Perceptions of New Vaccines in Six Countries Research shows pneumonia recognized as a killer: new vaccines can help, but action needed to address perceived affordability concerns. Hans Kvist¹, Lois Privor-Dumm^{1,2}, Hema Viswanathan³ 'GAVI's PneumoADIP Johns Hopkins, ²The Hib Initiative Johns Hopkins, ³Bairds CMC

INTRODUCTION

GAVI's PneumoADIP and The Hib Initiative are working together on mutual goals to demonstrate the value of pneumococcal and Hib vaccinations to prevent pneumonia and reach MDG4 by 2015. To further improve their joint communications and advocacy at the country level, qualitative research was undertaken by Baird's CMC. Assessing awareness and identifying perceptions among groups of country-level stakeholders enabled development of targeted messages regarding benefits of pneumococcal and Hib vaccines based on country situation and knowledge level.

RESULTS

All respondents recognized pneumonia as one of the two leading causes of child mortality. Most attributed associated morbidity to underlying malnutrition and poor health. There was greater awareness of the disease burden of pneumonia than in 2003, this may be linked to awareness of pneumococcal vaccine, which was also greater; there was also an increased focus on Hib.

The majority of respondents supported the concept of a pneumonia vaccine, but less than half of respondents could be considered well informed about the effectiveness and affordability of Hib and pneumococcal vaccines.

OBJECTIVES

- Identify how developing countries see the role of new vaccines generally and the Hib and pneumococcal vaccines in particular, in achieving MDG4.
- Assess how developing countries perceive the disease burden for children and how they feel these diseases can best be tackled.
- Explore how decisions about the uptake of new vaccines are made and the motivation and barriers to adoption.
- Of the 28 interviewees who expressed a view on the need for a vaccine: almost half thought the pneumococcal vaccine was needed, over a third thought the Hib vaccine was needed.
- Three quarters of interviewees did not think first of vaccines when asked how to meet the MDGs, many did not think of them until prompted. (*cont'd...*)

FIGURE 1: Pneumonia recognized as a killer – emergent themes assisted development of targeted communications for new vaccines

MOST NOT WELL INFORMED ABOUT NEW VACCINES

'I think meningitis is difficult to prevent because there is no vaccine.' Cambodia

'Pneumonia is also difficult to prevent and you can't really prevent ARIs.' *Pakistan*

'I haven't heard of a vaccine for pneumonia or meningitis. You cannot have a vaccination for pneumonia, I don't think so.' Tanzania

'...we can't use them (new vaccines) because the costs are too high for us.' Cambodia

TENSION BETWEEN INVESTMENT IN VACCINES AND PUBLIC HEALTH

'Diphtheria, pneumonia, TB...These diseases are primarily caused by environment predisposition, malnutrition and lack of timely treatment.' *Pakistan*

'I think we can prevent 90% of pneumonias with early intervention – secondary prevention (antibiotics).' Cambodia

'They (donors) should not come with preconceived ideas, (in favour of high tech solutions) they should be willing to see the problems that are facing us.' Tanzania

'At the end of the day vaccine prevention is more cost effective as once you have vaccinated (a child) you don't have a problem. By preventing malaria you can prevent a lot of deaths but the effort has to be sustained.' Kenya

DECISION MAKING NOT ALWAYS BASED ON DATA ALONE

'Once the government realizes the importance of a vaccine, it takes decisions based on its own interpretation of the evidence and rationality.' *Pakistan*

'First you need to assess the magnitude of the problem and Cambodia is not capable of that yet (eg lab capacity).' *Cambodia*

'We have that feeling (the problem is underestimated) because it's only one laboratory which is giving us good data' Kenya

'It is never just on the basis of serious scientific considerations but market forces keep operating which bring in these pressures.' India

NEED TO PROMOTE NEW VACCINES IN CONTEXT OF COUNTRY'S HEALTH PRIORITIES

INTRODUCE NEW VACCINES AS PART OF INTEGRATED HEALTH RESPONSE

STRONG DATA ESSENTIAL TO SUPPORT DECISION MAKING

On analysis themes emerged from the data, giving insight into countries' perceptions of disease burden, health priorities and concerns over introducing new vaccines. These overarching themes led to conclusions about how communication of the value of new vaccines could be made more effective. (Quotes are given as illustrations only. They are part of a larger data set and therefore may not be representative of all opinions and ideas expressed in the study.)

METHODS

In 2007 qualitative research was conducted in six countries that were selected to represent a range of health priorities, vaccination programs and some with recent experience of introducing innovative vaccines. Three African countries, Kenya, Tanzania and Malawi, and three Asian countries, Cambodia, India, and Pakistan, were selected for the study.

50 in-depth interviews and several scenario planning focus groups were conducted. Interviewees were chosen from multiple sectors including health ministry, immunization program, health service providers, financing and planning ministries and donors. In each country, 6-8 in-depth interviews took place with influential stakeholders and health policy makers. A series of scenario planning focus groups were carried out with retired government health officials to help ensure candid responses. Data from the interviews and focus groups were analyzed using thematic content analysis.

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All respondents struggled to find a balance between changes in education, behavior and infrastructure and the potentially faster solution of new vaccines despite the 2015 deadline. Older vaccines were accepted as drivers of improved child health; there were many doubts about the impact of individual new vaccines and no mention of the potential impact of a combination of new vaccines.

Decisions about new vaccines were not perceived to be made on evidence for need and effectiveness alone, decision making was not always transparent or rational. A majority of retired respondents said political considerations or donor pressure were key factors. There were national concerns about financial sustainability and almost universal concern about the long term pricing of vaccines.

This work was based on an earlier study undertaken in four countries in 2003. This allowed for making comparisons and identifying any changes in perception of disease burden and new vaccines over time.

The in-depth interviews were conducted by expert interviewers using an interview guide of open-ended questions that started broadly with national general health issues then gradually focused on child health issues and interventions. Cue cards were used to help respondents sort diseases according to burden, severity, preventability and cost.

CONCLUSIONS

- There is a need to promote greater understanding of the role that new vaccines may play in achieving MDG4 by 2015.
- New vaccines will find easier acceptance if introduced as part of a package of health interventions alongside plans for low tech solutions like sanitation and improved nutrition.
- Strong data are needed to support the adoption of new vaccines as well as support from decision makers and champions.
- These results highlight the need for dedicated communications planning and resources to address country perceptions of vaccine effectiveness and affordability.







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