Thailand

Photo: PATH/Natchaya Ritthisirikul

Reaching a remote community with localized vaccine promotion messaging

COUNTRY-DEFINED CHALLENGE

During the COVID-19 pandemic, Thailand emerged as an immunization success story. By early 2022, the Ministry of Public Health (MOPH) already achieved a 70 percent COVID-19 vaccination rate, thanks to the country's existing enabling environment including the use of digital tools for health communication and service delivery. However, the coverage of routine childhood immunizations reveals long-standing inequities that were further exacerbated during the COVID-19 pandemic.

Long before the pandemic, immunization coverage had been a particular area of concern in the southern provinces. These areas have many geographically remote communities, religious minorities, and a history of conflict, all of which have created barriers to immunization. In 2018, the southern provinces had experienced a significant measles outbreak, with 4,450 cases reported.[1] In 2022, while 83 percent of 1- to 3-year-old children across the country had received both doses of the Measles-Mumps-Rubella vaccine (MMR2), coverage was much lower in the southern provinces.[2] In Narathiwat province, MMR2 coverage stood at just 54.9 percent.[3]

The MOPH therefore requested DRIVE Demand's help with increasing vaccine acceptance—and specifically MMR2 uptake—in the south. The team would do this through the development, testing, and delivery of hyper-local social and behavioral change (SBC) communication shared through commonly used digital platforms. By developing and delivering these messages, the team aimed to share accurate health information and increase vaccine acceptance among caretakers of children.

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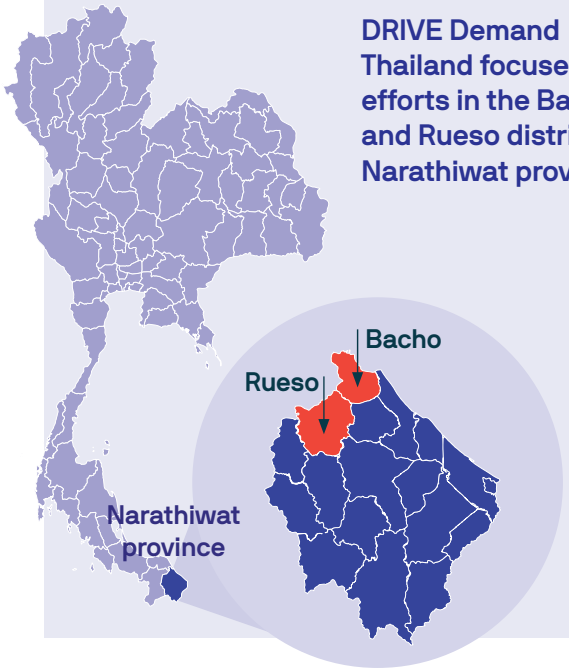
SOLUTION

Increasing MMR2 vaccine uptake in Narathiwat through hyper-local, tested messages



DRIVE Demand Thailand focused efforts in the Bacho and Rueso districts of Narathiwat province.

Based on input from MOPH, the team worked in Narathiwat province and specifically in Bacho and Rueso districts. These areas were chosen because they had the lowest uptake rates of MMR2 coverage in Narathiwat (41 percent and 35 percent coverage, respectively[4]) as well as a network of available government health officers and trusted local Village Health Volunteers (VHVs).

The success of using SBC communications during the 2004 Avian Flu outbreak in Thailand provided the foundation for building on and refining MMR2 messages in Narathiwat province. This work had shown that barriers to vaccine uptake in the southern provinces of Thailand include **fear of vaccine side effects, religious barriers to vaccination,** and **limited transport and care networks.** The team suspected that the messages would need to focus on those barriers. By testing messages with local caregivers, the team could help ensure relevancy and effectiveness.

Designing the study and SBC materials

Working with a regional SBC specialist, DRIVE Demand Thailand created a plan to test pre-developed messages for MMR2 vaccination that were then tested locally. As part of this plan, the team created a creative brief to guide the development of the messages, mock-ups, and tools (e.g., a questionnaire for village health volunteers, mock-up communication graphics, and analysis templates), mock-up testing, and results dissemination. As the work progressed, the team gathered and incorporated continuous feedback on the plan from the DRIVE Demand advisory group, which consisted of members from relevant units of the MOPH and the Department of Disease Control (DDC-MOPH) at the central level and in Narathiwat province, the Department of Disease Control Foundation (DDCF), and academic members.

The final questionnaire included seven questions on the mock-up design, messaging, viewer comprehension, and perceptions of Narathiwat caregivers. In parallel, the team developed 12 mock-ups for testing informed by DDC-MOPH's previous MMR2 SBC campaign materials. Of these 12, seven mock-ups were ultimately selected for testing.

Three of the 12 SBC graphic mock-ups used during testing (translated into English). The test evaluated design (photos vs. illustrations), messaging, viewer comprehension, and caregiver perceptions.

I take care of 15 to 20 households throughout their lifetime. Hence, it is easy for me to ask for their cooperation when it comes to health promotion and disease prevention.

I think the digital messaging is impactful. Apart from sending text, images can make people visualize the effect if their children are vaccinated or unvaccinated. When I interviewed caretakers, I showed them the mock-ups. They smiled when they looked at the photograph of a happy family."

Mrs. Rokiyoh Salaeh, Village Health Volunteer in Rueso district, Narathiwat province

Photo: Thailand DDC-MOPH/Dr. Muanfun Kongsomsawaeng

Testing the messages

DRIVE Demand Thailand identified VHVs—Thailand's version of community health workers—as the ideal conduits to conduct this study given their integration into communities and established relationships with caregivers. Vaccination is a sensitive topic for many caregivers, and the trust element is crucial to acquiring low-bias answers.

After identifying and training local VHVs in late 2023, the team supported VHVs to complete 50 outreach visits to caregivers in Bacho and Rueso districts with children between 18 and 36 months of age as part of an iterative message testing feedback loop. Responses were reviewed and analyzed using a combination of quantitative and qualitative methods.

The findings highlight a **preference for mobile/digital formats** of SBC communications designs that: a) highlight the **emotional benefit** of vaccinating young children; b) explain **the side effects are minor and manageable**; and c) **utilize photographs** of children and families as opposed to graphic illustrations. Caregivers also liked mock-ups that positioned vaccination as a social norm, with a fear-of-missing-out message approach, and positioning of vaccines as modern miracles.

Finalizing the messages for delivery

The findings from the study were presented at an advisory group meeting in February 2024. Following feedback from this meeting and DDC-MOPH guidance, four graphics were updated and finalized for distribution through LINE, Facebook, and other commonly used digital channels. In March 2024, the messages were approved by the and the DDC-MOPH.

Project findings dissemination meeting on April 3, 2024, with key stakeholders, including Digital Square at PATH, The Rockefeller Foundation, USAID, World Health Organization, FHI 360, DDCF, DDC-MOPH, National Vaccine Institute, Sungai Kolok Hospital, and academic institutions. Photo: Thailand DDC-MOH/Siroruch Thongtip

ENSURING PROJECT SUSTAINABILITY

As a one-year project, DRIVE Demand Thailand sought to ensure that all activities could have a sustained impact past the life of the project. To do this, the team partnered closely with the MOPH throughout the project to ensure alignment, a shared vision, and adequate capacity to manage efforts going forward.

Remote populations are often the hardest to penetrate with messaging because of their localized challenges. Through DRIVE Demand, Thailand's MOPH strengthened its institutional capacity to conduct small-scale studies to develop hyper-local targeted messages to last-mile populations. These messages provide two opportunities: promoting uptake of positive behavior and building trust. With more contextualized messaging, caregivers' wariness and misinformation around vaccines may lessen, resulting in increased positive behaviors (i.e., vaccine uptake). Indirectly, these messages may also contribute to increased trust and government understanding of citizens' concerns.

Epidemics and pandemics are not going away, emphasizing the need for sustained government approaches and established playbooks for how to quickly address health crises. Lessons from Thailand's navigation of both the Avian Flu outbreak and the COVID-19 pandemic demonstrated the value of digital communications to combat misinformation and expand the reach of vaccinations. By strengthening the MOPH's capacity to develop, test, and deliver hyper-local targeted SBCC messages for vaccination, the DRIVE Demand project has aimed to help decrease health disparities in the present as well as set Thailand up for success for future pandemic preparedness and response.

STRATEGIC RECOMMENDATIONS FOR THE MINISTRY OF PUBLIC HEALTH

1. **Continue investing in VHVs.** VHVs provide an important link between communities and health systems, but they are often given additional responsibilities outside of the VHV curriculum given by MOPH. This project reinforced the importance of tailored training for VHVs.

2. **Always consider linguistic diversity.** VHVs conducted some interviews with caregivers in Malay due to it being the local language. Interpreters may be necessary, but local experts should advise on how this might impact results.

3. **Build trust with community members.** Establishing strong relationships and open communication channels, such as LINE groups with VHVs, proved instrumental in effectively conducting interviews with caregivers and collecting community feedback.

4. **Use channels that are already being used.** LINE was identified as the most popular messenger app in Thailand and in Bacho and Rueso. As a result, SBC messages should be deployed to caregivers of children eligible for MMR2 and other health needs through LINE.

References

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About DRIVE Demand

With support from The Rockefeller Foundation, Digital Square at PATH launched the Digital Results Improve Vaccine Equity and Demand (DRIVE Demand) project in June 2022 with the goal of increasing vaccine demand and acceptance rates in six countries: Honduras, Mali, Tanzania, Thailand, Uganda, and Zambia. By driving demand for COVID-19 vaccination awareness, acceptance, and activation, the project aims to increase each country's overall vaccine uptake while also strengthening the broader routine immunization program for long-term sustainability.