

# Understanding stakeholder perspectives for introduction and uptake of newer vaccine/s for acute lower respiratory infections in children – qualitative insights from four Indian states

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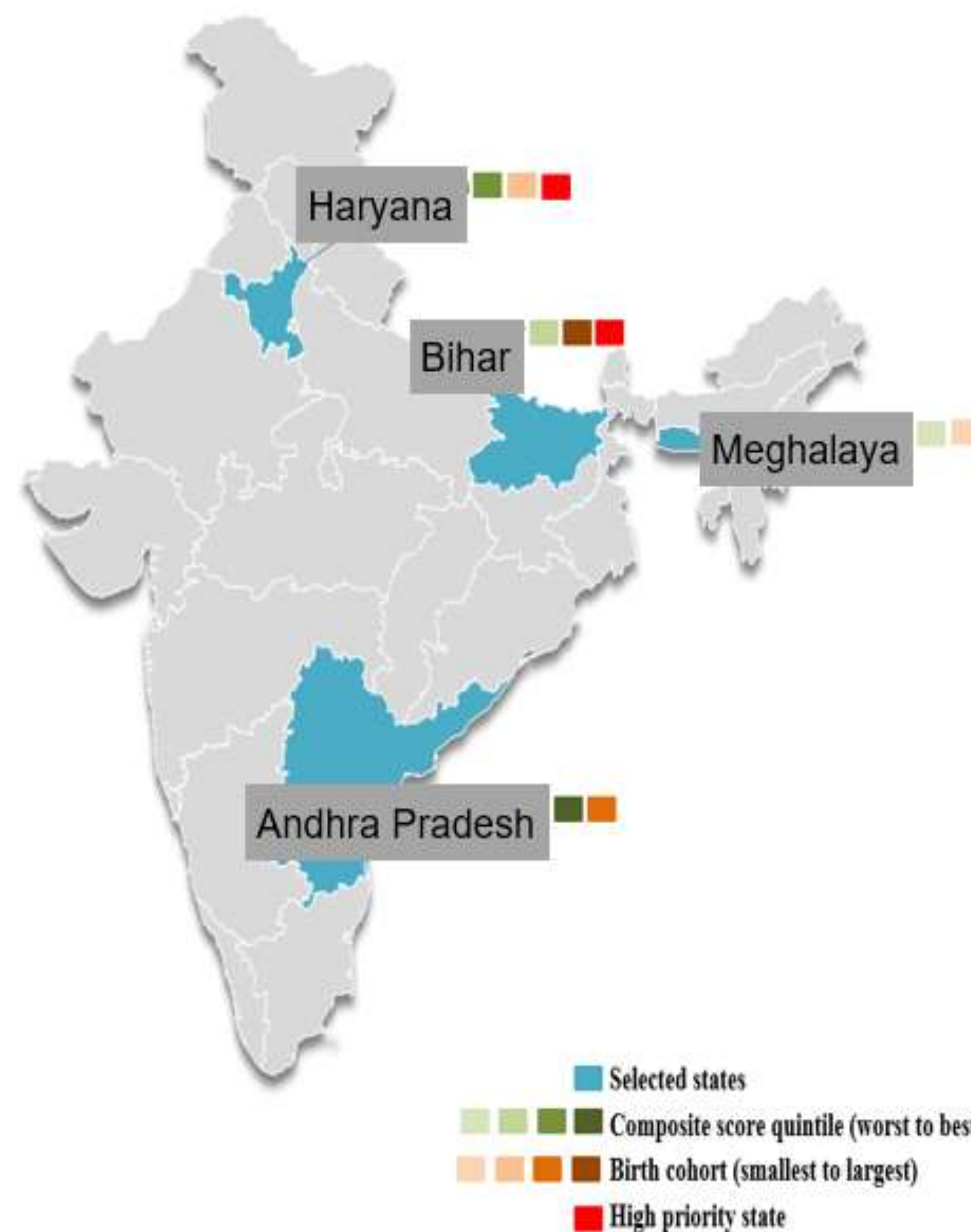
## Background

- Acute lower respiratory infections (ALRIs) are associated with significant morbidity and mortality in children. Preventive products for maternal and paediatric populations provide an opportunity to decrease disease burden.
- However, misalignment with community and system needs often lead to delay in introduction and uptake of products (1).
- Respiratory Syncytial Virus (RSV) is one of the major causes of ALRI (2) with several products in the development pipeline (3).

## Aim

- The study aimed to understand community and health system level perspectives on need, acceptability, product and delivery preferences for introduction and uptake of newer maternal and paediatric products against ALRI in children (using RSV as a reference).

## Methods



- Qualitative data was collected in four states between June 2021 and April 2022.
- States selected based on composite score - disease burden (Severe Pneumonia incidence), immunization coverage (basic and TT coverage), programmatic preparedness (ANM vacancy); birth cohort, geographical representation, and inclusion of at least 2 high priority states

IDI, KII, FGD conducted at community and health system settings

Program managers N = 15	Health care providers N = 21	Frontline health workers N = 60	Caregivers / beneficiaries N = 79 (+4)
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Interviews transcribed and coded; Coding of interviews - NVivo 12 Pro

Framework analysis; 19 themes and 87 codes; list of themes/codes (priori codes) in this framework is prepared based on study tools that are designed on the acceptability and feasibility framework

Quality assurance – at least two people involved in transcribing, coding, and code writing to ensure data quality and validity

## Results

### Pneumonia vaccination has positively influenced demand for ALRI/RSV prevention

- High pneumonia and bronchiolitis burden and associated morbidity and mortality recognized
- Limited awareness of RSV in the community
- Management gaps in diagnosis and treatment noted
- Decreasing trends in pneumonia attributed to newer vaccines (system and community)
- Newer preventive vaccine/s need well recognized to provide early protection and decrease burden

### Product preferences largely aligned with WHO PPC

- Maternal and paediatric strategies acceptable; greater acceptance to maternal vaccine
- Acceptance for new product take time, influenced by:
  - perceived benefits (early protection, greater effectiveness, free of cost etc.)
  - risk (miscarriage, premature delivery with maternal vaccine; multiple pricks, pain)
- Awareness generation efforts needed with relevant scientific info-burden, CE, efficacy etc.

"The best is if you give to the pregnant women. Provided that how much is the immunity carried forward. For example, TT, hardly any neonatal tetanus case is seen nowadays.."

Some resistance will be there, but all the vaccines are like that. At the end they will all accept."

### UIP integration critical with few concerns

- Preferences - Maternal vaccine with ANC/TT visits and paediatric vaccines through RI; mixed approach
- Gap periods for administration and combination vaccines for consideration
- Limited awareness of monoclonal antibodies - need for evidence to support implementation planning, mechanisms to identify high-risk babies.
- Implementation in higher facilities with pediatricians suggested for antibodies

### Leveraging recent vaccination success and addressing delivery barriers to enable uptake

- Acceptance, awareness, and coverage constantly improving for RI
- Important role of FHWs, media - systematic approach for dealing with non-acceptance, increased outreach (VHNDs)
- Effective planning and coordination critical – involvement of different depts., religious leaders, panchayat, developmental partners - at referral centers and hard-to-reach areas
- Training and capacity building at all levels



"Yes, a vaccine is required. Because the cases are high. So, keeping in view the case burden, a vaccine should be launched."

"Vaccination has improved over the years. When it comes to their children, people rush to the hospital immediately. ...It is because of raised awareness these days. Literacy rate has improved."

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## Conclusions

Previous vaccination experiences have positively influenced demand for prevention from ALRIs. While both maternal and paediatric strategies remain acceptable, there is a need for early awareness generation efforts supported with relevant scientific information (disease and product related) to ensure better demand and uptake. In addition, aligning stakeholder preferences while planning delivery scenarios and implementation strategies for both maternal and paediatric products can enable acceptance and uptake.

## References

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