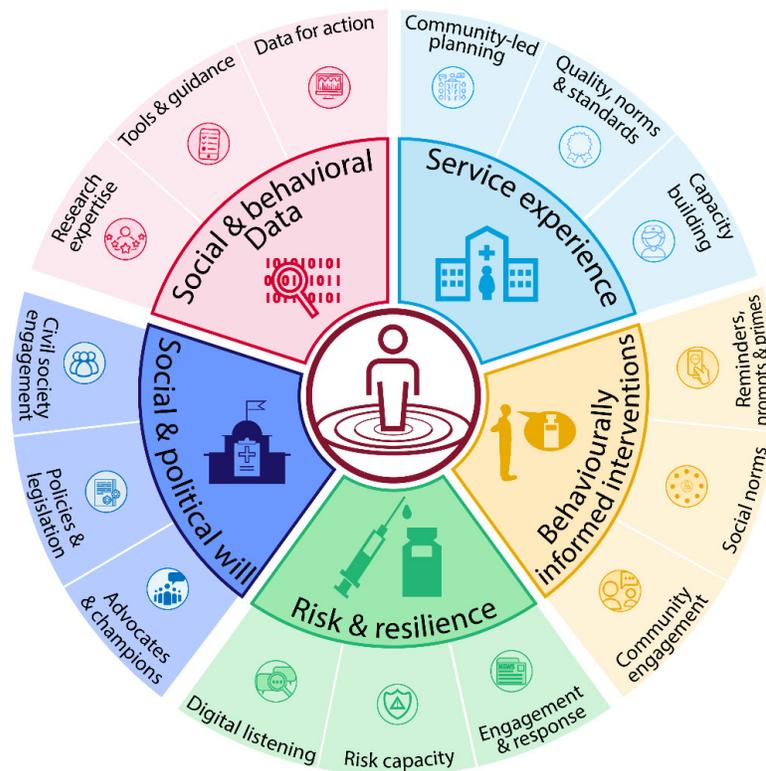
However, policies and programmes alone are insufficient to realize sustainable gains from immunization. Strong community demand for immunization services is also essential, particularly from the most vulnerable populations. Uptake of immunization services is affected by multiple factors, including the availability and convenience of vaccination, caregivers' experiences of services, community attitudes and social influences, and people's understanding of the value and benefits of vaccination. These factors need to be considered within particular social, cultural and economic contexts for programmes to build and sustain active demand for vaccination.^{1,2} The reasons for gaps in vaccination uptake must be fully understood, especially in settings of low or inequitable coverage.

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1. Why children are not vaccinated: a review of the grey literature. Favin M, Steinglass R, Fields R, Banerjee K, Sawhney M. <https://www.ncbi.nlm.nih.gov/pub-med/24029668> Why children are not vaccinated: a review of the grey literature. *Int Health*. 2012;4(4):229-38. doi: 10.1016/j.inhe.2012.07.004.
 2. Hickler B, MacDonald NE, Senouci K, Schuh HB; informal Working Group on Vaccine Demand (iWGVN); Strategic Advisory Group of Experts on immunization (SAGE) Working Group on Decade of Vaccines. Efforts to monitor Global progress on individual and community demand for immunization: Development of definitions and indicators for the Global Vaccine Action Plan Strategic Objective 2. *Vaccine*. 2017;35(28):3515-3519. doi: 10.1016/j.vaccine.2017.04.056.

To drive strong acceptance and demand for vaccination, national governments must be committed to working across a range of areas – from delivery of quality services to the engagement of communities – to ensure that programmes are responsive to the needs and perspectives of all people across the life-course. Figure 1 illustrates the full range of interventions that can be considered to drive and sustain high demand for vaccination.

Figure 1 (below), Global demand planning framework, illustrating the five areas that are essential to people-centred programming for resilient demand. Note that each of the five areas are also interconnected, with data cross-cutting all.

Figure 1. Global Demand Planning Framework



Strategic priority goal and objectives

Goal

Immunization is valued and actively sought by all people, and health authorities commit to ensuring that immunization is available as a key contributor to enjoyment of the highest attainable standard of health as a fundamental right.

Objectives

- Build and sustain strong political and financial commitment for immunization at all levels.
- Ensure that all people and communities value, actively support and seek immunization services.

Context and challenges

In a time of constrained resources, as well as complex and competing political priorities, national governments must demonstrate that they are meeting the needs of their populations. In the face of outbreaks, when diseases are visible, it can be straightforward to demonstrate the value of vaccination. These situations may present opportunities to leverage political action to strengthen primary care services and health systems. If the diseases prevented by vaccination are less visible – often thanks to the success of vaccines – greater efforts may be needed to communicate the value and benefits of vaccination, harness stakeholder support, and to ensure that services are easily accessible and appealing. All levels of planning and implementation must work in concert; strong commitment, capacity and coordination are often even more critical in decentralized settings.

To date, immunization programmes have primarily focused on delivering the right vaccine, in the right condition, to the right place at the right time. In many cases, the social, cultural and behavioural factors that contribute to acceptance of and demand for vaccination have been either neglected or assumed. Opportunities to understand and address these human factors, to generate and leverage public support, and to build political commitment have not been fully utilized to date. Many countries remain without an evidence-informed and data-driven plan for stimulating vaccination demand, and lack the local coalitions, advocates, and decision-makers to generate the necessary political commitment to sustainably funded and well-managed programmes.

Many programmes have not been adequately equipped to design and evaluate behaviourally informed interventions, often due to a lack of local behavioural and social data on the drivers and barriers to vaccination, or lack of community engagement in the design of health and vaccination services. There is a need to improve the availability, quality and use of such data, which requires commitment to identifying under-vaccinated populations, understanding their perspectives and responding to their needs, including in times of crisis such as during the COVID-19 pandemic.³

The changing global political context also has implications for commitment to immunization along the life-course. The aspiration of universal health coverage and access to immunization is not always met with the necessary political, financial and technical investments, at either global or national levels.

3. WHO. Guiding principles for immunization activities during the COVID-19 pandemic: Interim guidance. 2020. Geneva: WHO. Available at: <https://www.who.int/publications/i/item/guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-interim-guidance>

Key areas of focus

Commitment

Ensure that key groups, champions and stakeholders advocate for greater commitment to and ownership of immunization programmes and for sustained national and subnational financing. Encourage leaders to prioritize immunization in strategic and operational planning and in policy, fiscal and legislative instruments. Strengthen evidence-based decision-making, with technical input from bodies such as a national immunization technical advisory groups (NITAGs).

Key evidence and gaps

For immunization to become a political priority, influential stakeholders are required, including from outside government, to catalyze and lead action. The power of civil society to drive change has been shown in numerous areas of public health. Government commitment comes from data and recommendations from multiple stakeholders, synthesized along with other information on competing priorities. Data can come from a variety of sources, and it is important to understand the pathways through which information is received and accepted, particularly as stakeholders generating information are not always the people with direct access to decision-makers.⁴

Leadership, accountability and governance are vital to building and sustaining commitment to evidence-based health programmes and policies, such as immunization programmes.⁵ While governments have the primary role and responsibility, these dimensions of commitment are required at every level – from the community, district, national, regional and global levels – and are critical for closing immunity gaps, managing risks, and building sustainability.

A shared sense of ownership and trust are essential, as well as supportive structures and processes to empower staff to play their respective roles. On this foundation can be built close coordination, data-driven planning, strong financial management, and active monitoring and evaluation of programme performance.

With good leadership and commitment to all of the principles and practices essential to immunization, vaccination and primary care can be offered to the community in a quality, equitable and sustainable manner. This can only be achieved if key resources for systems and services, including human and financial resources, are brought together to achieve quality service delivery and address populations' needs (and incorporate their insights).

In addition, strong political commitment, transparent decision-making processes and an effective stewardship function bring the opportunity to identify and address inequities related to gender and other factors across programmes. For example, this

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4. Wonodi CB, Privor-Dumm L, Aina M, Pate AM, Reis R, Gadhoke P et al. Using social network analysis to examine the decision-making process on new vaccine introduction in Nigeria. *Health Policy Plan.* 2012;27 Suppl 2:ii27-38.
 5. Liverani M, Hawkins B, Parkhurst JO. Political and institutional influences on the use of evidence in public health policy. A systematic review. *PLoS One.* 2013;8(10):e77404. doi: 10.1371/journal.pone.0077404.

would require health ministries to consider ways to work towards the promotion of gender equality, through increasing leadership training and empowering decision-making for women and men, and the use of gender-responsive health indicators.⁶ These changes within the health system can cascade through to more gender-responsive health policies and improved health outcomes for all.

Beyond health, vaccination delivers additional social benefits, for education, for economic prosperity and preventing catastrophic health expenditures, for preventing antimicrobial resistance and more.^{7, 8, 9} Emphasizing these broader benefits can help to mobilize resources, particularly when a longer-term and more integrated perspective is adopted, although there are still significant gaps in the evidence to support broader economic arguments.¹⁰

National Immunization Technical Advisory Groups (NITAGs) have a central role in supporting evidence-based decision-making by national health authorities and use of data to improve national immunization outcomes.¹¹ While already a valuable asset to programmes,^{12,13,14} the function of NITAGs could be further expanded to contribute to programme monitoring and enhancing programme performance. As a source of independent, multidisciplinary evidence-based advice and guidance, NITAGs serve as a marker of national commitment to immunization¹⁵ and can also help to build trust in national decision-making and implementation.

Legal frameworks, including legislation on the right to immunization and resourcing and operation of immunization programmes, can also help to maintain political commitment and ensure accountability in certain instances. However, there may also be downsides to legislation; further work is needed to understand the value of legislative frameworks.^{16,17}

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6. WHO, Global Health Workforce Network, Women of Global Health. Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. 2019. Geneva: WHO. Available at: <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf>
 7. Gessner BD, Kaslow D, Louis J, Neuzil K, O'Brien KL, Picot V et al. Estimating the full public health value of vaccination. *Vaccine*. 2017;35:6255-63.
 8. Luyten J, Beutels P. The Social Value Of Vaccination Programs: Beyond Cost-Effectiveness. *Health Aff (Millwood)*. 2016;35:212-8.
 9. Barnighausen T, Berkley S, Bhutta ZA, Bishai DM, Black MM, Bloom DE et al. Reassessing the value of vaccines. *Lancet Glob Health*. 2014;2:e251-2.
 10. Jit M, Hutubessy R, Png ME, Sundaram N, Audumal J, Salim S et al. The broader economic impact of vaccination: reviewing and appraising the strength of evidence. *BMC Med*. 2015;13:209.
 11. NITAG Resource Center. <https://www.nitag-resource.org>
 12. Senouci K, Blau J, Nyambat B, Coumba Faye P, Gautier L, Da Silva A et al. The Supporting Independent Immunization and Vaccine Advisory Committees (SIVAC) initiative: a country-driven, multi-partner program to support evidence-based decision making. *Vaccine*. 2010;28 Suppl 1:A26-30. doi: 10.1016/j.vaccine.2010.02.028.
 13. Howard N, Bell S, Walls H, Blanchard L, Brenzel L, Jit M et al. The need for sustainability and alignment of future support for National Immunization Technical Advisory Groups (NITAGs) in low and middle-income countries. *Hum Vaccin Immunother*. 2018;14(6):1539-1541. doi: 10.1080/21645515.2018.1444321.
 14. MacDonald NE, Duclos P, Wichmann O, Henaff L, Harnden A, Alshammary A et al. Moving forward on strengthening and sustaining National Immunization Technical Advisory Groups (NITAGs) globally: Recommendations from the 2nd global NITAG network meeting. *Vaccine*. 2017;35(50):6925-6930. doi: 10.1016/j.vaccine.2017.10.048.
 15. Howard N, Bell S, Walls H, Blanchard L, Brenzel L, Jit M et al. The need for sustainability and alignment of future support for National Immunization Technical Advisory Groups (NITAGs) in low and middle-income countries. *Hum Vaccin Immunother*. 2018;14(6):1539-1541. doi: 10.1080/21645515.2018.1444321.
 16. Trumbo SP, Silver D, Domenti O, Gasoyan H, Paatashvili E, Gellin BG et al. Strengthening legal frameworks for vaccination: The experiences of Armenia, Georgia, and Moldova. *Vaccine*. 2019;37:4840-7.
 17. Trumbo SP, Janusz CB, Jauregui B, McQuestion M, Felix G, Ruiz-Matus C et al. Vaccination legislation in Latin America and the Caribbean. *J Public Health Policy*. 2013;34:82-99.

Strategic interventions

Interventions can be operationalized through four main approaches, adapted according to each country's context:

- Gather and use data to strengthen the evidence case for the broader value of vaccination, with a shared vision to see all people protected against vaccine-preventable diseases that appeals to diverse stakeholders.
- Promote cross-sectoral collaboration and coalitions with diverse groups of partners at the global, regional, national and subnational levels to advocate for immunization. Engagement with stakeholders from civil society, government, donors, academia and business are important mechanisms to introduce or elevate immunization on the agendas of these institutions, to build their commitment and sustain their contributions to immunization programmes within their spheres of influence.
- Ensure that strategic and operational plans are resourced, evidence-based and informed by health and non-health stakeholders, including users, researchers, and practitioners, and that commitment to achieving immunization goals is documented and tracked.
- Embed in the national constitution, legislation, or equivalent, a clause on the right to health and immunization and resource allocation to ensure that the programme is prioritized, well-funded and sustained across changing governments and political structures.

Assumptions and risks: Political will is necessary to implement and sustain immunization programmes. Without sufficient buy in, immunization coverage targets may not be met. Competing priorities and limited resources will remain a challenge and, at times of fiscal constraint, there is a risk that essential programmes such as immunization could be cut.

Sub-national support

Build support for immunization and capacity for national and subnational leadership, management and coordination, especially in large countries and in those with decentralized health systems. Establish mechanisms for stakeholder coordination and participation in planning, implementation and monitoring.

Key evidence and gaps

While a broad range of actors have an important role to play in strengthening immunization programmes, government commitment at all levels is central to supportive policy, financing, regulatory and legislative frameworks. In settings where administrative authority is decentralized to state or provincial levels, it is crucial to build commitment not only at the national level but also with subnational leadership and authorities.¹⁸ Commitment may be demonstrated by dedicating institutional capacities and financing to immunization, creating operational processes

18. Eboreime, E.A., Abimbola, S., Obi, F.A. et al. Evaluating the sub-national fidelity of national Initiatives in decentralized health systems: Integrated Primary Health Care Governance in Nigeria. BMC Health Serv Res 17, 227 (2017). <https://doi.org/10.1186/s12913-017-2179-2>

that enhance programme delivery, integrating vaccination into broader essential services across the life-course, and making public pronouncements in support of immunization. (See Annex SP6 for further details on sustainable financing.)

In addition to ensuring political commitment among both authorities and informal leadership the central and subnational levels, it is essential that quality services are responsive to local community needs and improve health outcomes for all, including the most marginalized and vulnerable. Commitment is required across all constituencies and levels of a health system, particularly in decentralized systems where decision makers are closer to their constituents and their needs but may have limited access to resources at the centre, such as specific technical expertise.¹⁹ Thus, in all settings, efforts to strengthen commitment must include a range of stakeholders spanning the health system: ministers of health, finance, and planning; parliamentarians, as advocates or enactors of legislation; mid-level managers, for their role in program implementation and engagement of the local community; and the health workforce, for their role in healthcare service delivery and the care and attention they contribute daily. Taking integrated approaches across all essential health services and working across the life-course can ultimately better serve communities.

Targeted strategies to build commitment and support institutions and individuals operating at the subnational level must be adapted to the local context, and accompanied by dedicated and tailored support to ensure adequate capacity among subnational authorities to actually implement decisions in response to local needs. In decentralized administrative systems, this becomes even more critical as resources and decision-making are devolved.²⁰ Strategies to build political commitment in these settings must be paired with advocacy and demand generation to promote constituent participation.²¹ Supportive supervision and continuous quality improvement, joint problem-solving, and other local participatory innovations can bring added motivation and commitment, potentially combined with monitoring processes that align with the IA2030 goals. Across all settings, commitment and accountability cannot be undervalued as ingredients for strong capacity and systems.²²

Strategic interventions

Interventions can be operationalized through three main approaches, adapted according to each country's context:

- Build and maintain local commitment to the immunization programme by bringing together decision makers, program officials, and a cross-sectoral and community-based network of partners, civil society and the media. Listen to, understand, and incorporate local needs and priorities, cultivate local support,

19. Khaleghian P. Decentralization and public services: the case of immunization. *Soc Sci Med*. 2004 Jul;59(1):163-83. doi: 10.1016/j.socscimed.2003.10.013. PMID: 15087152.

20. John Snow, Inc. (JSI). Mobilizing Local Support for Immunization: Experience from Uganda and Ethiopia in engaging local stakeholders and leaders. Available at: https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=22146&lid=3

21. Khaleghian P. Decentralization and public services: the case of immunization. *Soc Sci Med*. 2004 Jul;59(1):163-83. doi: 10.1016/j.socscimed.2003.10.013. PMID: 15087152.

22. John Snow, Inc. (JSI), Maternal and Child Survival Program. Strengthening Comprehensive Council Health Planning to Increase Immunization Coverage. 2019. Available at: https://jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=22050&lid=3

and build trusted partnerships based on a common, inclusive and gender-responsive vision for health and human rights.

- Equip subnational authorities and program officials to uphold commitments by strengthening subnational management processes and implementation capacity, including collection and use of data for decision-making and adaptive management. Involve communities in decision-making and planning to grow the valuing of immunization and build local ownership and resources.
- Foster community involvement in and ownership of immunization programmes to drive commitment, through active citizenship, advocacy and collective action in support of vaccination. In all settings, but particularly decentralized settings, equip community leaders and citizens to communicate priorities to subnational decision makers and engage media and local civil society to amplify community voices. Establish engagement mechanisms that facilitate the active participation of communities and key stakeholders in gender-responsive and potentially even gender-transformative programme planning.

People-centred approaches are at the heart of generating commitment and demand for vaccination. For further details, please refer to the "people-centred" core principle on how this can be applied in practice.

Assumptions and risks: Without subnational commitment, national targets will not be met and national funding streams for immunization may be diverted to other uses. Variable subnational performance will perpetuate inequities within countries. It will be necessary that subnational levels have structures for managing immunization programmes, including the implementation and use of data systems to guide planning. Stakeholder engagement at all levels will also be necessary, especially those who champion issues that may challenge certain political interests. There is a risk that systems lack resilience and become overwhelmed by other priorities or events that negatively impact plans and even the programme more broadly.

Accountability

Establish accountability frameworks for all stakeholders, with platforms for engagement and dialogue. Communities and civil society organizations should be equipped to hold national and subnational authorities accountable for equitable delivery and for the quality of immunization services. Ensure access to data and information, and develop frameworks for joint monitoring.

Key evidence and gaps

To ensure accountability, national governance structures and health agencies must accept responsibility and be held accountable for delivering inclusive, quality and accessible services and for achieving national goals and targets. While public health agencies must be at the forefront of efforts to establish accountability for universal immunization, cross-partner coordination groups, civil society mechanisms and even individual providers must also play their role in providing vaccination and need to be held accountable for their contributions. Achieving accountability requires good

information at all levels of the programme, to help guide the action needed and to hold the necessary groups or individuals accountable. Responsibility lies with a range of stakeholders, from global leaders to community members—communities, civil society, and media must be empowered to hold national and local authorities and programs accountable for immunization commitments.

Although responsibility and accountability must exist at many levels, countries have special obligations as holders of the authority to act to protect the public's health. Adequately resourced plans that systematically address the needs of all vaccine-eligible populations and providers should determine where responsibility for desired outcomes should lie. Beyond monitoring of whether children have received vaccinations and follow-up for those who have not, countries must work to ensure that information systems, immunization registries and related processes can serve as a foundation for the necessary monitoring and tracking of vaccinations and for informing related actions.

Routine monitoring of progress towards local and national vaccination targets, and the goals of immunization plans, will be vital for all programmes. Achieving common goals for health and immunization across all constituencies will be made possible through open dialogue and coordinated responsibilities. In line with the Accountability Framework for the UN Secretary General's Global Strategy for Women's and Children's Health and the Commission for Information and Accountability for Women's and Children's Health, there needs to be alignment wherever possible across the health sector with other accountability efforts.^{23, 24}

Strategic interventions

Interventions can be operationalized through four main approaches, adapted according to each country's context:

- Establish multi-stakeholder accountability frameworks and oversight mechanisms, incorporating platforms for engagement and dialogue.
- Ensure that communities and CSOs are actively engaged in health service oversight and performance monitoring, and are better equipped to hold national and sub-national authorities accountable for the equitable delivery and quality of immunization services.
- Ensure access to information at all levels of programmes and develop harmonized reporting and monitoring frameworks. This might include active health committees that include community and CSO representatives and meet regularly and disseminate minutes, follow-up actions, and timeframes.
- Strengthen the role and capacity of independent and regulatory mechanisms to provide programme oversight.

23. Every Woman Every Child. Global Strategy for Women's, Children's and Adolescents Health 2016-2030. 2015. Geneva: WHO. Available from: <https://www.who.int/life-course/publications/global-strategy-2016-2030/en/>

24. WHO. Draft global vaccine action plan: Report by the secretariat (65th World Health Assembly provisional agenda item 13.12). 2012. Geneva: WHO. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_22-en.pdf?ua=1

Assumptions and risks: The above approaches assume that governments, as the main providers of immunization, take responsibility for ensuring all people have access to quality immunization services. It also relies on a range of other actors that are playing their role, and being considered valued collaborators, including health providers, communities, civil society, development partners, global agencies, and even media and academia. Without a clear monitoring and evaluation or accountability framework and cyclical processes for review, it will be challenging to hold stakeholders accountable.

Promoting demand for vaccination

Considering the latest evidence and to facilitate programmatic implementation, this section combines the following areas of focus:

Public trust and confidence: Establish an ongoing understanding of all the behavioural and social drivers to vaccination to inform targeted strategies that inform and engage communities, and encourage greater use of quality immunization services.

Public knowledge and understanding: Include the topic of immunization in education curricula, formulate public education tools (including to meet the needs of vulnerable and marginalized groups), provide educational opportunities for the health workforce, and prepare information resources for advocacy groups.

Acceptance and value of vaccination: Use local data to understand and devise tailored solutions to address the underlying causes of low vaccination rates. Use the evidence to respond to practical barriers, such as access to good-quality services, and to support positive attitudes and social influences. Proactively implement plans to prevent and respond to adverse events, rumours and hesitancy and strengthen resilience to these influences.

Key evidence and gaps

Programmes often face many overlapping context-specific logistical, economic and sociocultural challenges that contribute to uneven and sub-optimal coverage. Health systems sometimes struggle to effectively engage caregivers and communities, contributing to weak acceptance and demand for vaccination, inequities in coverage, and declining coverage rates.

Achieving and sustaining high and equitable vaccination uptake in all population groups requires long-term investment in multi-faceted and people-centred interventions, informed by research. At the outset, a broad perspective may be applied, followed by a gradual prioritization and focusing on the core of the problem. This ensures that interventions are evidence-informed and tailored to the local context, and will be more effective and represent an efficient investment.

This approach has two implications: firstly, that both individual and contextual determinants influence vaccination behaviours; and secondly, that all potential barriers need to be considered. In certain circumstances, such as in disease outbreaks (e.g. Ebola, COVID-19), additional efforts may be needed to engage communities, build trust and ensure proactive risk communications.

To increase vaccination acceptance and demand, a range of interventions must be considered. The delivery of high-quality and convenient vaccination services is key to ensuring positive experiences in vaccination settings, across the life-course. Use of services can be enhanced by offering reminders and prompts for vaccination.

It is also crucial that stakeholders listen to local narratives, build trust, improve community awareness and knowledge, and continually reinforce positive social norms toward immunization. There is a need to engage communities as partners in advancing health outcomes in their localities.

Generating and maintaining public trust in immunization are also essential to ensure community demand. Trust is fostered through a range of words and actions – regular and dynamic communications and commitments to listening, understanding, competence, and taking action. With the proliferation of online information sources, it is critical for countries to communicate proactively, consider a wide range of channels and trusted spokespeople, be ready to prevent and mitigate the negative impact of any event, and have robust coordination mechanisms and response plans in place.^{25, 26}

With quality services and strong community participation in planning, social norms to vaccinate can be reinforced. Further, vaccination can be viewed as a social contract based on a moral obligation to protect oneself and others.²⁷ Promoting the broader benefits of vaccination, and noting the positive impact of herd immunity for vulnerable communities and therefore the health of society, could potentially increase take up of services.

However, while attempting to leverage social norms holds promise, little evidence is currently available on the effectiveness of such interventions. In addition, interventions to change what people think and feel have proven minimally effective at increasing uptake. Most successful interventions focus not on changing attitudes but on facilitating actions and removing barriers to use of services.²⁸ A deeper understanding of vaccination behaviours, and which interventions are most effective at changing them, would support more evidence-based approaches for promoting uptake of vaccination services.

25. Vaccine Confidence Project. <https://www.vaccineconfidence.org/>

26. WHO Regional Office for Europe. Tailoring Immunization Programmes. 2019. Copenhagen: WHO. Available at: <http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2019/tip-tailoring-immunization-programmes-2019>

27. Korn L, Böhm R, Meier NW, Betsch C. Vaccination as a social contract. *Proc Natl Acad Sci USA*. 2020;117(26):14890-14899. doi: 10.1073/pnas.1919666117.

28. Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing Vaccination: Putting Psychological Science Into Action. *Psychol Sci Public Interest*. 2017;18(3):149-207. doi: 10.1177/1529100618760521.

Strategic interventions

- Interventions can be operationalized through four main approaches, adapted according to each country's context:
- Enhance service quality and accountability, ensuring that individuals across the life-course have a positive experience and are motivated to return. For this, build a health workforce of adequate size, distribution, capacity and motivation, making use of supportive supervision,²⁹ for immunization and all components of primary care. Collaborate with academic institutions to shape training and professional development curricula for health care workers and program staff.
- Engage communities and civil society through evidence-informed social and behaviour change activities focused on improving knowledge, motivations and intentions, reinforcing social norms, and activating vaccination through reminders, prompts or primes.
- Build and sustain public trust in vaccination and the authorities delivering them, for example by proactively communicating to 'inoculate' against misinformation. Ongoing media monitoring and social listening – including listening to parents, providers, communities, and traditional and social media – should be carried out to enable timely detection of vaccine-related events, rumours or misinformation, to then inform the design of response strategies to mitigate and minimize any negative impact. Social listening also requires that communities are viewed as partners, not just as beneficiaries.
- Build social and political will from the grassroots up that promotes and sustains community demand for vaccination, and positions immunization as a positive, protective care practice for children and adolescents, pregnant women and older populations. Integrate immunization into education curricula and broader health promotion and literacy strategies.
- Generate and use quality local data on the full range of behavioural and social drivers of vaccination as a foundation for implementing and evaluating demand-related strategies.

Assumptions and risks: Assessing and addressing demand-related barriers to and drivers of vaccination assumes that countries have tools, capacity and resources to investigate the behavioural factors influence uptake. Consideration of the behavioural and social factors that underlie vaccination uptake may require human-centred design and people-centred approaches that challenge traditional ways of working.

29. John Snow, Inc. (JSI). Community Involvement in Maternal and Child Health in Madagascar (example from immunization). Available at: [http://www.immunizationbasics.jsi.com/Docs/IMMbasics_Madagascar_Community_mobilization_experience_\(English\).pdf](http://www.immunizationbasics.jsi.com/Docs/IMMbasics_Madagascar_Community_mobilization_experience_(English).pdf)

Addressing reluctance to vaccinate

Understand and respond to public concern, and develop robust, innovative strategies to mitigate vaccine misinformation and reduce its propagation and negative impact.

Key evidence and gaps

Under-vaccinated or non-vaccinating individuals and communities should not be regarded as a single homogenous group within a country or region. In fact, most are motivated to vaccinate, and non-vaccination is often due to logistical and practical barriers, such as lack of transport, shortage of time, inconvenient operating hours or locations of the health facility, or disruption to services. These barriers can often be overcome with relatively simple low cost and behaviorally informed solutions, for example, text messages, transport vouchers, changes in facility hours to suit parents, home-based records, and mobile phone reminders for return dates. Where groups of vulnerable and un- or under-vaccinated populations exist (e.g. urban poor, conflict and remote/rural areas, mobile populations, and gender-related barriers), it is important that countries assess and characterize both logistical or practical barriers and underlying behavioural and social barriers, and implement and evaluate tailored, people-centred strategies with the participation of local communities and civil society.

Despite strategies to address practical barriers to immunization, hesitancy and refusal may remain for a variety of reasons. Misinformation, often proliferated through social media, has become a critical issue for health authorities and communities to recognize and address. Building trust in immunization programs, understanding how specific groups use social media, and providing accurate and audience-tailored information through channels and influencers community members trust are important steps to interrupt misinformation spread. However, more evidence is needed on effective strategies for managing misinformation and mitigating vaccine hesitancy through social media, particularly in low- and middle-income countries.

In many settings, health workers are key influencers to a parent's decision to vaccinate and therefore need to be equipped to have productive conversations with parents, listening and acknowledging concerns in a respectful manner and providing accurate information about the value of vaccination. Efforts must be also focused on ensuring individuals and communities value and have a sense of ownership of vaccination – seeing its importance for themselves, their families and their communities – and on building trust in health care workers.

Civil society organizations and community leaders can play a key role in channelling information on public needs and priorities to relevant authorities and programmes, and facilitating interactions between communities and service providers. There is a body of evidence that supports making vaccination an easy, convenient and default option, enhanced by strong relations and trust between caregivers and health workers.

Strategic interventions

Interventions can be operationalized through five main approaches, adapted according to each country's context:

- Design people-centred and tailored strategies based on context- and community-specific barriers and drivers to vaccination. Addressing under-vaccination in most places requires long-term investments in multi-faceted interventions, together with active engagement of local communities and civil society.
- Promote active uptake of vaccination and a wider package of essential primary care services by facilitating a positive and respectful dialogue with those who may have questions or concerns about vaccination, and ensure compelling content is easily available and can be readily adapted by locally trusted voices.
- Equip the health workforce, particularly frontline workers, with the skills and confidence to meet the needs of all parents – whether they are ready and motivated to vaccinate, have questions or concerns, or are refusing – to improve the quality of care in local communities.
- Identify and equip trusted community leaders and members to mitigate vaccine hesitancy and interrupt the spread of misinformation, particularly through social media.
- Generate data to build on the existing body of evidence and inform continuous learning. Establish an evidence base of knowledge on the causes of under-vaccination and corresponding solutions to achieve full demand for vaccination as an enduring norm.

Assumptions and risks: These approaches assume that there will be sufficient institutional, political, financial and health workforce support to address often intractable and systemic barriers to vaccination. It requires programmes going further to truly understand why specific populations may be reluctant to accept vaccination, at the same time potentially navigating challenging political, social or cultural issues.

Resources

Commitment and accountability

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