



Sharing learning from Polio SBC Misinformation, Social Data and Conflict

SBCC Summit side event organized by UNICEF

Session: The Mozambique response to the WPV and cVDPV outbreaks

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Response in 2022: Data informed, eye on misinformation, ensure acceptance of vaccine and trust in the programme

1. UNICEF strongly supports MoH in the implementation of a multi-layered SBC programme to reach and engage caregivers and influencers
2. IM/LQAs data from the 5 polio campaigns reported **more than 95% have knowledge and willingness to vaccinate** among caregivers during the evaluation processes; **Refusal are maintained at less than 1%**
3. Data from social investigation of the polio cases, complemented with pre and post vaccination campaigns (IM and LQAs) evaluations constitutes the foundation of a SBC strategy, ensuring interventions are tailored to caregivers and targeted as per the community context
4. Polio campaigns are intense and relied on continuous dialogue with communities to track possible rumors and misinformation that may affect vaccination acceptance
5. Invested in generating evidence for decision making for SBC and leveraged human resources/SBC officers in target provinces using community dialogue and supervision to inform the strategy

Your Learning: on data, trust and acceptance of the vaccine

1. Religious leaders and community radios have a substantial effect on promoting demand for and acceptance of vaccines.
2. The mobilization of communities in urban areas is challenging and lacks robust communication interventions due to greater mobility and access to multiple platforms; Pediatricians represent a strategic voice of trust to encourage vaccination in the big cities.
3. While communities are easily engaged, the effective engagement of high level leaders and decision makers is needed to increase the risk perception and prioritize the polio agenda in the country.

Your Recommendations: on ensuring demand considerations are based on evidence and not on perceptions among planners

- A. Active community listening and dialogue is essential to create trust in polio response interventions. While communities have multiple priorities when they are consulted, engaged in respectful conversations, questions clarified and communication is socially acceptable, demand for and vaccination behaviour is high. Work, timing, schooling are major factors when children are missed. Context and environment is critical.
- B. Routine data on vaccine acceptance layered with in-depth analysis when there is some hesitancy or resistance (e.g. religious reasons) is challenging but is needed. Sharing such data to planners and decision makers is an important step towards evidence-based SBC. IM and LQS data helped to demonstrate trust is good among communities.

Reflection: on nOPV and having cVDPV and WPV outbreak at the same time

A. Mozambique experience of using bOPV and nOPV vaccine during different campaigns did not create an problem for demand. Communities were not explained about the difference in the composition of the vaccine and why it is needed. There were no questions even from the media so science communication was not required either.

B. Vaccine derived and wild polio found during surveillance and campaigns also did not pose challenges for vaccine acceptance or questions from communities.

In Mozambique, there is good demand for routine immunization (RI) this has perhaps made it easier for the polio campaign in 2022 to be successful. Yet during the polio campaign gaps in RI were identified, which will be address in 2023 and beyond, including intensive SBC.

Thank you.