
From insights to implementation: using Behavioural and Cultural Insights (BCI) to increase vaccine uptake

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European Region



Behavioural and cultural insights (BCI)

Gaining **insights** into the contextual and individual factors that affect a health behaviour,

using these insights to develop **evidence-informed** policies, services and communication that focus on health behaviours, improve health and well-being and reduce inequity, and

evaluating these interventions



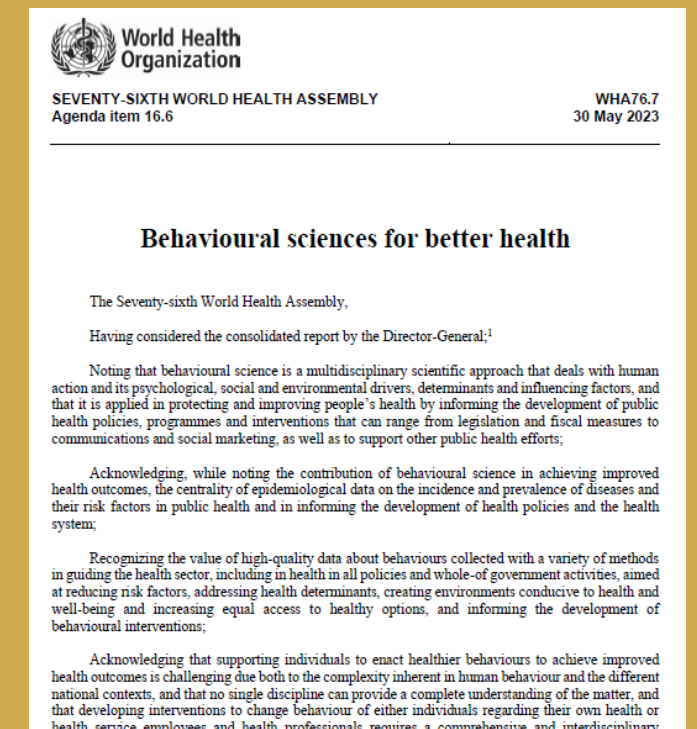
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WHO European Programme of Work identifies BCI as a flagship priority



Followed by a Region-wide – and later global – political mandate



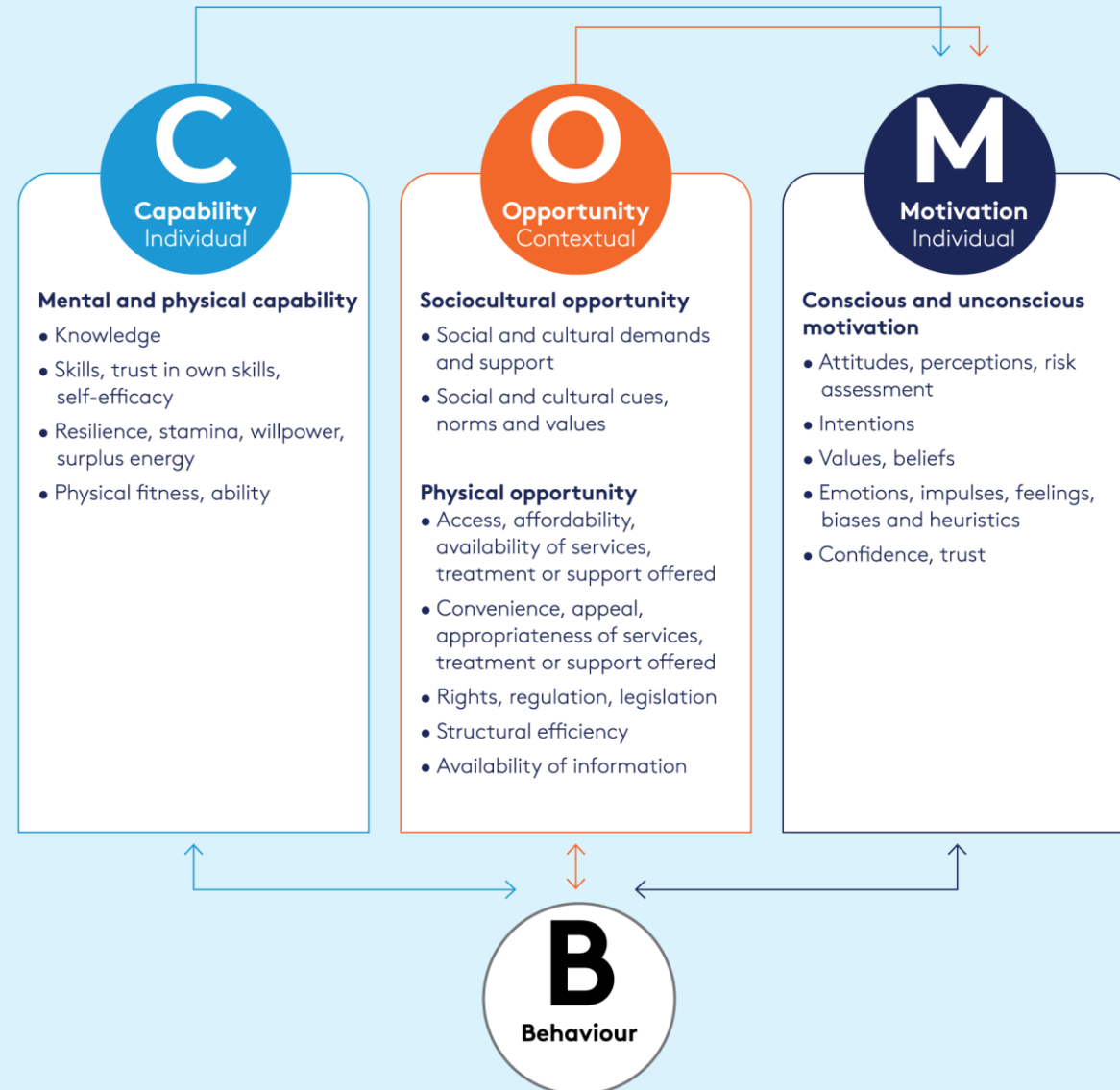
Link: [Programme of Work](#)

Challenges and observations in the WHO European Region

- National vaccination coverage figures do not tell the whole story – vaccine uptake varies at the subnational level and among population groups.
- Barriers and drivers for vaccination are different within and between population groups.
- What has worked for the majority may not work for all groups.
- Points to the need for a targeted approach to increase vaccine uptake that tailors interventions to the needs of specific groups.

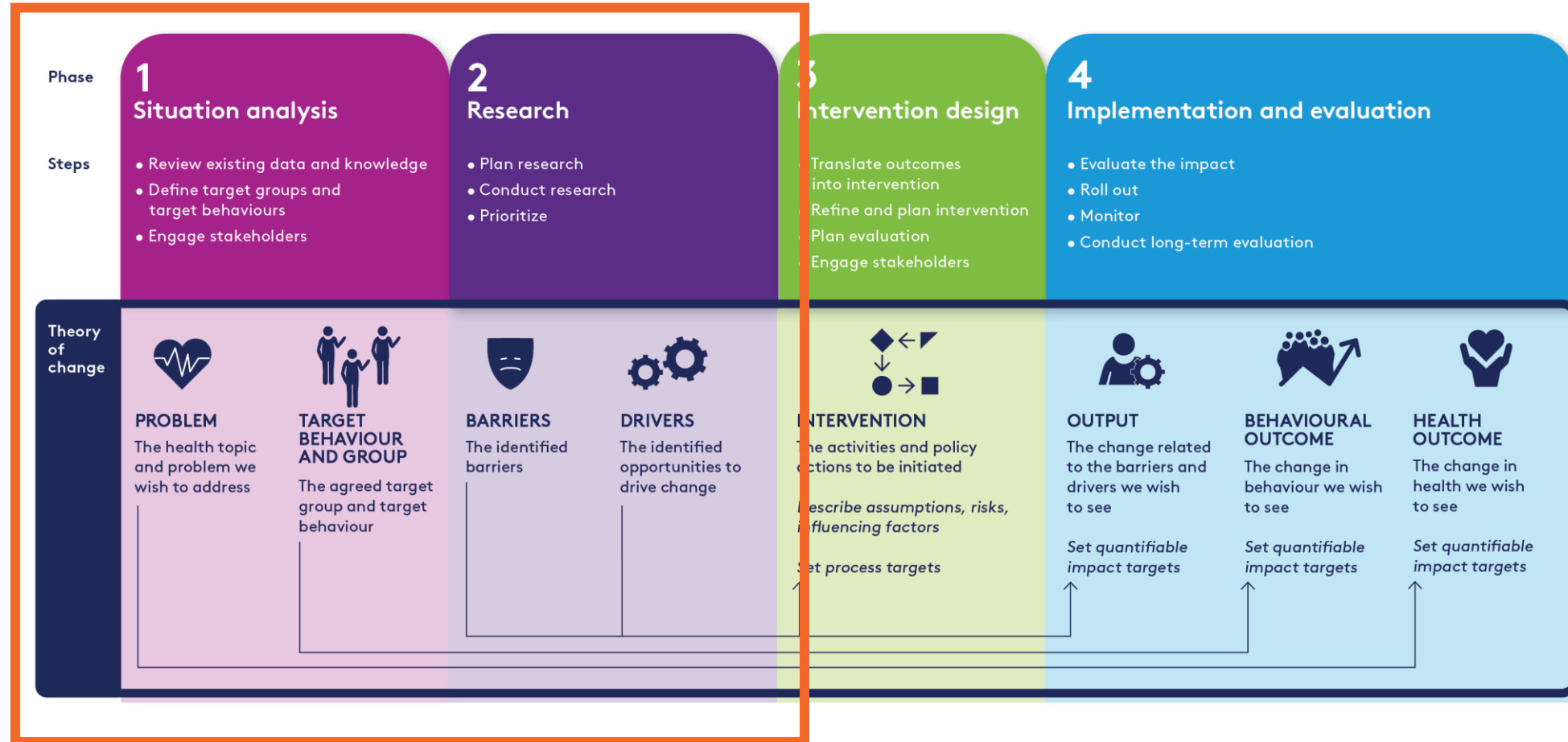


BCI research helps understand the ‘Why’ of low uptake in certain groups



Reference: Michie et al. The Behaviour Change Wheel. A guide to designing interventions. 2014.

Using a Theory of Change for vaccine uptake



Case example: Increasing flu vaccine uptake among hospital health workers in Georgia through BCI and implementation science

(Some) insights from rapid qualitative key informant interviews

Capability

- Almost all staff thought it was voluntary, not mandatory
- Not seen as effective by some
- Misconceptions/unclarity about contraindications, including runny nose, diabetes, allergies, asthma, flu symptoms
- If missed early in season, it is deemed too late (Dec/Jan)
- Insufficient information on latest statistics, benefits, long term risks of influenza
- Seen as safe (positive)

Motivation

- Low perceived benefit by some
- Some fears related to side effects, needles
- Mostly no strong opposition (positive) but procrastination, lack of prioritization

Case example: Increasing flu vaccine uptake among hospital health workers in Georgia through BCI and implementation science

(Some) insights from rapid qualitative key informant interviews

Physical opportunity (access & ease)

- Overall considered easy to vaccinate

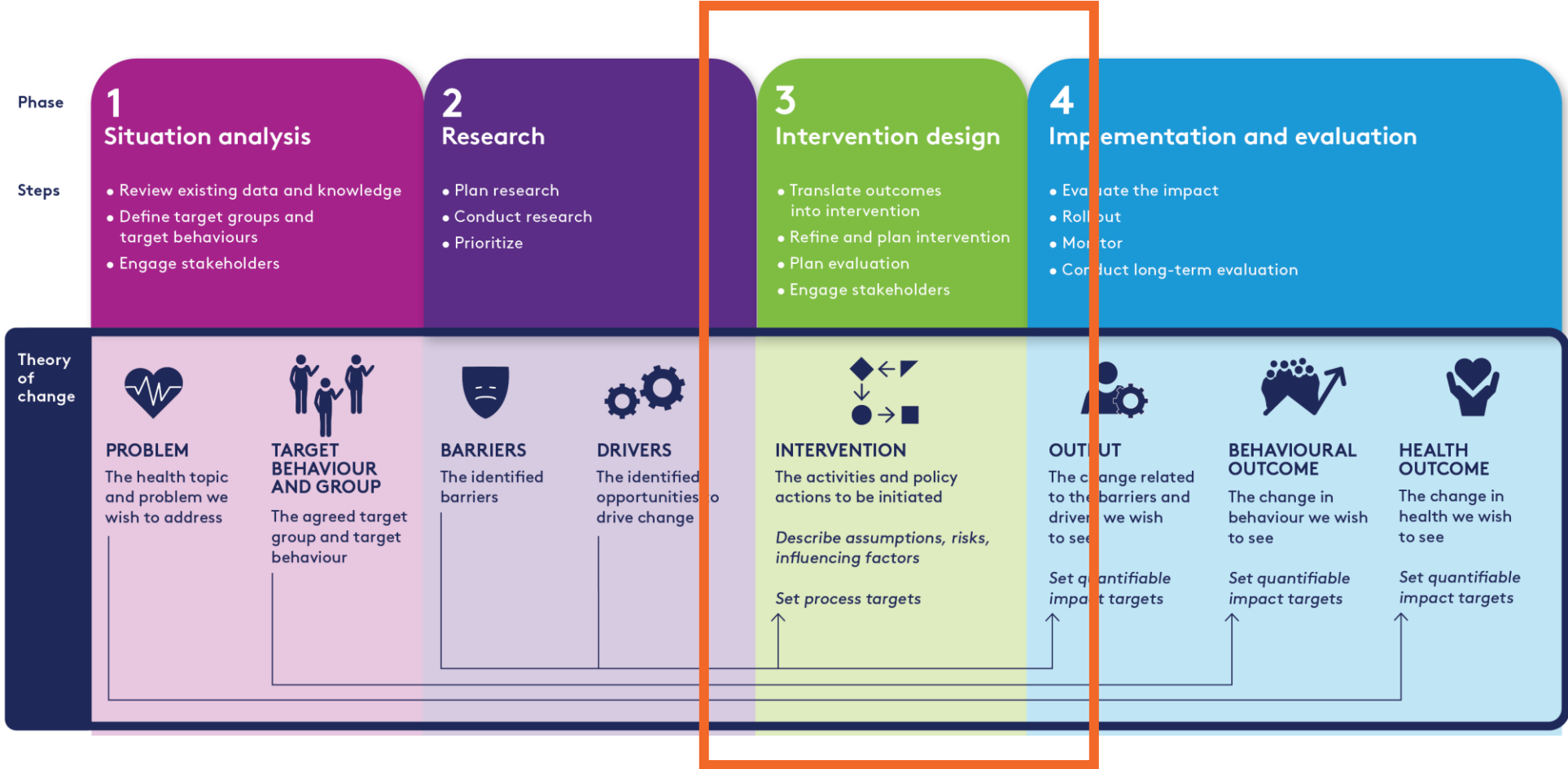
However:

- Often only one location to vaccinate within hospital
- Mostly not available after hours/weekends
- Limited number of vaccinators
- Available late in Oct
- Some send reminders (positive), some don't

Sociocultural opportunity

- Mixed findings on senior/middle management encouragement
- Lack of monitoring/consequences of not getting vaccine
- Not all department leaders know vaccine uptake rate in their own department
- Perceived social norm for vaccine uptake is higher than coverage data suggests
- Higher priority for certain departments (ICU, emergencies etc)

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Summary of rapid review: Intervention types and assessment of effectiveness

Intervention type	Definition	Assessed effectiveness
Information / Education	Increasing knowledge or understanding	+ Mixed evidence; Only effective if combined with other interventions.
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Lack of systematic review evidence
Incentives	Creating an expectation of a reward	+
Coercion	Creating an expectation of a cost or other negative outcome	+++ Strongest but most restrictive intervention
Training	Imparting skills (for vaccinators)	Lack of systematic review evidence
Restriction	Using rules to increase engaging in the target behaviour	+++ Strong effectiveness for "Vaccinate-or-wear-a-mask policy"
Changing the environment	Changing the physical or social context	++ / +
Modelling	Providing an example for people to aspire to or imitate	+

Assessment of intervention effectiveness

+ Positive effect on vaccination shown in some studies (but not in others) and/or weak effect

++ Positive effect on vaccination shown in most studies reviewed

+++ Strong and consistent effect

Proposed multicomponent intervention in Georgia:

- Declination form
- Increased opportunity to vaccinate
- Reminders
- TBC: a competition element, or champions

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Evaluation approach

- Year 1: Feasibility Study (4 sites of which 2 implement the interventions)
- Year 2: Impact evaluation

Aims of Year 1 feasibility study

1. Assess feasibility of the intervention
2. Assess feasibility of an impact evaluation
3. Assess scalability of intervention

Types of data in Year 1 feasibility study

Quantitative

1. HW survey: attitudes, beliefs, behaviours regarding flu vaccination and the interventions
2. Coverage data
3. Process/implementation data - implementation sites only

Qualitative

1. HW interviews - implementation sites only

Remaining challenges and opportunities

Challenges

- Implementation of interventions
- Monitoring and evaluation
- Scaling and integration into national immunization programmes

Opportunities

- Increased use of data
- Strong global evidence base on what works (in some settings, for some groups)
- Methods and approaches allowing a more rapid, iterative approach



Thank you!

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Siff Malue Nielsen, VIF, WHO/Europe
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<https://www.who.int/europe/teams/behavioural-and-cultural-insights>



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