

“ONE FOR ALL – ALL FOR ONE” PROJECT BRIEF

Funder: Wellcome Trust & NIHR Mucosal Pathogens Research Unit

Project duration: 3 Years

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AIMS

The project aims to:

- Empowering people who make decisions about immunisation (e.g. parents, guardians, community leaders, influencers, older children) to:
 - Make informed choices about vaccination, informed by a set of resources based on robust research, common concerns and in context.
 - Contribute actively and meaningfully to future research.
- Enabling researchers, fieldworkers, practitioners, policy-makers and healthcare professionals to ‘do’ engagement with vaccines, based around concepts of **herd immunity** through the use of our creative, socially-engaged, accessible and transferable resources.
- Informing research and engagement practice by testing and evaluating our central question and sharing our learning;
- Potentially reaching further global audiences through strategic branding, campaigning and stakeholder engagement.

GOAL

- Reduce vaccine hesitancy and improve vaccine uptake;
- Generate a wider dialogue about herd immunity;
- Increase trust amongst citizens, scientists and policymakers about immunization;
- Promote responsible vaccine research and evidence-based engagement

VACCINE HESITANCY

Vaccine hesitancy is increasing worldwide, including in Africa due to a number of reasons including: -

- Lack of awareness
- Poor access to vaccines and clinics

- Misinformation and lack of trust
- Inadequate infrastructure
- Untimely vaccinations and service delivery

VACCINES & HERD IMMUNITY

Many vaccines, particularly those that prevent pneumonia, meningitis and sepsis, work by reducing not only the probability of infection in the person receiving the vaccine, but also the likelihood of spreading the disease to others. **Herd immunity** or **community protection** is a cornerstone of population protection and an essential research target. Previous work in the NIHR Global Health Unit on Mucosal Pathogens (MPRU; www.mpru.org) has identified the concept of community protection as a priority for engagement with vaccines. ***“The concept [that] a vaccine will help your child and your neighbour’s child is...relatively underexplored” [Malawian MPRU researcher]***

Vaccine campaigns focused at **individual protection** are undoubtedly important. Evidence also shows that **awareness interventions based on herd protection** can **change understanding and attitudes to immunization** amongst **European cultures**, and may be more appealing in **cultures that are more collectivist than individualist**. **Relatively little is known about how African and UK communities view herd immunity and how it might relate to vaccine hesitancy.**

THE QUESTION WE ARE ASKING

“How does **engagement** with herd immunity influence attitudes to immunization?”

TARGET AUDIENCE

- Community leaders, Parents, Guardians, Families of young children, older children, Young adults.
- Health professionals and policy makers
- Researchers, community fieldworkers, engagement practitioners at the frontline of vaccine delivery and research.
- Patients and patients with lived experience of meningitis, pneumonia and sepsis. (E.g. as peer-to-peer communicators).

EXPECTED OUTPUTS

- Drawing on the existing evidence base, co-create (with communities, artists, health professionals and researchers) a suite of graphic-based engagement resources (e.g. a series of 1-2-minute animations, 10-page graphic novel, zine) focused on community protection (how it works, benefits, challenges/concerns e.g. freeloading; when herd immunity breaks down; myths) for use in Africa and UK settings.
- Evaluation and testing the impact of engagement resources on community ownership, attitudes to immunization in Malawi, West Africa and the UK: publications and reports

EXPECTED OUTCOMES

- Increased awareness, dialogue and informed choice about immunization.
- Increased capacity to 'do' public engagement focused on herd immunity, using the 'One for All?' engagement outputs.
- Deeper understanding of engagement methods and strategies related to immunization.

EVALUATION

We will engage an independent evto conduct an evaluation of the project using Theory of Change methodologies. The evaluation will aim at capturing reflections and iterations of the co-creation steps and process.

The evaluation will use workshops, individual in-depth interviews and focus group discussions with all relevant stakeholders including internal and external personnel.

NEXT STEPS

Adapting and testing engagement outputs in two additional countries: We will test our hypothesis in two other locations: another African MPRU partner site, and Manchester UK. Engagement outputs developed in Phase 1 will be refined, added to (e.g. with appropriate subtitles, context specific subplot/storyline, locally renowned artist cover/artwork) and disseminated. The Project Manager will spend time in the African partner site and Manchester to facilitate this cross-continental process, working with various community voices. Engagement outputs will be tested and assessed (pre/post engagement, as above) in both sites.

DISSEMINATION

Gaining momentum in latter phases, informed by our evaluation, campaigns design, technical Communications advice, a strategic dissemination plan will:

- Target outputs to specific community, policymaker, health and research groups, both in-country in MPRU partner sites in Africa (e.g. through local media/campaigns, schools, community, research and policy fora) and globally (e.g. UNICEF, WHO).
- Share our outputs, evaluation and learning through conferences, blogs and publications
- Start to develop a 'One for All?' brand, to support the wider global reach of the initiative and its sustainability.
- A final project meeting, with external **key stakeholders** invited, will review the project and examine options for further dissemination and sustainability.