RAPID FORMATIVE ASSESSMENT FOR ADDITIONAL & COVID-19 VACCINE INTRODUCTIONS - VANUATU

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INTRODUCTION

- Undertaken by the Australian Regional Immunization Alliance and UNICEF Pacific in partnership with the Vanuatu Ministry of Health
- Study aims to:
 - Support new vaccine introduction process
 - Provide evidence on barriers and enablers to routine vaccine service delivery
 - Optimise vaccine acceptance
 - Inform COVID-19 vaccine rollout planning



METHODS

- Survey developed based on WHO Behavioural and Social Drivers of Vaccination guideline
- Data collection timeframe: February March 2021
- Respondents included parents and caregivers of children
- Data collectors trained
- Ethical approval obtained

Sample breakdown:

- Total sample size = 564 respondents (5% MOE)
 - n=370: parents of children aged 0-5 years
 - n=367: parents of children aged 8-12 years
 - Routine Immunization (0-5 years)
 - Additional vaccines:
 - Rotavirus and pneumococcal (0-5 years)
 - HPV (8-12 years)
 - Potential COVID-19 vaccine introduction (all)
- Random sampling

RESULTS: DEMOGRAPHICS

Gender

- 82% female
- 18% male
- 0% non-binary or transgender

Education

- 36% primary and below
- 54% secondary school
- 10% tertiary

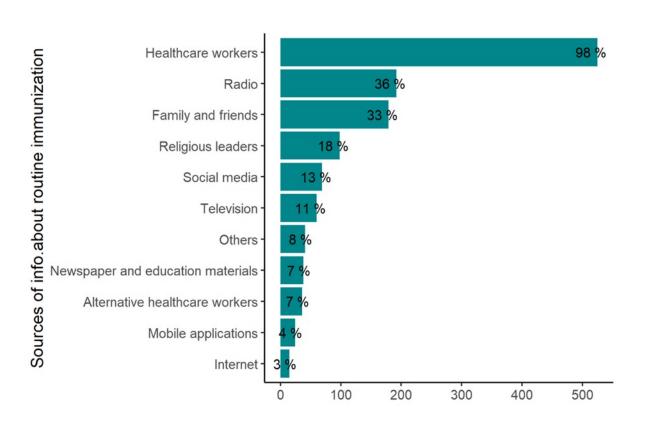
Occupation

- 65% employed or business owners
- 11% healthcare workers



RESULTS

SOURCES OF ROUTINE IMMUNISATION INFORMATION

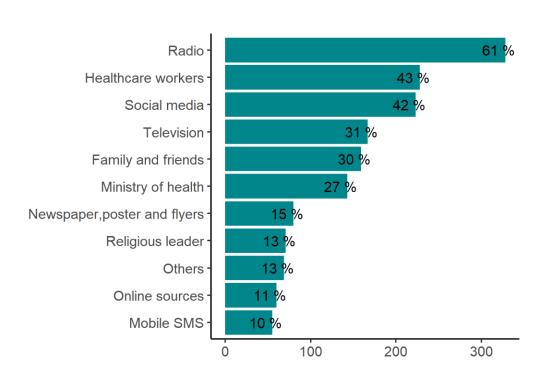


Top three sources for routine immunization information:

- Healthcare workers (98%)
- Radio (36%)
- Family and friends (33%)
- 43% of respondents cited healthcare workers as important source of info for COVID-19
- This suggests a need to continue strengthening HCW capacity to promote routine immunization and new vaccination introduction

RESULTS

SOURCES OF COVID-19 RELATED INFORMATION



Primary sources of COVID-19 vaccine information

- Radio (61%)
- Healthcare workers (43%)
- Social media (42%)
- COVID-19 Risk Communication and Community Engagement (RCCE) activities should continue using these modes of communication
- Given that family, friends, neighbours, and religious leaders were also mentioned as important sources of COVID-19 vaccine information, continue strengthening CE approaches through these influencer groups, encouraging them to be positive voices for vaccination in communities

ADDITIONAL VACCINES

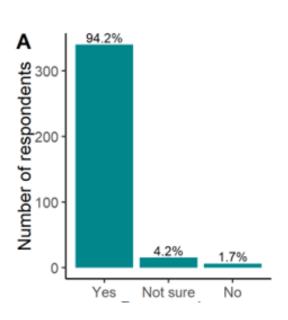
RESULTS

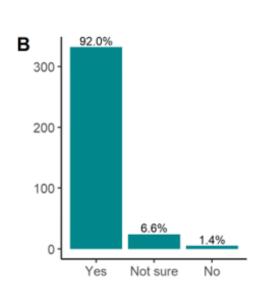
Pneumococcal

ROTAVIRUS PNEUMOCOCCAL HPV

Parent/caregiver willingness for child to receive new vaccines

new vaccines





Rotavirus

Intent to vaccinate children with PCV and RV more likely for parents and caregivers:

- When their children received all recommended routine childhood vaccines under 5 years (95% willing for PCV) compared with those whose children did not receive all the vaccines (86% willing for PCV)
- When they reported receiving a recommendation for PCV and RV vaccine from a healthcare worker (96% willing for PCV) compared with those who did not receive a recommendation (81% willing for PCV)
- When they perceived pneumonia and diarrhoea as a serious disease (97% willing for PCV)

DISCUSSION

- Acceptance of additional vaccines among caregivers of children aged 0-5 and 8-12 years varied from moderate to high
 - 92 to 94% of caregivers were willing for child to receive PCV and RV vaccines, likely due to their awareness and perceptions of severity of illness of these diseases
 - Willingness to receive HPV vaccine was lower, at 80%, particularly for those with education above primary level
- Given high awareness of COVID-19 & perceived severity, caregiver willingness to receive a vaccine was lower than anticipated (67%) compared with their intent to receive other vaccines
- Most common sources of information about COVID-19 vaccines were radio, healthcare workers, social media, and television. Continued use of these channels is key.
- Mothers and fathers cited as primary decision-makers on childhood vaccines (52%) compared to mother alone (37%). Views of both parents are important for decision making, and planning and engagement should encompass both mothers and fathers and their influencers. Fathers should be encouraged to participate in processes of decision making and to support vaccination process.
- Sources of information on routine immunisation saw HCWs ranked highest, suggesting a need to further strengthen their capacity to promote vaccination in their communities

RECOMMENDATIONS / IMPLICATIONS

- Invest in multi-media campaign to raise awareness about additional vaccines, including radio, social media, television, and print media
- Community engagement activities to engage with community leaders, religious leaders and support influencers with information
- Encourage people to be positive voices for vaccination within their communities
- Review distance to services and waiting time to increase access to childhood vaccines
- Involve both mothers and fathers and their influencers in planning for additional vaccines
- Continue to involve healthcare workers and strengthen their capacity to promote and recommend new vaccines.

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- Field data collection was carried out by the Youth Challenge Vanuatu team

