

VaxSocial Learning Seminar #3

Emerging Impact

16th July 2026



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Aims of the Seminar



Reflect

On what VaxSocial has taught us about leveraging digital tools as part of integrated approaches to strengthen immunization confidence



Capture

Cross-cutting learnings to inform future programming.



Shape

Implications and considerations for how best to strengthen broader health systems.

Today's Agenda

- | | | |
|----|----------------------------------|---------|
| 01 | The VaxSocial Journey So Far | 10 mins |
| 02 | Early Impact & Emerging Outcomes | 30 mins |
| 03 | Discussion | 20 mins |
| 04 | Look Ahead | 2 mins |
-



01

The VaxSocial Journey So Far...

Introducing VaxSocial

A program that supports country-driven projects that leverage social media and behavioral science to build confidence around routine immunizations and drive scale and replicability in approach across geographies.

**6
Grantees**

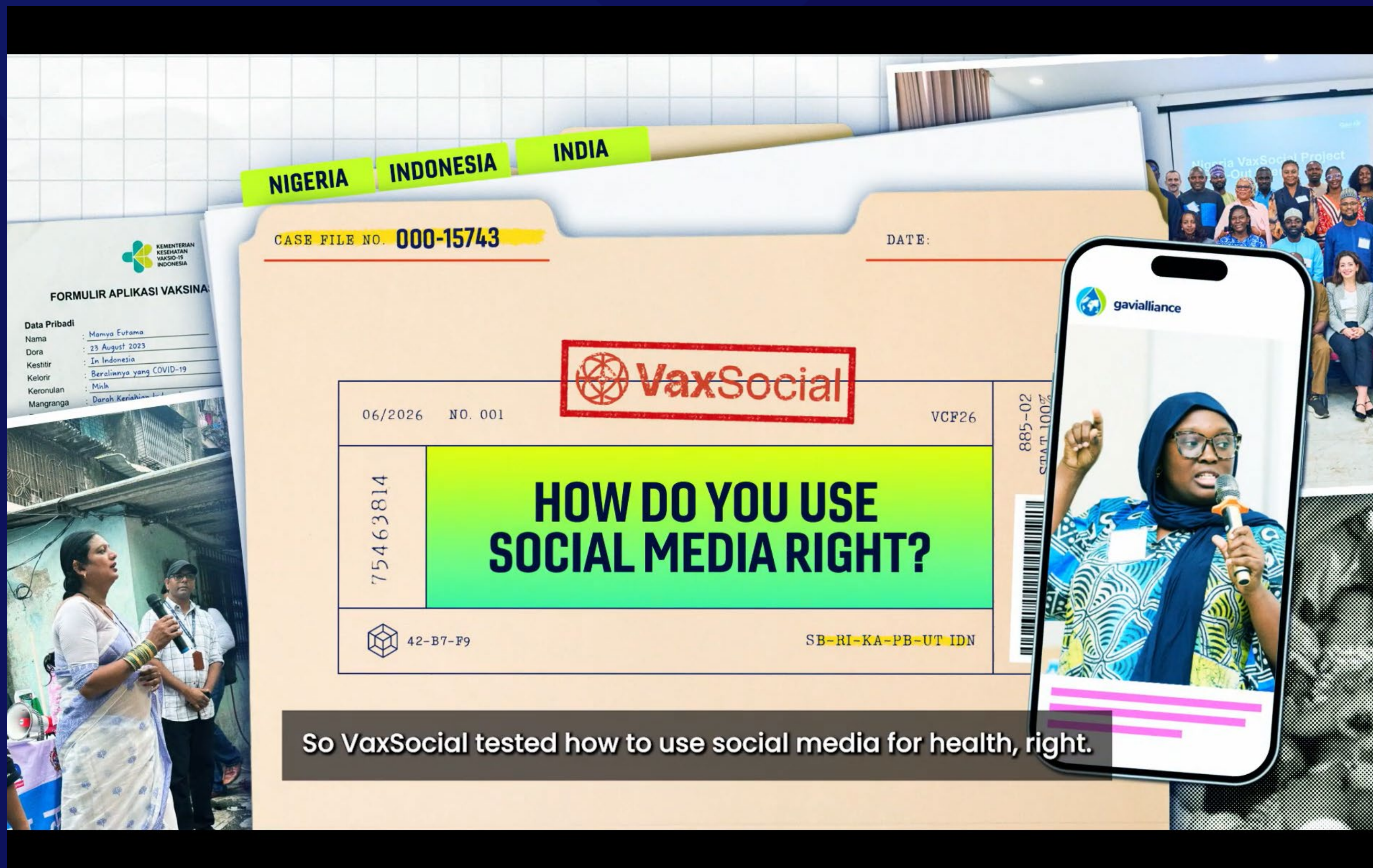
**3
Countries**

**Apr '24 –
Jun '26**

**Routine
Immunisation
& HPV**

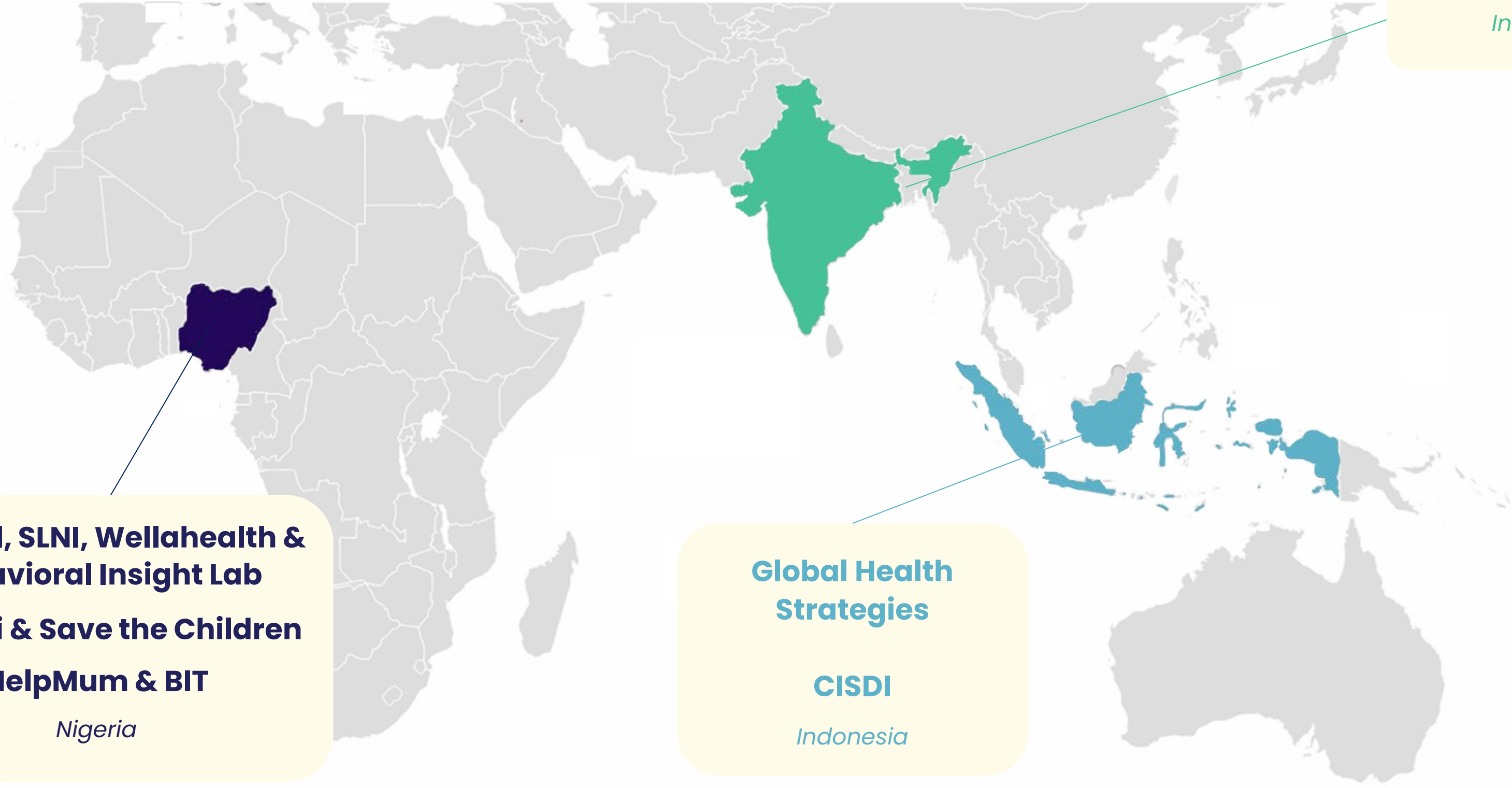
**Innovative
Integrated
digital
tools**

We use the term
'Integrated Digital Tools'
to describe the whole
intervention: the online
and offline elements
fused together



So VaxSocial tested how to use social media for health, right.

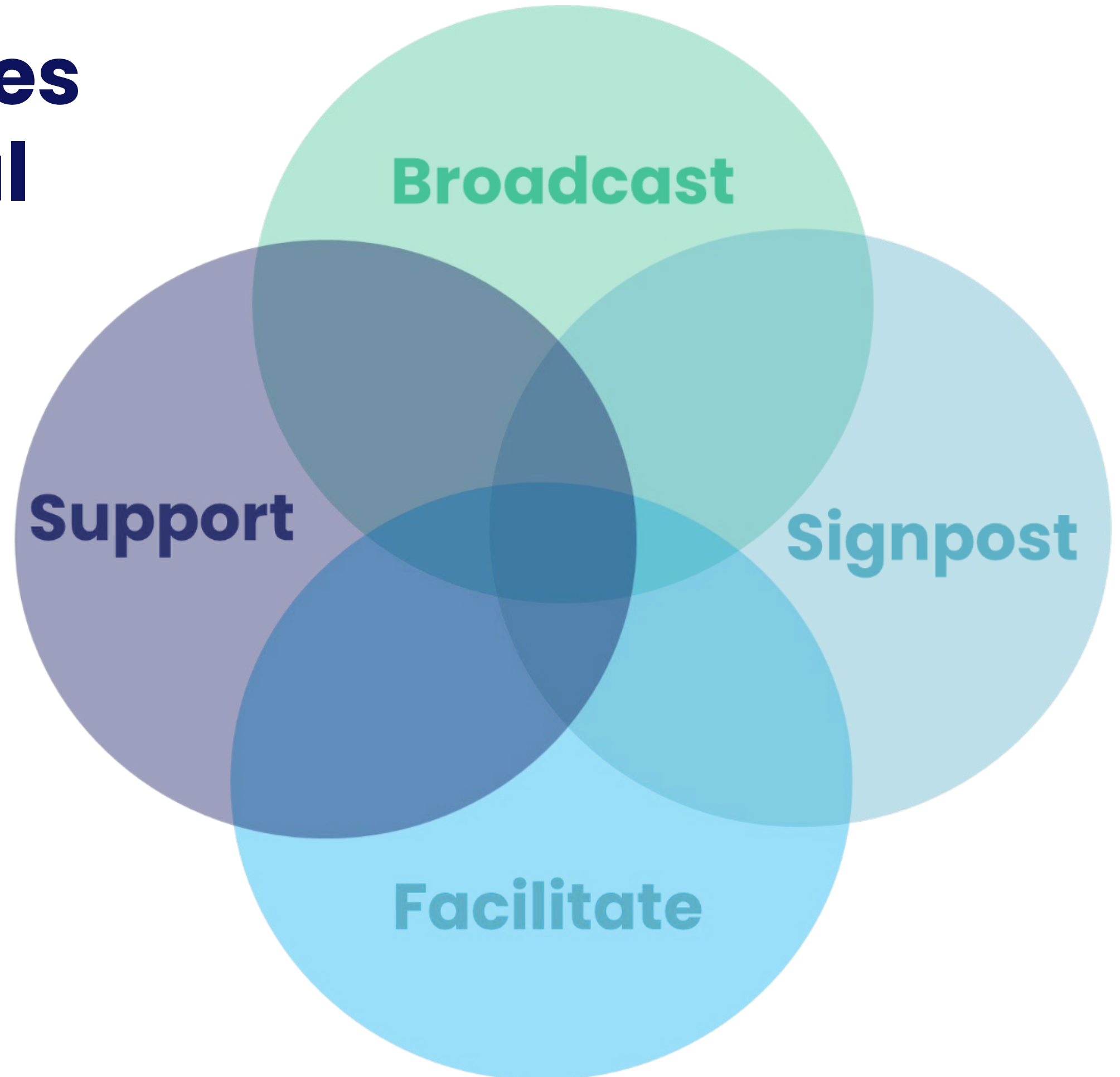
The VaxSocial Portfolio



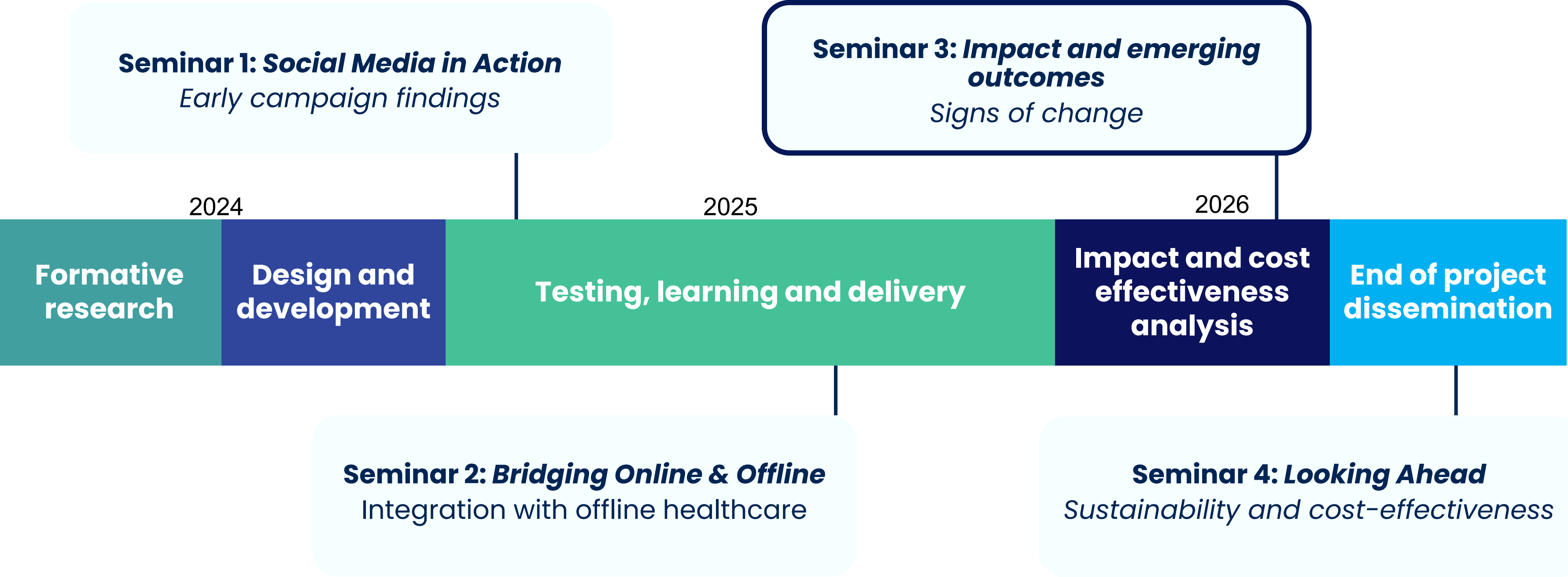
Four main approaches for integrating digital tools with offline approaches

Innovative approaches include:

- Social media partnerships with influencers and key opinion leaders
- WhatsApp Support Groups and Helplines administered by healthcare workers
- WhatsApp peer groups for healthcare workers
- Chatbots
- In-person engagement
- Capacity building and training



Our emerging findings are based on preliminary data



VaxSocial in Numbers

18m+

actively engaged in
social media content
or a digital health
tool

100,000

attended an
immunisation
information session

200,000

onboarded to
interactive two-way
tools such as WhatsApp
Support Groups,
Hotlines and Chatbots

3,000

Health Care Workers
trained

Findings are based on preliminary Data
across all grantees from January 2026



02

Impact and emerging outcomes

Our focus for today: Impact

1

Knowledge, Attitudes & Confidence

Did knowledge, awareness, confidence and motivation in vaccination shift as intended?

2

Intention & Uptake

Did caregivers actually vaccinate their children?

3

Capacity building

Did training build health care worker capacities?



Interventions were delivered in the real world. Assessing the impact on **short** and **long-term** outcomes provides important signals on what may work in other contexts. The programme was 2 years in total, but **interventions were only 6-9 months long**.

Global overview

VaxSocial 'Report Card' – preliminary

All programmes have had an impact on short term outcomes, with mixed success on shifting vaccine behaviours



Reach & Engagement

- + Impressive reach and engagement
- + Innovative approaches to foster deeper two-way conversations
- + Successful integration with on the ground system



Short-term outcomes

- + Knowledge, attitudes and confidence improved across the portfolio
- + Some success in reducing fear/safety concerns
- + Reducing friction and improving ability is key
- ▢ Baselines were often high & uplift were not consistent



Long-term outcomes

- + Upswell and Nivi both recorded positive impact on likely HPV vaccine status
- ▢ Mixed impact on vaccine behaviours
- ▢ Limited change in RI status



Overall takeaway: Strong reach and short-term gains on knowledge and confidence, but sustained behaviour change isn't guaranteed.

Integrated digital tools can improve vaccine confidence

Evidence from Indonesia and India shows measurable shifts in caregiver knowledge and perceived effectiveness, with some progress on safety concerns



01

Effectiveness beliefs increased
Greater belief in vaccines’ ability to protect and prevent disease.

Strongest gains in beliefs that immunisation protects children and disease

+14.5pp
belief that immunisation provides protection

+12.4 pp
belief that unimmunised children can get disease

+10.6 pp
belief that immunisation is better than illness-acquired immunity

Early findings suggest exposed audiences better understand disease prevention and the consequences of missing vaccination

+5.3 pp
belief that vaccines prevent specific diseases

02

Safety concerns decreased in some places
Fewer worries about side effects and vaccine safety.

Digital tools helped reduce concerns about immunisation safety.

+10pp
uplift in belief that immunisation is safe

GHS: Where % ‘not at all worried’ about safety fell, this has little impact on intention and practice

Early frontline worker intervention finding showed improved perception of vaccine safety among caregivers.

+ 9pp
increase in perception that vaccines are safe

-10pp
decline in fear of side effects



What this means: integrated digital tools drive meaningful shifts on both sides of vaccine confidence – strengthening belief in protection and reducing safety concerns. These results show the power of targeted digital engagements to build knowledge, address fears and encourage positive health decisions at scale.

Confidence alone was not enough

Improving the 'ability' to get vaccinated helped close the intention-to-action gap.



01

Knowledge gains were mixed

Factual knowledge about immunisation improved in some settings, but not where the baselines were already high



Group M: awareness of required seven vaccination visits for RI increased from **7% to 25%** and **1% to 9%** across two intervention areas



UPSWELL: no change in caregiver ability to correctly identify vaccination age for HPV.



GHS: no change in knowing that routine immunisation is free.



- **Weak linkage between knowledge gained online and good vaccine practice.**
- **Possible dose-response ceiling effect.**

02

Ability helped convert motivation into action

Knowing 'where to go' to get vaccinated and feeling vaccination was 'easy' had a stronger link with the probability of being vaccinated



VITAL: caregivers in treatment areas had **38%** higher odds of knowing where to go for the HPV vaccination vs control thanks to promotion of HPV outreach events



CISDI: where knowledge of 'where to go' for vaccination was already high and didn't change, there was no improvement in vaccination status



What this means: integrated digital tools need to move beyond raising awareness alone. The strongest results come when confidence-building is paired with practical support that makes vaccination easier, clearer and more actionable.

The effectiveness of integrated digital tools to change vaccine behaviour was shaped by three criteria...

Impact was strongest when engagement was targeted, actionable and linked to real-world opportunities to vaccinate



01

Tangible moments that could be championed



VITAL increased the probability of HPV vaccinations in treatment areas by **+8.9pp**, driven by a strategy to promote government vaccine outreach events and use pharmacists as trusted advocates

02

Vaccination journeys where it was easy to close the loop



Caregiver-reported HPV vaccination status was **+7.7pp** higher among those receiving a tailored askNivi chatbot journey. The same parallel intervention showed no effect on Routine Immunisation status.

03

Where there was a need to shift engagement and intent



GHS and CISDI reported no change in self-reported Routine Immunisation coverage despite large gains in Knowledge and Attitudes. Baseline intent was already high.



What this means: integrated digital tools are most effective when they do more than inform. They should be deployed in the right context and paired with immunisation schedules or campaigns which have clear moments to act that can be championed.

Two notes of caution against over interpretation

01

No evidence of impact does not mean no positive change.

Some vaccination outcomes are harder to shift and measure within short implementation and measurement time frames.

Reinforcing existing intent may also be a valuable outcome.

02

There are multiple differences between HPV and Routine Immunisation.

Age of child, method of administration also important.

More evidence needed from the field of experience with other vaccinations.

Key thoughts for future funding and delivery...

Focus digital tools where they can remove the clearest barrier to vaccine uptake

01



WHERE/WHO

Target digital interventions in the right places



Identify regions, countries or population groups where online audiences **show low**



confidence, low knowledge or existing openness that digital tool can reinforce.

02



WHAT

Match tools to the local immunisation challenge



Are the **under-immunised population** online in this area?



Is the vaccine **process** straightforward?



How large is the level of concern over **safety for that immunisation?**

03



HOW

Connect demand with supply



Identify '**moments**' where social media can help champion vaccine campaigns or outreach events?



Can **real-time data** promote where vaccines are available...



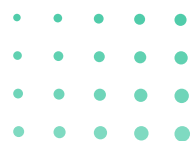
...and clarify where it is **not?**



What this means: Social media and digital tools don't have the same impact everywhere. Invest in digital tools where the evidence shows the greatest need and readiness, and opportunity to connect directly with supply. This approach maximises impact, efficiency and equity in vaccine uptake.

Grantee Spotlights

Three VaxSocial Spotlights



CISDI, Upswell/VITAL and askNivi used different approaches to integrated digital tool models.



CISDI
Keluarga Berimun | Indonesia

Multi-channel support for routine immunisation

- Supported caregivers of children under five in Depok City and Bekasi Regency
- Linked paid digital campaigns, website, WhatsApp Support Groups and Hotline
- Connected digital support with CHWs, PKK cadres, Posyandu, Puskesmas and local health offices
- Created two-way channels for questions, reassurance and follow-through

Proof point

• 14.6M engaged • >500 health workers trained • 2.5m clicks



Upswell / VITAL
HPV vaccination | Nigeria

Trusted local pharmacists + outreach promotion for HPV demand

- Reached caregivers of HPV-eligible girls in Abuja, Nasarawa and Adamawa
- Used geographically targeted Facebook and Instagram campaigns
- Featured local pharmacists as trusted messengers, backed by 40+ trained community pharmacies
- Promoted government-run outreach dates and locations to make action easier

Proof point

20,317 conversations • +8.95pp HPV vaccination probability



askNivi
WhatsApp chatbot vaccination journeys | Lagos

WhatsApp journeys linking caregivers to referrals

- Guided caregivers through personalised HPV and routine immunisation journeys
- Recruited users through Meta advertising and community health volunteers
- Answered barriers, generated provider referrals and followed up
- Embedded RCTs to measure causal impact on vaccination uptake

Proof point

73,150 referrals • HPV +7.7pp caregiver-reported vaccination

Indonesia | CISDI: Digital tools did have a positive impact on confidence and attitudes, but these outcomes didn't lead to wider behaviour change

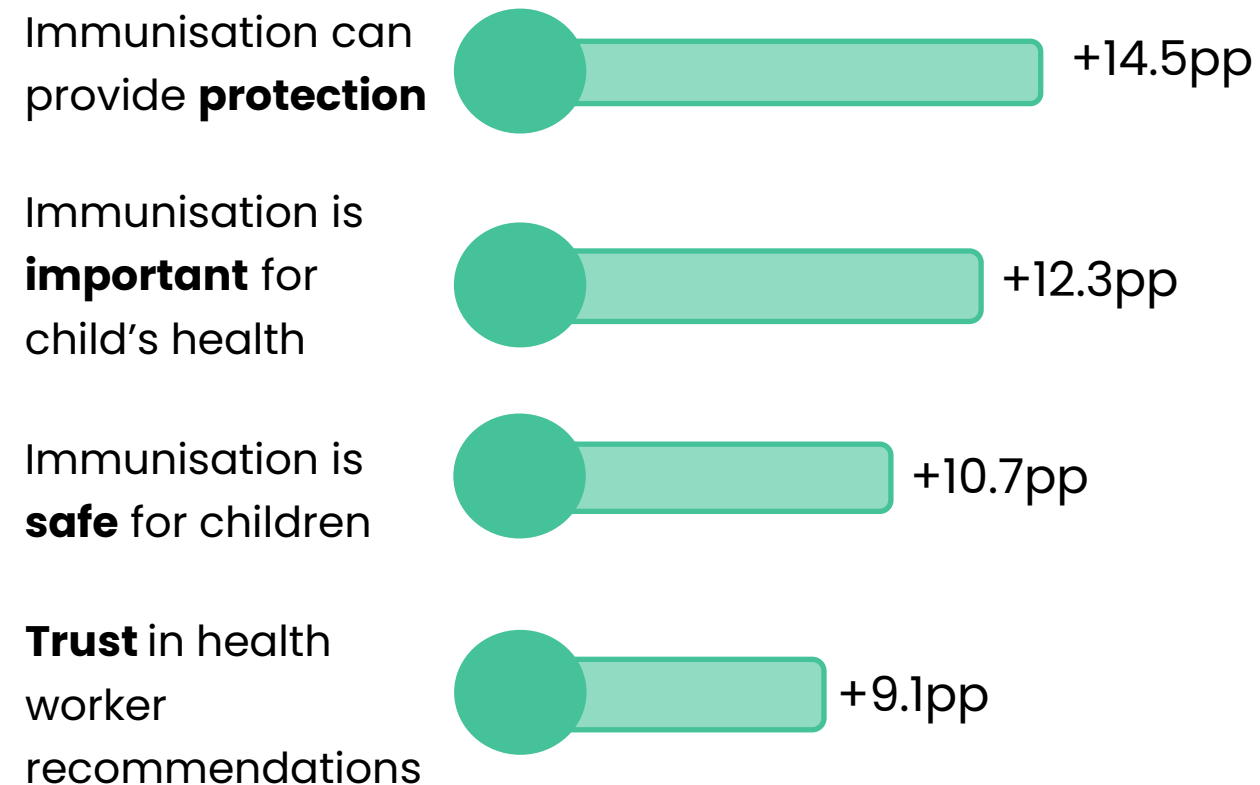
CISDI intervention targeted Routine immunisation using social media campaigns, WhatsApp groups, WhatsApp Hotline and a Website.

Positive uplift in Attitudes & Confidence among **9 of 17** indicators

Wider data produced positive signals that suggest the digital tools were effective

The Caregiver self-reported routine immunization coverage **remained unchanged** statistically

Difference-in-Differences (DiD)
estimate (percentage points)

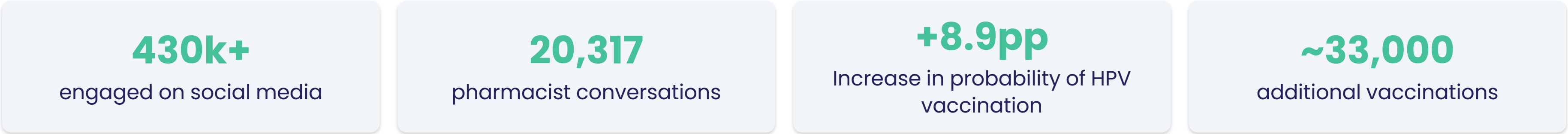


- 77.2% of caregivers reported feeling more positive and supportive of vaccination post intervention
- Caregivers who were exposed to the campaign reported higher immunization status than those who were not exposed
- Of those who reported they were vaccinated 77% said the 'Keluarga Berimun' campaign influenced their decisions

- No statistically significant difference in % of caregivers intending to bring child to next immunization or knowing where to bring child for vaccination
- Why?
 - Baseline knowledge and receptiveness of caregivers to vaccines was already high
 - Vaccine shortage remained a key issue
- Some signs of **greater impact among pregnant women** — reaching caregivers before hesitancy sets in

Nigeria | Upswell (VITAL): Positive impact on vaccine behaviours driven by improved convenience to get vaccinated

HPV vaccination
Hyper-local geofenced social
media plus trained community
pharmacists



The intervention had a positive impact on vaccination behaviours by strengthening the **ease** and **ability to get vaccinated** – not by improving factual knowledge about vaccines.

Gains in vaccination were achieved by:

- **promoting government vaccination outreach events**, connecting motivated caregivers to accessible services.
- **‘notify me’** SMS service to tell caregivers when the HPV was available again after health care workers strikes in Nigeria

No more likely to
identify the correct age
of vaccination



Factual Knowledge

31% higher odds of saying
vaccination is important



Motivation

38% higher odds of saying
they knew where to go to
get vaccinated



Ability

59% higher odds of
saying getting the HPV
vaccine is easy



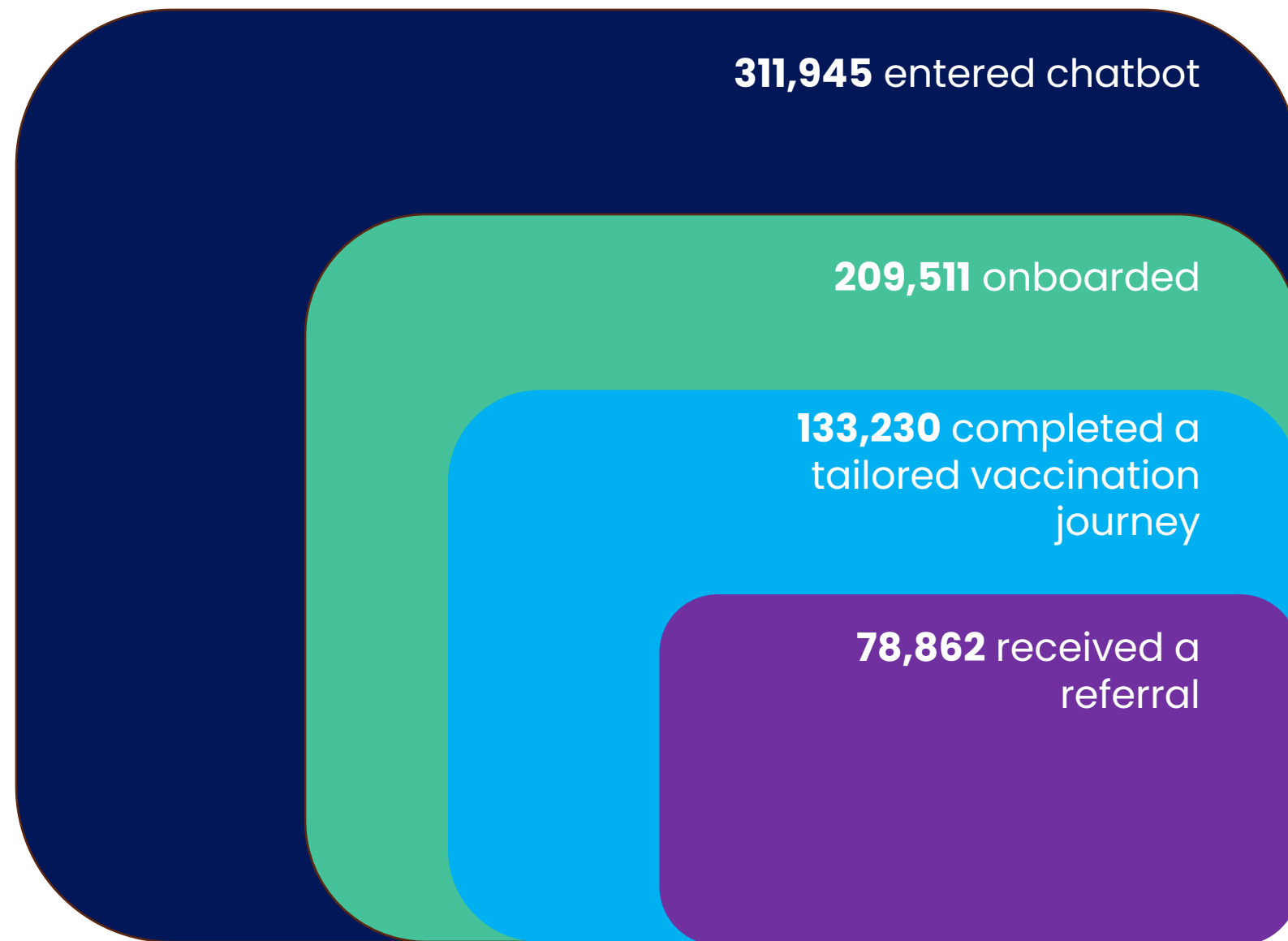
Ability

Comparison between treatment and control areas

Nigeria | askNivi: Same intervention, different results – tailored health journeys for uptake were more effective at shaping HPV than RI

HPV and routine immunisation in Lagos – an AI-powered WhatsApp vaccination journey, recruited via Meta ads and community health volunteers (Nivi & Save the Children).

askNivi user funnel



Results of two RCTs

+7.7 pp

Increase in caregiver reported **HPV** vaccination status between treatment and control groups (ITT) – rising to **+13.4 pp** among those who received a referral (per-complier)

**No
effect**

Parallel RCT for **Routine Immunisation** found no effect between treatment and control.

**High
baselines**

Why?

- HPV: high baseline coverage (~76.5% in control) left a smaller unvaccinated pool, shrinking the relative effect.
- RI: sample skewed to already-vaccinating caregivers, so little unmet demand for the journey to close.
- Both: social-media recruitment likely produced a more engaged sample.

Capacity Building

Training built skills everywhere – but only ownership turned trained health workers **into mobilizers**



01



TRAINING

Training boosted digital skills and confidence

- After training health workers, GHS found a **+29pp** increase in knowledge of doing social media promotion and **+19pp** increase in creating vaccine-related content
- Training improved digital confidence, content creation and communication skills.

02



MANDATE

Ownership and permission turned skills into momentum.

- After training, ASHAs in India initiated **92%** of WhatsApp messages – a shift from admin-led to peer driven.
- Health worker reports of promoting vaccination 'very often' rose from **25%** to **84.5%**.
- Pharmacists in VITAL took their own initiative to engage wider communities – talking about HPV at neighbourhood markets and gatherings, unprompted and beyond their brief.

03



SUSTAIN

Ongoing efforts to build motivation.

- Refresher cycles
- Peer mentorship
- Training-of-trainers kept skills fresh, while one-off training did not hold across health care workers



What this means: Training builds capacity, but sustained impact depends on giving health workers permission, ownership and ongoing motivation to use those skills in the field.



This is Amethi.

Key thoughts for future funding and delivery...

01



Build sustainability of digital tools in from the start – through:

- **Align** tools with government priorities, calendars and routine delivery workflows.
- **Use** existing trusted channels before creating new standalone platforms.
- **Handover** admin rights, moderation roles and content workflows to local teams.
- **Build in** refresher training and peer support – not one-and-done training.
- **Increase** local content creation capacity to avoid bottlenecks and keep messages current.
- **Choose** tools with cost structures the system can absorb, such as WhatsApp bots, support groups and hotlines.

02



Train health care workers for digital fluency and misinformation response – not general vaccine knowledge

- **Create** simple content libraries and response guidance that local teams can adapt.
- **Build** practical skills in misinformation response, caregiver Q&A and escalation.
- **Use** mentoring, training-of-trainers and feedback loops to maintain quality over time.
- **Link** online support to offline touchpoints: health workers, pharmacists, CHVs, facilities and outreach events.
- **Train** teams to run digital channels confidently, not just repeat vaccine facts.

Final Takeaways

Designing hybrid digital + offline demand generation

01

Digital tools can shift perceptions of efficiency and safety – but not behaviour alone

Digital can shift perceptions of safety and value – but behaviour changes when caregivers can see a real next step.

02

Make vaccination easier, not just better understood

Use online channels to reduce friction: where to go, when to go, what to expect, and how to catch up.

03

Amplify trusted offline touchpoints

Consider how best to integrate digital tools with trusted messengers on the ground, and with supply strategy to improve trust and make vaccination as easy as possible

04

Health care workers can be empowered to take ownership of digital tools

Identify existing local health system structures that can be easily augmented by digital tools.

And ensure sustainability is at the heart of your initial design.

SO
WHAT

Digital tools should extend the health system – linking online demand to trusted people, practical support and reachable services.



03 Questions & Thoughts

Break out discussion: Two options

Choose one of the two discussion topics below. *Each breakout group will focus on one question.*

1



How can integrated digital tools do more than improve 'knowledge'?

- Can integrated digital tools better connect supply and demand generation work to help make vaccination 'easy'?

2



What's different about HPV to RI?

- What factors should be taken into account when deciding which vaccines to promote using integrated digital tools?
- Which immunization programmes are best suited to which integrated digital tools?



Reflection for all groups

- **How does this fit with other evidence?**
- What's surprising?
- Do these findings corroborate or conflict with data elsewhere?

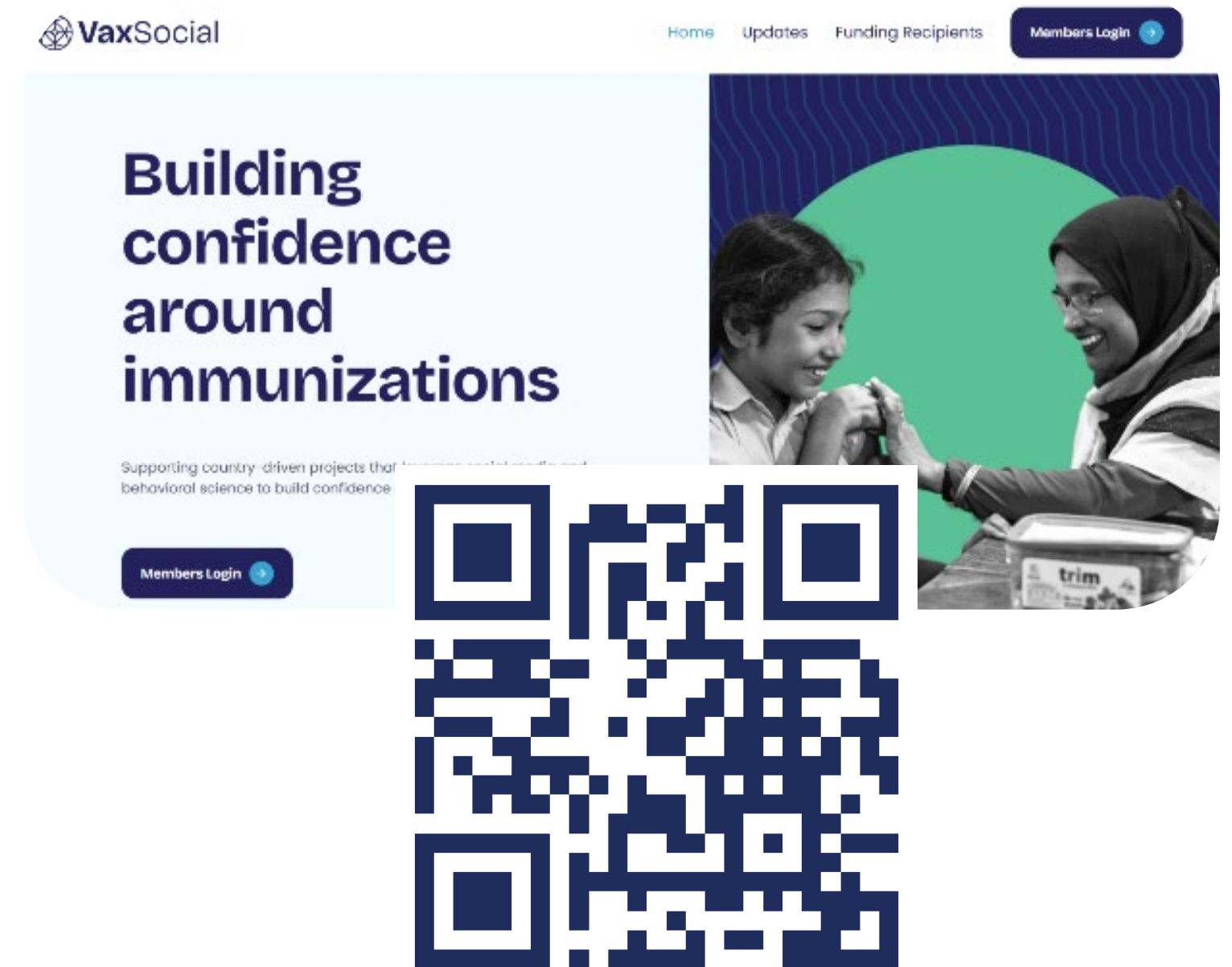


04

Wrap Up & What's Next

Looking Forward

- **SBCC:** See more information our Panel and Poster Session from June 2026.
- **Next Quarterly Webinar:** Seminar 4 – Looking Ahead: sustainability and cost-effectiveness
- **Stay in the Loop:** Learning reports and insights will be shared on the [VaxSocial website](#)



Outputs to Keep an Eye On:

Learning Briefs

- Five thematic learning summaries throughout the campaign cycle that will contribute to the country-level briefings



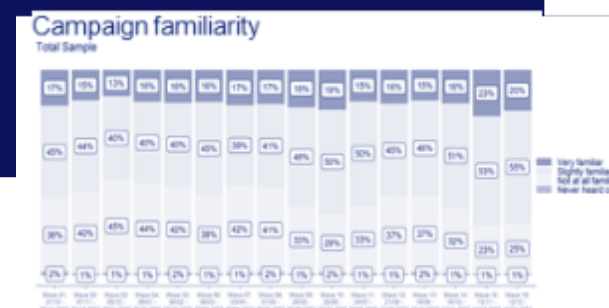
Country-specific Learning Briefs

- Three country-level briefings: Nigeria, Indonesia and India (1x briefing each)
- Holistic summary of insights and lessons learned across grantees



Best Practice Summary & Case Studies

- Actionable digest of learnings, including recommendations on designing, scaling and adapting social media interventions in different contexts



Global Learning Symposium

- Public showcasing of key insights, best practices, and lessons learned from the implementing campaigns



Thank you

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