



## Commentary

## 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



Benjamin Hickler<sup>a</sup>, Noni E. MacDonald<sup>b,\*</sup>, Kamel Senouci<sup>c</sup>, Holly B. Schuh<sup>d,e</sup>, the informal Working Group on Vaccine Demand (iWGVD)<sup>1</sup> for the Strategic Advisory Group of Experts on immunization (SAGE) Working Group on Decade of Vaccines

<sup>a</sup> United Nations Children's Fund (UNICEF) Programme Division, 3 United Nations Plaza, New York, USA

<sup>b</sup> Dalhousie University, Department of Pediatrics, IWK Health Centre, 5850/5980 University Ave, Halifax, NS, B3K 6R8, Canada

<sup>c</sup> World Health Organization, Department on Immunization, Vaccines and Biologicals, Geneva, Switzerland

<sup>d</sup> International Health Department, Johns Hopkins Bloomberg School of Public Health, 601 N. Wolfe Street, Baltimore, MD 21205, USA

<sup>e</sup> Loma Linda University School of Public Health, 24951 N. Circle Drive, Loma Linda, CA 92350, USA

## ARTICLE INFO

## Article history:

Received 3 March 2017

Received in revised form 17 April 2017

Accepted 19 April 2017

Available online 20 May 2017

## Keywords:

Vaccine demand

Vaccination demand

Immunization services demand

Community demand for immunization demand

## ABSTRACT

The Second Strategic Objective of the Global Vaccine Action Plan, “*individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility*”, differs from the other five in that it does not focus on supply-side aspects of immunization programs but rather on public demand for vaccines and immunization services. This commentary summarizes the work (literature review, consultations with experts, and with potential users) and findings of the UNICEF/World Health Organization Strategic Objective 2 informal Working Group on Vaccine Demand, which developed a definition for demand and indicators related to Strategic Objective 2. Demand for vaccines and vaccination is a complex concept that is not external to supply systems but rather encompasses the interaction between human behaviors and system structure and dynamics.

© 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

### 1. Background

As the World Health Assembly-approved Decade of Vaccines entered its fourth year, the Strategic Advisory Group of Experts on Immunization (SAGE) of the World Health Organization (WHO) became concerned that progress made on Global Vaccine Action Plan (GVAP) Strategic Objective 2 (SO2) and the means for measuring it were less clear than they were for the other five Objectives [1–4]. For example, only indicators for hesitancy had been proposed, not for demand. SO2 differs from the others, which focus on the supply-side of immunization programs. In contrast, SO2 focuses on public demand for vaccines and immunization services, with the aim that “*individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility*” [1].

A SAGE Working Group on Vaccine Hesitancy was formed in 2012 to explore the phenomenon of vaccine hesitancy, but, as outlined in its 2014 report, the term “demand” as expressed in SO2 encompasses more than hesitancy [5,6]. Therefore, in 2014 the SAGE Decade of Vaccines Working Group, which is in charge of reviewing annually the progress made towards the achievement of the GVAP goals, tasked the WHO Secretariat to (1) develop a better understanding of the term “demand” in the context of SO2 and (2) develop potential indicators for monitoring and evaluating progress globally. In 2015, an informal working group (iWGVD) was formed, under the leadership of UNICEF and in collaboration with WHO, with a scope of work to review relevant literature, interpret key terms used in SO2, and assess options for methods of monitoring progress toward achieving SO2. This commentary summarizes the work and findings of the iWGVD as they were later endorsed by the SAGE Decade of Vaccines Working Group.

### 2. Scope of the term “demand in immunization literature

Early in its work, the iWGVD recognized that the central concept in SO2, “demand,” is used in several ways in GVAP and would

\* Corresponding author.

E-mail address: [Noni.macdonald@dal.ca](mailto:Noni.macdonald@dal.ca) (N.E. MacDonald).

<sup>1</sup> Members of the informal Working Group on Vaccine Demand for the Strategic Advisory Group of Experts on immunization (SAGE) Working Group on Decade of Vaccines are listed in Appendix.

benefit from a clearer definition [1] (see Fig. 1). To gain a more thorough understanding of the meaning of demand in the context of SO2, the iWGVD first conducted a literature review to explore and map existing academic resources on topics related to demand for immunization services [5]. Within the immunization literature, demand has a range of meanings that fall under one or more of three major categories: classic economic interpretations of supply and demand, immunization system structure and operations, and the attitude and behavior of individuals and groups of actors who comprise these systems (see Fig. 2) [7]. Based on this review, the iWGVD concluded that it is misleading to draw a clear distinction between system- or service-side dynamics and demand-related issues. In many cases, individual perceptions of and previous experiences with services were cited as primary determinants of whether users sought future services. Moreover, the assumption that if more services are made accessible and acceptable, community demand automatically will follow is not supported by evidence. Demand for vaccines and vaccination is a complex concept that is not external to supply systems but rather encompasses the interaction between human behaviors and system structure and dynamics [7].

### 3. Definition of vaccination demand

Following a process similar to that used by the SAGE Vaccine Hesitancy Working Group [5], the iWGVD used the results of this review to develop a definition of the key term, demand, within the context of SO2 [7]. The iWGVD determined that immunization demand is best conceived as a complex state built on pillars and enablers that are vulnerable to shocks, with active demand at a point beyond mere acceptance at the top. The risks of hesitancy or refusal increase when foundational elements and enablers are not in place at the bottom (see Fig. 3)."

The iWGVD concluded that an active definition of demand is useful for thinking beyond common terminology of passive demand like *acceptance*, by, for example, shifting the focus from *acceptability* toward *quality* of services, and making conceptual space for interventions focused on "*activation*" to overcome the

intention-action gap [8]. The move to define demand in active terms beyond vaccine acceptance was seen as recognition of the basic requirements for immunization program success. Moreover, it was hypothesized that high levels of individual and public demand can contribute to population resilience against negative consequences of vaccine safety events or anti-vaccine rhetoric on demand for vaccines and immunization services.

The iWGVD defined vaccination demand in terms of behaviors rather than attitudes, using verbs like *seeking* (individual behavior), *supporting* (expressing a social norm), and *advocating* (organizing action to claim rights and influence decision makers). The definition is supplemented with accompanying statements that emphasize the responsibility of programs to promote and sustain vaccination demand as well as recognition of variability in manifestations and determinants of demand according to context.

Demand is the actions of individuals and communities to seek, support, and/or advocate for vaccines and immunization services.

Demand is dynamic and varies by context, vaccine, immunization services provided, time, and place. Demand is fostered by governments, immunization program managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities.

### 4. Development of indicators for Strategic Objective 2

Building on findings from the literature review and recognizing the need for any associated indicators to be practical and readily measured, the iWGVD concluded that a single, direct, and global measure of vaccine and immunization services demand to monitor SO2 progress was not feasible. For example, even direct measures of attitudes toward vaccines or stated intention to vaccinate do not necessarily translate into the behavior of seeking vaccination.

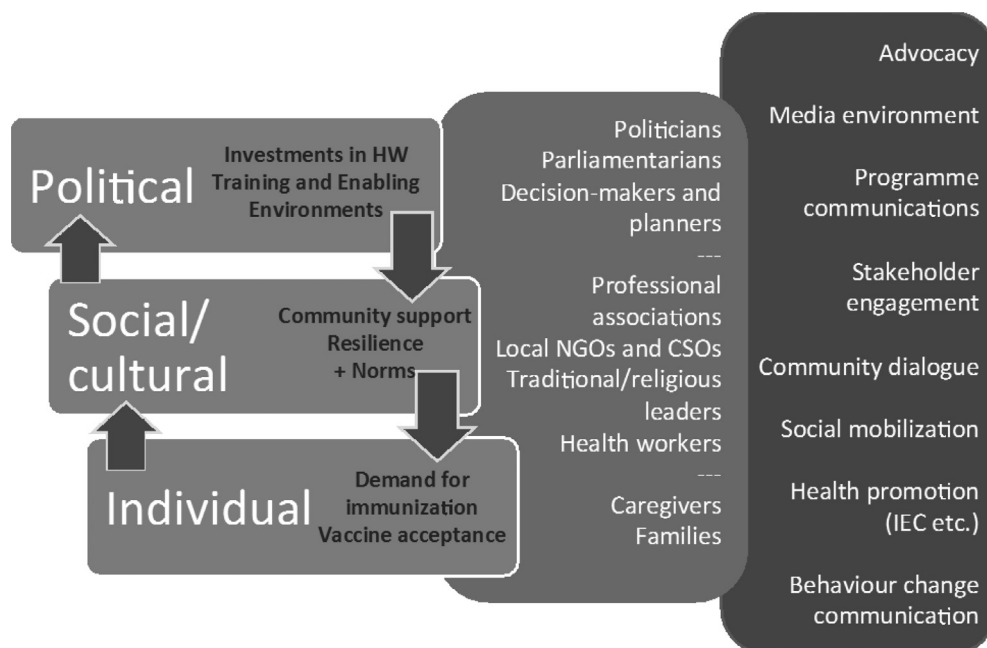


Fig. 1. Implicit demand concepts in Strategic Objective 2. NGO = non-governmental organization; CSO = civil society organization; IEC = information, education and communication.

Download English Version:

<https://daneshyari.com/en/article/5537246>

Download Persian Version:

<https://daneshyari.com/article/5537246>

[Daneshyari.com](https://daneshyari.com)