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Implementation Strategy Mapping to Enhance Vaccine Acceptance in India: What Lessons Can We Draw from Polio Eradication?

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Poster # DG 12

Background

Implementation strategies are recognized necessary for public health benefits of evidence-based practice. They represent the 'HOW TO' component of changing public health practice. There is evidence that despite developing strategies to overcome barriers, implementors are not able to utilize research findings because of inconsistent labelling and poorly described strategies. This paper draws on work from Synthesis and Translation of Research and Innovations from Polio Eradication (STRIPE), a multi-phase project which aims to map, package, and disseminate knowledge from polio eradication initiatives as academic and training programs. We propose that intervention/strategy mapping could be used to match implementation strategy to an evidence-based practice or process change implemented in setting

Specific Aims & Objectives

➢ To study the implementation strategies, treatment specification used in different geographies to address vaccination hesitancy as part of the polio eradication program in India

➢ To conduct a strategy mapping exercise of those implementation activities using Proctor et al.'s guidelines (name, define, specify, action, action target, temporality, dose, implementation outcome affected and justification)

➢ To translate knowledge for identifying and addressing barriers to vaccine acceptancy, demand and uptake among marginalized communities in India
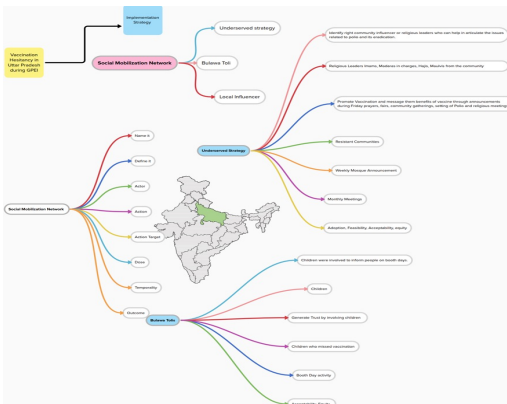
Methods

Four major research activities; Scoping Review, Survey (Online & Offline), Key Informant Interviews and Health System Analysis during Knowledge Mapping Phase

Data collection during 2018-2019 to explore context, implementation strategies, Intended and unintended outcome of polio eradication activities in seven countries: Afghanistan, Bangladesh, the Democratic Republic of Congo, Ethiopia, India, Indonesia, and Nigeria. We are utilizing India's data for this study

We performed review of published literature and grey literature collected during STRIPE to conduct implementation strategy mapping using Proctor et al.'s guidelines. We also mapped and defined the strategies found in India for mitigating rumors and misinformation regarding polio. We also used materials from webinars to identify the strategies from Polio Eradication used to address vaccination hesitancy for Covid
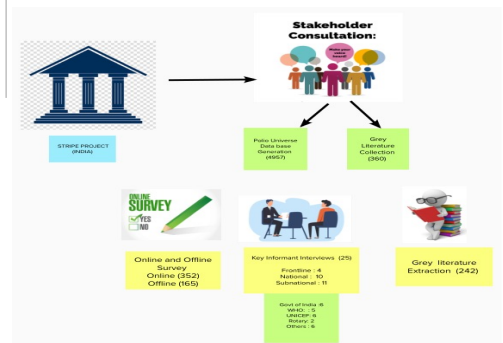

Graphs/Figures

Figure 1: Implementation Strategy Mapping

Results

▪ Barriers for polio program implementation are geographical inaccessibility, vaccination hesitancy, competing health priorities, and social and structural determinants of health inequalities that include poverty, racism, and discrimination

▪ Intervention strategiess that worked well are contextualization, stakeholder engagement, and mobilization identifying the right influencer including religious leader (Underserved strategy) to penetrate the resistant households, involving children as a change agent, celebrity persuaders and media advocacy and sensitization

▪ Organizations worked in partnership by taking lessons from the GPEI during COVID. Celebrity Influencer Amitabh Bacchan's interactive voice responses encouraging vaccination used during covid also

Conclusions

The purpose of this study is to find the lessons learnt from the Global Polio Eradication Initiative (GPEI) in terms of implementation strategies that worked well in different geographies, and to identify missed opportunities to reach vulnerable groups. During GPEI, many Implementation Strategies have been tried and tested and continuously evolved over time to ensure that the community stays engaged with the program. Underserved strategy played a significant role in changing the perceptions of the minority community and increasing vaccination rates. Implementation strategies if 'packaged' in specific protocols can help guide how a given innovation/intervention is to be enacted. It would facilitate meta-analysis and replication (in both research and practice) and would increase the comparability of implementation strategies by allowing them to be used in the real world to address the issue.

Acknowledgements
STRIPE TEAM

References

1. Proctor, E.K., Powell, B.J. & McMillen, J.C. Implementation strategies: recommendations for specifying and reporting. *Implementation Sci* **8**, 139 (2013). https://doi.org/10.1186/1748-5908-8-139

1. Alonge O, Neel AH, Kalbarczyk A, Peters MA, Mahendradhata Y, Sarker M, et al. Synthesis and translation of research and innovations from polio eradication (STRIPE): Initial findings from a global mixed methods study. BMC Public Health. 2020;20(Suppl 2):1–15

1. Neel AH, Closser S, Villanueva C, et al 30 years of polio campaigns in Ethiopia, India and Nigeria: the impacts of campaign design on vaccine hesitancy and health worker motivation BMJ Global Health 2021;6:e006002.