



# The Little Jab Book

**A Playbook for COVID-19  
Vaccination in the Philippines**



Busara



Save the Children



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# “The Little Jab Book Philippines”

is one of the guides in our series of vaccination books.

“Jab” is a colloquial term for vaccination.

We decided to keep a similar name for across the books so that it is easy to find all of them.

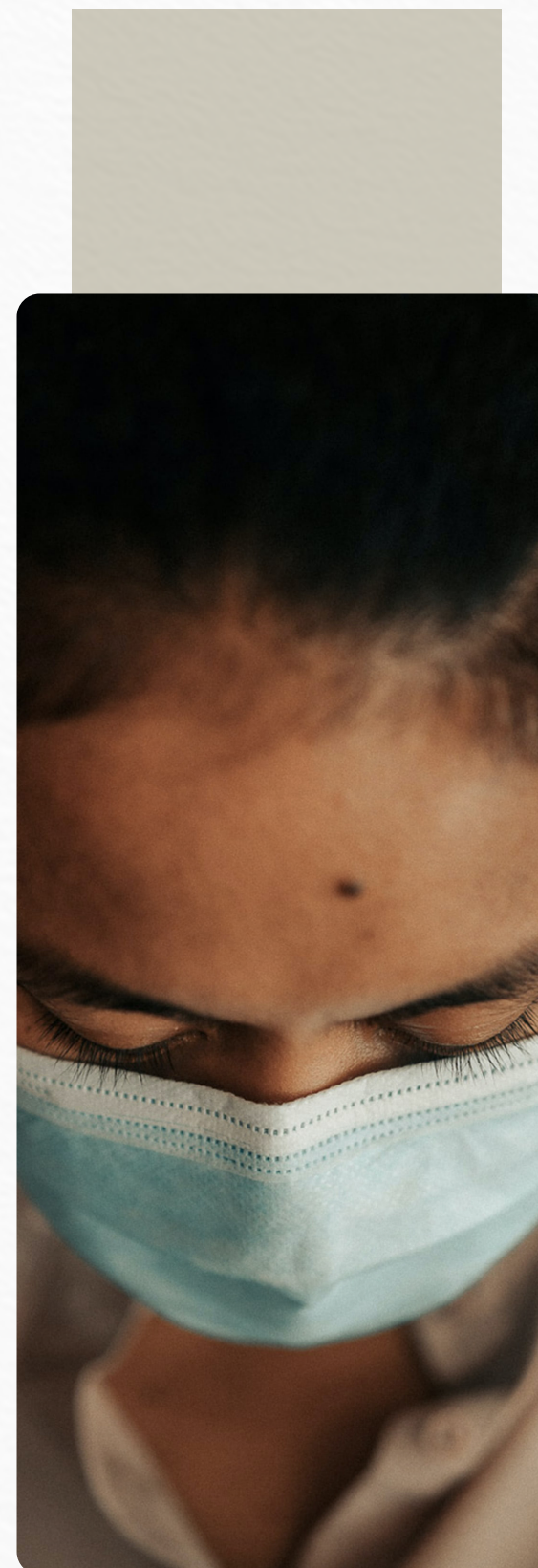


## Introduction

COVID-19 has had significant economic and health impacts around the world. **From January 3, 2020 to November 4, 2021, COVID-19 has led to 43,586 confirmed deaths and 2,793,898 total cases in the Philippines.** Vaccines offer one of the best ways to combat COVID-19 and reduce community transmission. Apart from sufficient supply, the success of the vaccine depends on the number of people who actually take it. There are several reasons why vaccine uptake may be below target levels, including availability of vaccines and personal reluctance to get vaccinated.

This work sought to uncover underlying reasons for vaccine hesitancy among parents and youth in the Philippines and identify localized solutions to increase uptake of the COVID-19 vaccine. The Busara Center for Behavioral Economics, Common Thread and Save the Children completed in-depth interviews with 29 parents as well as a quantitative survey with 627 people in Malabon and Sarangani to uncover barriers and enablers to vaccination.

This book begins with a look into the most important barriers to vaccine uptake in the Philippines and highlights interventions to overcome these problems and increase uptake. It includes a total of 12 recommended behavioral science interventions specific to parents or youth in urban or rural Philippines.





# How was this playbook made?

## JUN Stakeholder Interviews



We conducted semi-structured interviews with 7 Filipino stakeholders including Department of Health representatives, Barangay workers, community leaders, and parent leaders.

## AUG Qualitative Research



We did remote In-Depth Interviews with 29 parents (19 women and 10 men) in Malabon and Sarangani.

## SEPT Co-design Workshop



We facilitated 2 co-design workshops with key stakeholders and created over 150 ideas. These ideas were revised and prioritized to 12 complete design ideas.

## MAY Desk Research

We did rapid desk research on the current COVID-19 situation in the Philippines, the roll out plan, and barriers to vaccination uptake.



## JUL IRB Process

We applied for an IRB approval to conduct the research and received approval from Save the Children US Ethics Review Committee.



## SEPT-OCT Quantitative Research

We launched a quantitative survey with a young urban population (n=627). The survey was conducted via phone in both rural and urban areas.



## NOV Final Playbook

The phases of research and co-design have resulted in this playbook providing 12 evidence-based interventions to increase COVID-19 vaccination uptake in the Philippines. The playbook has been reviewed by stakeholders, and feedback has been incorporated in the final version.



## Who should use this playbook?

This playbook is for any stakeholder in the Philippines working on a COVID-19 vaccine uptake program. This includes, but is not limited to, officials at the Department of Health, Community Health Workers, NGOs, local government units, community leaders, and humanitarian agencies.

## How to use this playbook?

Using this playbook does not require any prior knowledge of behavioral science. It contains interventions specific to the Filipino context to increase vaccine demand and uptake. You should consult this playbook when building your own vaccine uptake program or improving an already launched program. The implementation and use of this playbook should be tailored to the local context. For all interventions in this book, consider how they might work in your region, what might need to be changed so they are more appropriate, and how they might be perceived by the community.

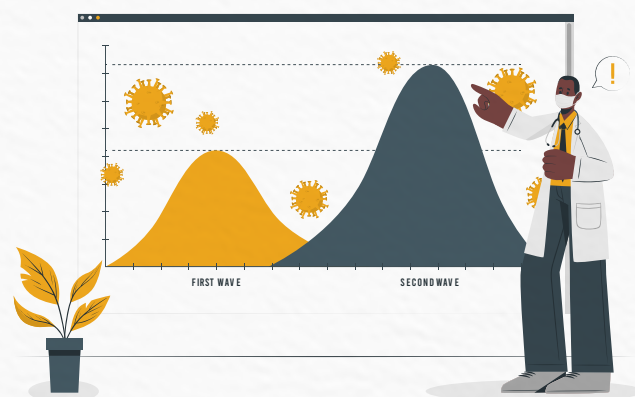
It is important to note that this playbook is developed based on research in a few areas in the Philippines (Malabon and Sarangani) with a very limited sample (N=627). These interventions might therefore not apply to all Filipinos and should be seen as inspiration. To use these interventions in other regions, more research, testing, and adaptation should first be conducted.



## Structure of this playbook

This playbook is focused on demand generation among parents and young people in urban and rural Philippines. It is structured according to the three most commonly cited barriers to vaccination uptake according to our research.

While improving the supply of vaccines is vital to increased uptake, the behavioral interventions here focus on improving demand and intention to vaccinate. If you are experiencing any supply side issues, such as lack of vaccination sites or availability of vaccines, make sure you address these first before building demand – and expectation – for vaccines.



Addressing the three key behavioral barriers presented below will be an important step on the road to full vaccination among parents and youth in the Philippines.

## Key challenges for vaccination uptake and confidence in the Philippines

The problem statements outlined here are the three most common challenges to vaccine uptake that were identified during our research. These problems are not presented in any particular order and may occur independently or in tandem.



### People do not trust the vaccine

People may be hesitant to get vaccinated due to a fear of vaccine side effects, a lack of confidence in the vaccine, the strong negative impact of the Dengvaxia campaign or erroneous beliefs generated by rumors and misinformation.



### People underestimate the severity of COVID-19

People do not want to get vaccinated because they think COVID-19 is low risk and no different from mild colds or coughs. Some people also believe that they will be able to overcome COVID-19 due to youthfulness or good health.



### People are discouraged by long wait times and uncertainty about vaccine availability

People who want to get vaccinated do not follow through on their intention to get vaccinated because of a lack of understanding of the vaccination registration process, long waiting times, and hearing about others being turned away due to vaccine unavailability.

1

## People do not trust the vaccine

The key barriers for people with these beliefs include:



### Lack of confidence in vaccine efficacy

People believe that it is important to get vaccinated but are not confident about the vaccine. People with co-morbidities and health issues are especially worried about the vaccine not being effective for them.

*“Majority believe in vaccination, but there are still few who don’t. They all have their own perceptions especially those who have medical issues. They are the ones who are scared of the vaccine.” - Female, 67, Urban*



### Misinformation and rumors

There are a number of pervasive rumors about the vaccine in the Philippines, such as that one may die a few years after taking the vaccine. Unrelated deaths and illnesses are also being attributed to the vaccine.

*“Enjoy your days now because time will come and all of you will turn into zombies.” - Female, 25, Rural*



### Memory of the Dengvaxia Campaign

Many people’s last memory of vaccination is the Dengvaxia campaign, which reportedly caused the death of a number of children. This experience has eroded their trust in vaccination and created a negative perception around vaccines.

*“Based on the information that I saw on the news, there were people who died after being vaccinated with that vaccine [Dengvaxia]. That’s solely based on what I saw on the news.” - Male, 22, Rural*





2

## People underestimate the severity of COVID-19

The key barriers for people with these beliefs include:



### Underestimation of severity

Young or healthy individuals believe that they will not become infected with COVID-19, or if they do, they will recover easily.

*“The most affected are people with co-morbidities like heart diseases”*

**- Female, 61, Rural**



### Misperceptions

Some people think that COVID-19 is no different from a mild infection or that cases are declining where they live. Such perceptions cause COVID-19 and the vaccine to become low priorities.

*“Because there are people who say that COVID is not real. That it is just a common cough and flu being declared as COVID.”*

**- Female, 60, Urban**



### Reliance on traditional medicine

Elders in some communities believe that COVID-19, like other infections, can be healed and prevented with herbs or home remedies instead of standard COVID-19 medical treatments.

*“The elderly people here believe that everyone can have a cough or cold. They think that it can be remedied by herbal treatments, just like how they did back in the old days.”*

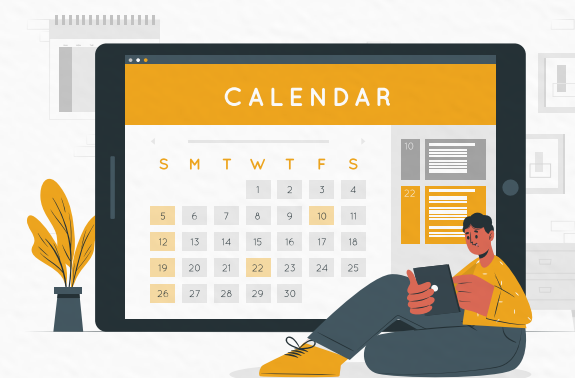
**- Female, 24, Rural**



3

## People are discouraged by long wait times and uncertainty about vaccine availability

The key barriers for people with these beliefs include:



### Lack of flexibility

In rural areas, vaccination schedules are allocated according to age group and essential work status. This can be challenging for some communities and different types of workers, who would like to have more flexible options such as choosing their vaccination day or time.

*“Many people complain due to long lines in the vaccination sites, and even if you are pre-registered, there are no text confirmation sent to them”*

**- Female, 60, Urban**



### Friction

People are easily discouraged by complex processes. If the process of registering or attending the appointment is too complicated, they will not follow through. In rural areas, vaccine distribution happens according to pre-set schedules made by healthcare units and is prone to variation, due to uncertainty in supply.

*“They visit us here that’s why we can’t decide for ourselves. We are categorized by group and as of now, farmers like me, aren’t vaccinated yet.”*

**- Male, 56, Rural**



### Lack of clarity about vaccination process

People who were initially unsure of the vaccination become even more hesitant when they or others experience not getting vaccinated after waiting at healthcare centers for long durations. Long wait times, not receiving the confirmation of registration text message, and uncertainty in the supply contribute to this barrier.

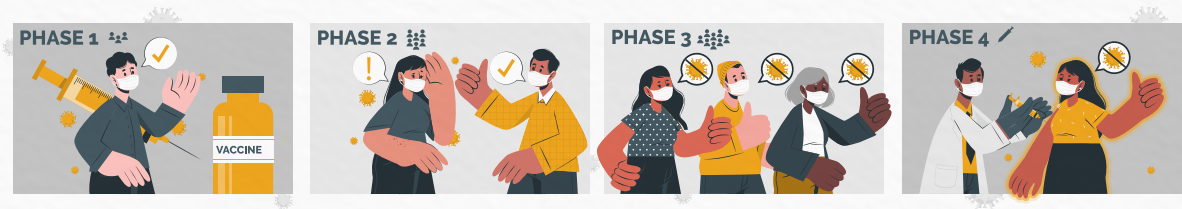
*“If you do walk in, there will be a chance that you will not be vaccinated due to lack of supplies.”*

**- Female, 67, Urban**





# Snapshots of Interventions



To address each of the three key problems, we co-designed intervention ideas with stakeholders. These ideas were **prioritized into 12 final interventions based on impact and feasibility**. A snapshot of the interventions and the key problem they address is presented below.

People do not trust the vaccine.	People underestimate the severity of COVID-19.	People are discouraged by long wait times and uncertainty about vaccine availability.
<b>Activate Rumor Warriors</b> Counter vaccine rumors amongst youth by activating student “anti-rumor warriors.”	<b>Make Registration Fun</b> Normalize vaccination amongst young, healthy people by making vaccine registration fun and social.	<b>Bring Registration to People</b> Reduce friction by making vaccine registration available at common places.
<b>Alter Framing</b> Frame vaccination as complementary to traditional medicine.	<b>Visually Depict Risk</b> Increase the salience of COVID risk using interactive, visual depictions of transmission statistics.	<b>Bring Health Services Together</b> Couple vaccine registration with other social services.
<b>Highlight Positive Testimonials</b> Promote testimonials from newly converted vaccine supporters.	<b>Use Gamification</b> Clarify COVID risks compared to vaccination risks through gamification.	<b>Promote Visible Reminders</b> Provide up-to-date information about vaccine availability through eye-catching reminders in public places.
<b>Share History of Vaccines</b> Provide transparency around vaccine development by screening short films on vaccine history.	<b>Send Personalized Requests</b> Leverage people’s sense of altruism via personalized letters from health workers in their communities.	<b>Encourage Public Commitments</b> Encourage follow-through on vaccination by highlighting visible commitments to vaccination.

## Interventions for people who

## Do not trust the vaccine





# 1 Counter vaccine rumors amongst youth by activating student “rumor warriors”

## TARGET POPULATION

- Youth in Urban and Rural Areas

## DESCRIPTION OF INTERVENTION

Students participate in a short and fun training consisting of games. The games expose them to potential misinformation and teach them how to counter it. Students are then certified as “rumor warriors” who can advocate for vaccination and combat misinformation amongst peers and family members. “Rumor warriors” could receive special facemasks (or social media photo frames) to signify them as purveyors of accurate information for other young people. Each of them could also be provided with a simple guide and checklist on how to identify misinformation.

## BEHAVIORAL INSIGHTS

### Inoculation effect (prebunking):

Showing people “weakened” versions of misinformation - accompanied by forewarning of misinformation - can help make people resistant to misinformation. Using this inoculation approach may help make rumor warriors resistant to misinformation, and be able to effectively combat it amongst their peers. These versions of misinformation can be drawn from examples seen online, after anonymization of the source, or created for the purpose of this exercise.

## BARRIERS TO OVERCOME

- Misinformation
- Low trust in vaccination
- Rumors about the vaccine

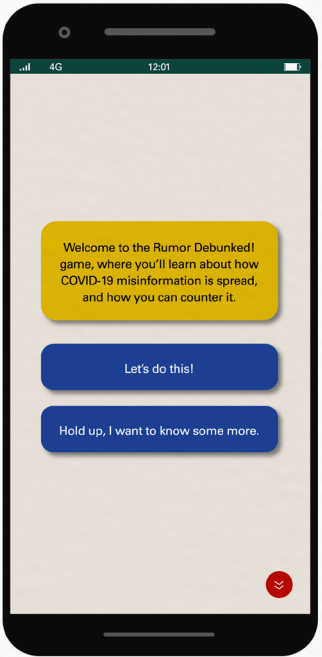
**Messenger effect:** People are influenced and quickly take cues on an issue based on who is conveying the information. Peers and fellow students are more likely to be trusted and relatable as they are from within the community.

**Salience:** Making the “rumor warriors” more visible and noticeable through their special facemasks increases awareness of and accessibility to accurate sources of information.

## ACTIVITIES FOR IMPLEMENTATION:

- Hold contests among young people to identify and nominate certified “rumor warriors.” Consider having them brainstorm effective ways to increase vaccination among their peers.
- Create and distribute facemasks or badges to help identify “rumor warriors.” For urban populations, use photo frames on social media.
- Hold Q&A sessions with “rumor warriors” where members of the community can address their concerns.

## INTERVENTION/MOCKUP



ONLINE COMMUNITY



FACE MASKS



PIN BADGES



## 2 Frame vaccination as complementary to traditional medicine

### TARGET POPULATION

- Rural adults who rely on traditional medicine and older adults

### DESCRIPTION OF INTERVENTION

Conduct a campaign - on radio, TV, or other appropriate media channels - in which community leaders or elders discuss how traditional medicine and vaccines work together to build immunity.

During this campaign:

- Frame vaccination as complementary to traditional medicine, rather than an alternative - it works together with your natural immune system
- Use simple heuristics to demonstrate how one can use both traditional medicine and vaccination

### BEHAVIORAL INSIGHTS

**Messenger effect:** People are influenced by and quickly take cues on an issue based on who is conveying the information. Encouraging influential leaders and role models to become messengers is likely to be effective as they are trustworthy voices of authority.

**Framing:** The way in which an option or idea is presented can influence uptake of that option. In this case, framing vaccination as complementary to traditional medicine, rather than at odds with it, can help reduce distrust.

### BARRIERS TO OVERCOME

- Low trust in vaccination
- Reliance on traditional medicine

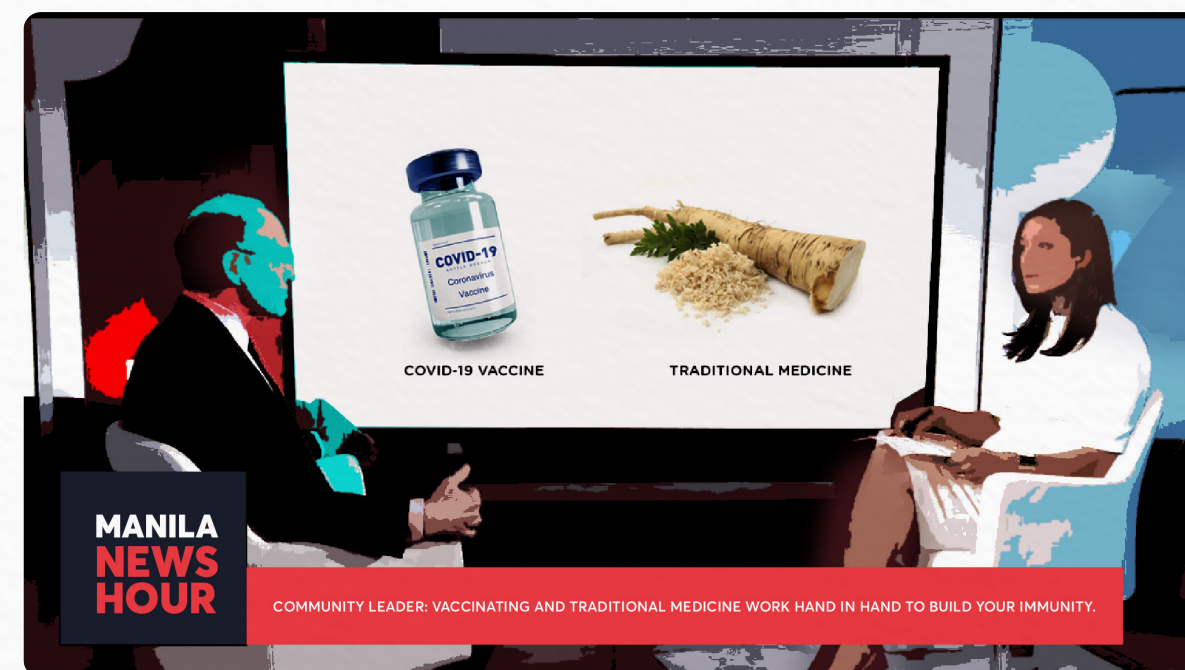
**Social proof:** People like to follow the actions of similar others. If they are made aware that their community leaders and others they trust have been vaccinated, they are more likely to get vaccinated as well.

**Overcoming appeal to nature fallacy:** This faulty thinking occurs when something is claimed to be good because it's perceived as natural or bad because it's perceived as unnatural. By framing vaccination as something that works in tandem with traditional medicine, it will not be perceived negatively because it is "unnatural".

### ACTIVITIES FOR IMPLEMENTATION:

- Identify trusted community and traditional leaders and work with them to create key messages and promote the campaign
- Identify appropriate channels to communicate this message
- Ensure messages have a clear call to action, specifying where and how people can get vaccinated.

### INTERVENTION/MOCKUP



MOCKUP / TV CAMPAIGN



LED BILLBOARD TRUCK



### 3 Promote testimonials from newly converted vaccine supporters

#### TARGET POPULATION

- Adults and youth in rural and urban settings

#### DESCRIPTION OF INTERVENTION

Collect and share audiovisual testimonials from those who were initially hesitant but changed their mind. Testimonials should describe the factors or stories that changed people’s minds.

Testimonials should use the following strategies:

- Appeal to emotions (e.g., personal testimonials from peers)
- Provide clear facts and statistics (e.g. health experts’ testimonials)
- Make vaccination aspirational and ‘cool’ especially for young people (e.g., celebrity testimonials)

#### BEHAVIORAL INSIGHTS

**Messenger Effect:** Utilizing appropriate messengers based on who would be trustworthy to different audiences, such as celebrities for younger populations and health experts for educated populations makes messages more effective.

**Affect:** People make decisions that are heavily influenced by their emotions. Creating emotional testimonials around what motivated people to get vaccinated can increase vaccine uptake.

#### BARRIERS TO OVERCOME

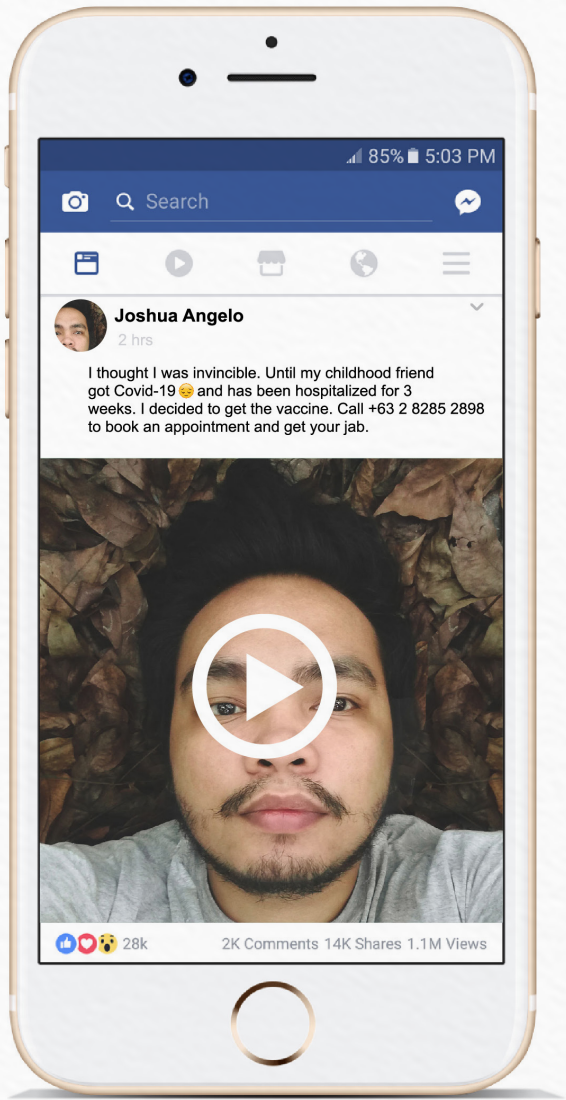
- Low trust in vaccination

**Concreteness:** People find it hard to grasp abstract concepts and statistics. By making risks feel ‘real’ – through specific stories and examples – people are better able to understand and relate to potential risks associated with not being vaccinated.

#### ACTIVITIES FOR IMPLEMENTATION:

- Create testimonials, which could be in the form of short videos (for Facebook or TikTok) or voice messages (for WhatsApp).
- Identify the appropriate messengers (e.g. celebrities, role models, religious leaders, health experts) across different population segments
- Ensure testimonials have a clear call to action, specifying where and how people can get vaccinated.
- Couple viewing of testimonials with discussion groups to prompt people to immediately and deeply reflect on the motivations for vaccination.

#### INTERVENTION/MOCKUP



AUDIO VISUAL TESTIMONIALS



## 4 Provide transparency around vaccine development by screening short films on vaccine history

### TARGET POPULATION

- Adults and youth with limited knowledge of vaccination in both urban and rural settings

### DESCRIPTION OF INTERVENTION

Create a short catchy film which relays information on how vaccines are made, emphasizing the decades of research that have gone into them. Screen the film in popular places and offer vaccine registration directly after screening.

The film could include the story of past pandemics such as polio, smallpox, and measles and how vaccines helped stop the pandemics.

Core messages may include:

- Learn from past lessons to combat this pandemic.
- This is one of the most effective vaccines in history.
- Lots of vaccines have side effects, but they tend to be mild. For all vaccines, side effects tend to show up immediately after vaccination (not years later) and can often be treated or managed.
- It was only possible to produce the vaccine quickly because of the decades of research that has already taken place.

### BARRIERS TO OVERCOME

- Low trust in vaccination

### BEHAVIORAL INSIGHTS

**Salience:** We have a tendency to focus on information that is more noteworthy or attention grabbing. By making the films short and catchy through interesting storytelling, the message will be stickier and more memorable.

**Availability bias:** We have a tendency to consider information that is easily retrievable from memory as being more relevant and important. By showing the films in popular places and then immediately offering vaccination registration, people will easily recall the messages around trustworthiness of the vaccine at the point of decision making.

### ACTIVITIES FOR IMPLEMENTATION:

- Distribute videos in local government units (LGUs) and public areas and create a shareable link that can be sent via Viber/WhatsApp.
- Create vaccine registration pop-ups or QR codes at popular places where the film screenings are occurring.

### INTERVENTION/MOCKUP



SHORT FILM POSTER



## 5

## Interventions for people who

## Underestimate the severity of COVID-19



## Visually depict COVID transmission risks

## TARGET POPULATION

- Healthy adults under age 55
- Youth in both rural and urban areas

## DESCRIPTION OF INTERVENTION

Students participate in a short and fun training consisting of games. The games expose them to potential misinformation and teach them how to counter it. Students are then certified as “rumor warriors” who can advocate for vaccination and combat misinformation amongst peers and family members. “Rumor warriors” could receive special facemasks (or social media photo frames) to signify them as purveyors of accurate information for other young people. Each of them could also be provided with a simple guide and checklist on how to identify misinformation.

## BEHAVIORAL INSIGHTS

**Concreteness:** People have a hard time interpreting and deriving meaning from abstract statistics and rates. By visualizing the actual number of people one could be infecting if they were to get COVID, the risk of not getting vaccinated feels more real and certain.

**Altruism:** Altruism is the unselfish concern for other people. It involves acting out of concern for the well-being of other people. By focusing on vaccination as an act to help others, it gives people an altruistic perspective on the need to get vaccinated.

## BARRIERS TO OVERCOME

- Low perceived severity

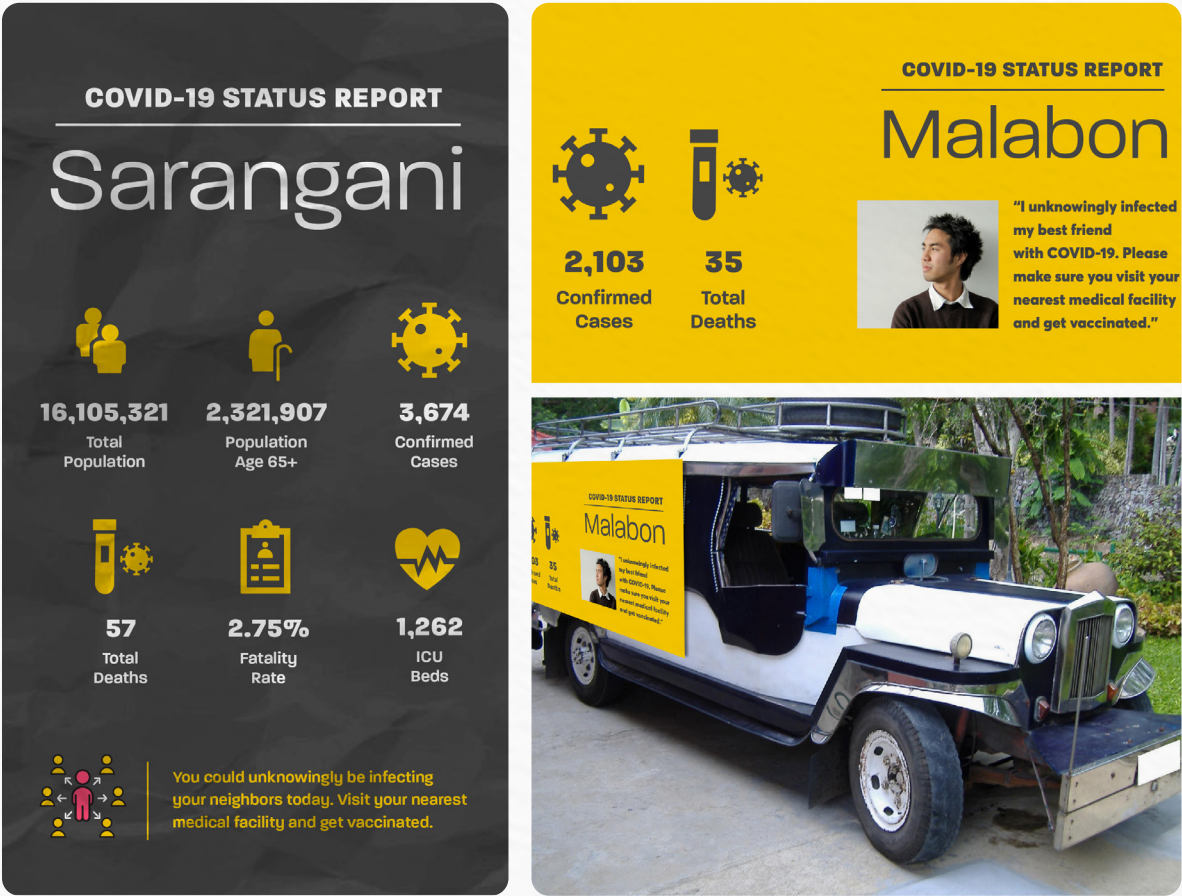
**Affect:** People make decisions that are heavily influenced by their emotions. Showcasing emotional stories or testimonials on how people might have unknowingly infected others can play on the viewer’s fear and guilt emotions, increasing their motivation to get vaccinated.

## ACTIVITIES FOR IMPLEMENTATION:

- Coordinate with the Department of Health (DOH) to collect relevant information and statistics, and collaborate with them when sending out messages to increase credibility.
- Present information through compelling infographics (show different age groups, statistics on infection spread and consequences, etc.)
- Identify the appropriate channels to disseminate information. This could be Facebook, Instagram, posters in health centers and public places (churches, markets, tricycle and other public transportation terminals, text blasts, sharing in group chats, etc).



INTERVENTION/MOCKUP



INFOGRAPHICS AND STATISTICS ON PUBLIC TRANSPORTATION

6 Make vaccine registration fun and social

TARGET POPULATION

- Urban youth

DESCRIPTION OF INTERVENTION

Conduct vaccine registration at common youth hangouts ("barkadas"). Encourage youth to sign up with a friend.

At these events, increase registration and follow-through using several techniques:

- Provide motivational nudges for registration (including micro-incentives such as free snacks).
- Link registration to an automatic SMS reminder system.
- Give people implementation intention cards that they fill out at the time of vaccination registration which clearly spell out where, when, and how they will get vaccinated.

BEHAVIORAL INSIGHTS

**Commitment device:** Commitment devices are a way to increase willpower and overcome the discrepancy between someone's short and long term preferences. By making people sign up with a friend, that friend serves as a way to ensure commitment to the goal, even if in the future, willpower to follow through decreases. Similarly, providing SMS reminders, or having people fill out implementation intention cards can increase follow-through.

**Social proof:** People like to follow the actions of similar others. By seeing other young people register and getting the chance to sign up with their friends, they are more likely to get registered.

BARRIERS TO OVERCOME

- Low perceived severity

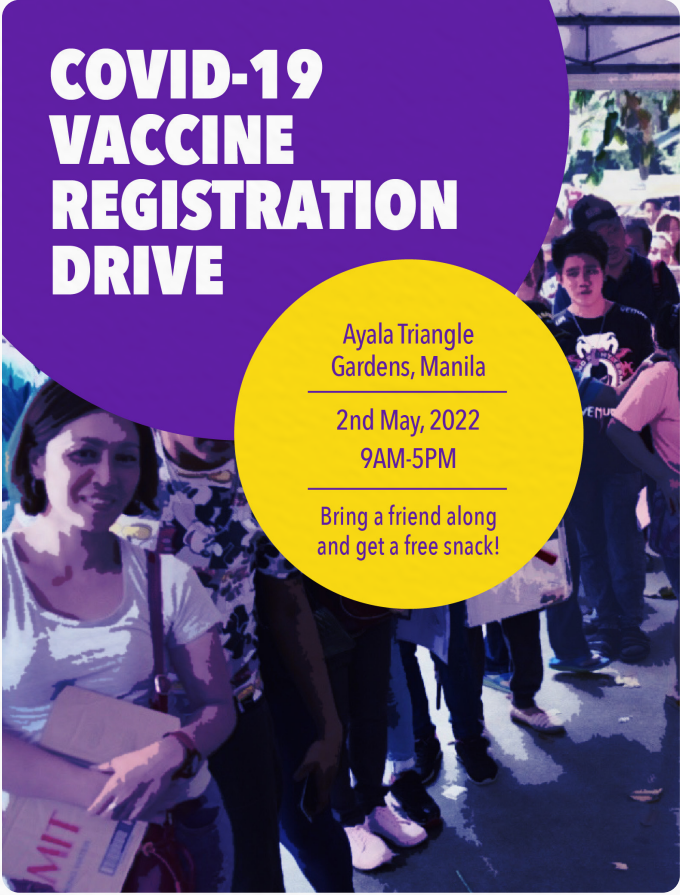
**Incentives:** Incentives, even small ones, can help increase a person's motivation to perform a desired behavior. In this case, providing free snacks or other such perks can help overcome the gap between intending to register for a vaccination and actually doing it, by providing the needed boost in motivation.

ACTIVITIES FOR IMPLEMENTATION:

- Encourage attendance by advertising "free snacks and drinks" and providing instructions on how to reach the Barkada
- When youth sign up online, they can be automatically linked to more informational materials on COVID-19 vaccination and prevention.
- Youth who sign up receive a pin to wear certifying that they have registered for vaccination.
- Create promotional materials and provide information around the incentives (e.g. free snacks)



INTERVENTION/MOCKUP



ADVERTISING “FREE SNACKS AND DRINKS” AT BARKADA’S



7 Send **personalized** motivation letters

TARGET POPULATION

- Healthy adults under age 55 in both rural and urban areas

DESCRIPTION OF INTERVENTION

Send personalized letters or SMS messages from nurses or doctors asking people in their community to get vaccinated to protect those at high risk of COVID.

The letters or texts may include:

- Personal reasons for why people want others in their community to get vaccinated
- Reminders of the level of risk in their communities, (e.g., 3 out of 5 households have at least one frontline worker or vulnerable person)
- Brief information about where and how to get vaccinated

BEHAVIORAL INSIGHTS

**Commitment device:** Commitment devices are a way to increase willpower and overcome the discrepancy between someone’s short and long term preferences. By making people sign up with a friend, that friend serves as a way to ensure commitment to the goal, even if in the future, willpower to follow through decreases. Similarly, providing SMS reminders, or having people fill out implementation intention cards can increase follow-through.

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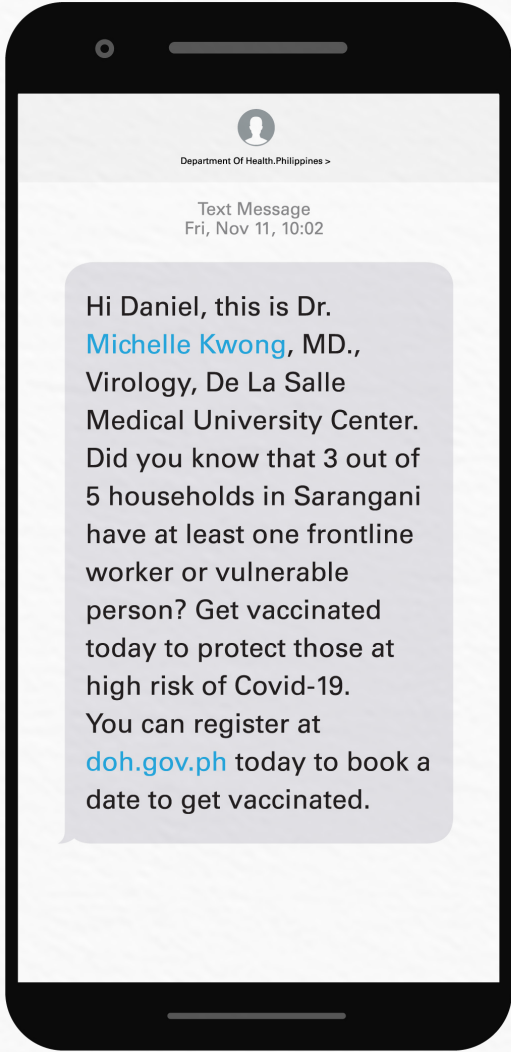
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- Create promotional materials and provide information around the incentives (e.g. free snacks)



INTERVENTION/MOCKUP



PERSONALIZED MESSAGE FROM A DOCTOR

8 Use gamification to clarify vaccine vs. COVID risks

TARGET POPULATION

- Youth in rural and urban settings

BARRIERS TO OVERCOME

- Low perceived severity

DESCRIPTION OF INTERVENTION

Provide young people with a board game (for rural populations) or a phone-based app/game (for urban populations) with an engaging, dynamic interface, which quizzes youth about the comparative risks of getting vaccinated vs. not getting vaccinated. Games demonstrate the financial and health risks of not getting vaccinated (as compared to the risks, costs, and side effects associated with vaccination). Young people play against friends to see who can advance furthest - vaccination-related actions (and other protective actions) move people forward more quickly!

BEHAVIORAL INSIGHTS

**Gamification:** People tend to learn best when they are also having fun. By making people aware of the risks of staying unvaccinated in a way that is more engaging and interactive, people will quickly understand and pay attention to the urgent need to get vaccinated.

**Overcoming present bias:** We tend to prefer present rewards (even if they are smaller) to future rewards. We postpone getting vaccinated because in the present it might be a lot of work and pushing it off for another day is easier. Elucidating the risks using gamification can help provide that feeling of urgency, combating present bias.

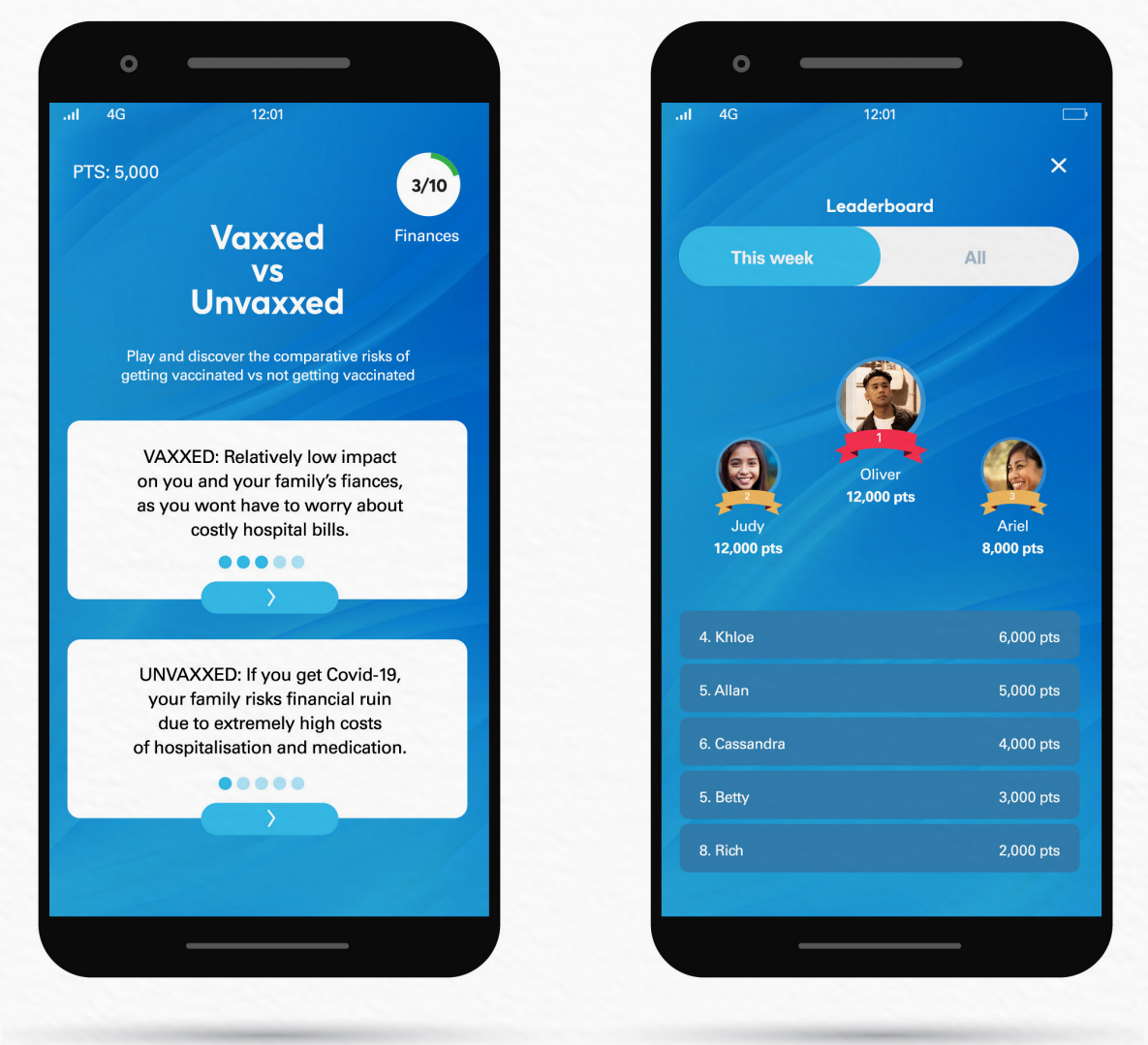
**Overcoming ambiguity aversion:** People prefer performing a desired behavior when a favorable outcome is clear and known. In this case, risks of COVID-19 and the need for young people to get vaccinated become less ambiguous, thereby increasing motivation.

ACTIVITIES FOR IMPLEMENTATION:

- Develop the game and host it on a popular store, website and/or app depending on if it is a board game or virtual game.
- Youth peer educators can use the game to teach others in their age group about the importance of vaccination.
- Create marketing materials and promote the game on appropriate channels. Consider using celebrities and other young influencers to showcase the game.
- In urban settings: if you win the game, you get access to a special Instagram or TikTok filter which signifies you as a COVID expert.



INTERVENTION/MOCKUP



ENGAGING AND INTERACTIVE MOBILE GAME

Interventions for people who are  
Discouraged by long wait  
times and are uncertain about  
vaccine availability





9

Provide reminders and up-to-date information in popular places

TARGET POPULATION

- All adults in rural and urban settings

DESCRIPTION OF INTERVENTION

Provide reminders to get vaccinated at places that are visited frequently, such as restaurants, cultural centers, and places of worship. Reminders should highlight that getting the majority of the population vaccinated is needed in order to return to normal life (and use of these places) and eventually reduce the need for masks, physical distancing and limited numbers (once vaccination rates are sufficiently high).

- In urban settings, have QR codes that link people to the registration page for vaccination.
- In rural settings, stickers or fliers should explain in simple, clear language how, where, and when to get vaccinated.

Messaging should highlight the benefits of returning to “normal” life.

BEHAVIORAL INSIGHTS

**Salient cues:** By adding reminders to get vaccinated in easily noticeable and popular places, people are more likely to pay attention to the message.

**Reduce friction:** Even if people intend to get vaccinated, they may not follow through on these intentions because of unnecessary hassles such as complicated registration processes or difficulty understanding where

BARRIERS TO OVERCOME

- Uncertainty about vaccination supply and process
- Complacency about getting vaccinated (especially when others around them are already vaccinated)

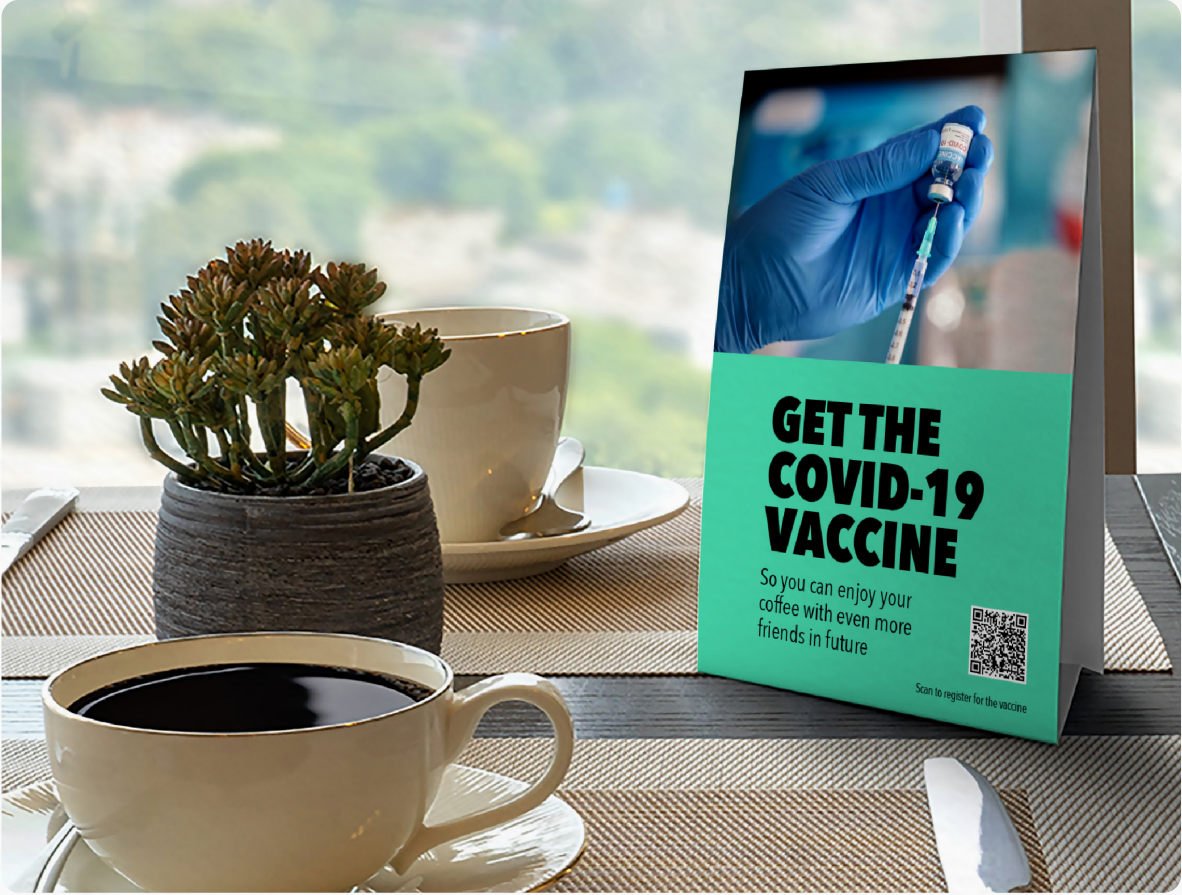
and how to get vaccinated. By simplifying the process of learning how to get vaccinated, you can reduce the friction that people experience.

**Incentives:** Reminding people of the benefits of returning to normal life, such as not needing to wear masks or social distance from others will increase motivation to get vaccinated.

ACTIVITIES FOR IMPLEMENTATION:

- Coordinate with restaurant owners and administrators at cultural centers and places of worship in order to place vaccination reminders and QR codes.
- Create flyers, stickers and QR codes that link to information or sign up pages to simplify the process of registration.
- Identify the appropriate and personalized benefits of getting vaccinated based on the target audience, and ensure the messages reflect those benefits.

INTERVENTION/MOCKUP



VACCINE REMINDER TENT CARD IN A RESTAURANT



10

Couple visible commitments to vaccination with information about how to get vaccinated

TARGET POPULATION

- Rural adults, especially storekeepers and other “essential workers”

DESCRIPTION OF INTERVENTION

Ask storekeepers, salon owners, and other frontline workers who frequently interact with the public to hang public pledges for people to sign which read: “I pledge to get vaccinated to protect \_\_\_\_\_” (e.g., my customers, my family).” The bottom of the pledge should include a prompt to “ask me about more information on COVID-19 vaccination.”

Encourage storekeepers to become advocates for vaccination by leveraging their sense of responsibility to the community. Storekeepers are provided with fliers on when, where, and how to get vaccinated which they can distribute to their patrons.

BEHAVIORAL INSIGHTS

**Commitment devices:** Commitment devices are an effective way to increase willpower and overcome the discrepancy between someone’s short and long term preferences. Asking people to sign public pledges to get vaccinated in order to protect a particular person/group ensures that they feel personally committed to following through.

**Social proof:** People like to follow the actions of similar others. If they are made aware that members of their community have been vaccinated by seeing public pledges that people have signed, they are more likely to get vaccinated as well.

BARRIERS TO OVERCOME

- Uncertainty about the process for vaccination complacency, especially when others are vaccinated

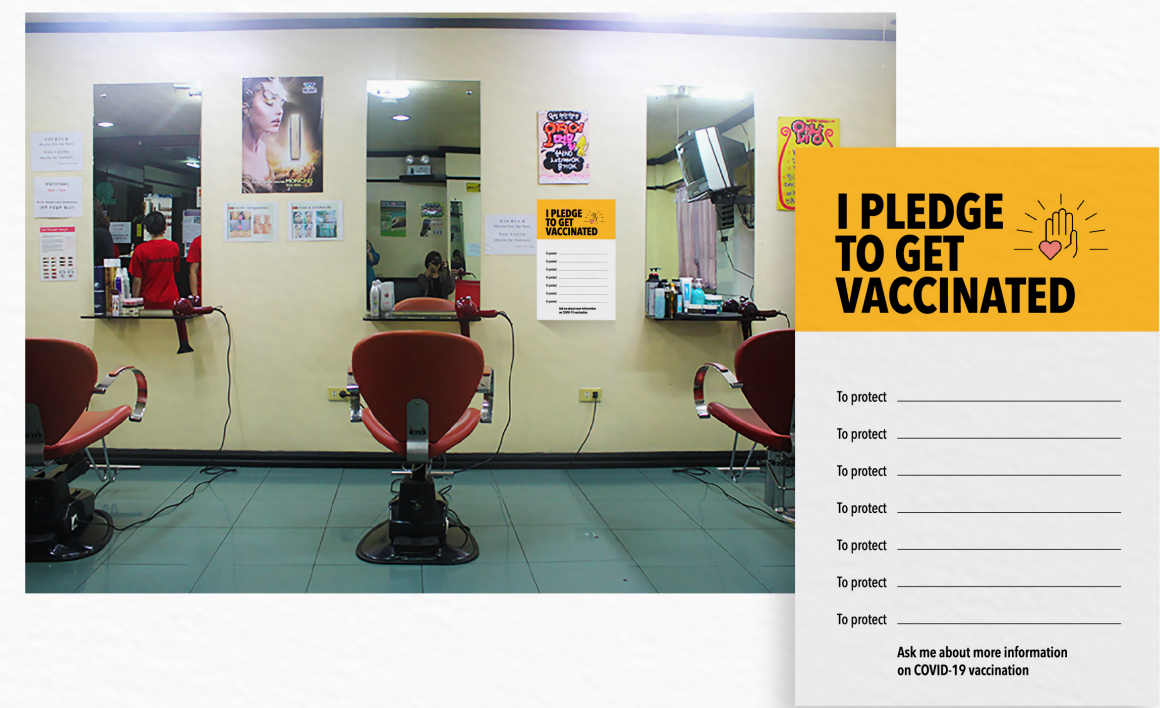
**Altruism:** Altruism is the unselfish concern for other people. By focusing on the public benefit vaccination provides and making people specify whom they are protecting by getting vaccinated, people have an altruistic reason to get the vaccine.

**Messenger effect:** People are influenced and quickly take cues on an issue based on who is conveying the information. Storekeepers and other essential workers are more likely to be trusted and relatable as they are from within the community.

ACTIVITIES FOR IMPLEMENTATION:

- Create templates for pledges and distribute them among shopkeepers and other essential workers to hand out to the public
- Identify vaccinated storekeepers and other trusted community members who can serve as vaccine advocates.
- Consider using small incentives for storekeepers to showcase the public pledges and become vaccine influencers.

INTERVENTION/MOCKUP



PLEDGE POSTER IN A BARBER SHOP



11

Couple vaccine registration with other social services

TARGET POPULATION

- Urban and rural adults who access other social services (low Socio-Economic Status)

DESCRIPTION OF INTERVENTION

Couple vaccine registration with other benefits packages. When people fill out forms for these packages, default people into vaccine registration with the option to opt out. Alternatively, you could also ask people to make a forced choice by getting them to “accept” or “decline” registering for the vaccine.

BEHAVIORAL INSIGHTS

**Defaults:** Making an option the default increases the likelihood that such an option is chosen. People tend to stick with the status quo option, or “default,” that is chosen for them, rather than seek an alternative and opt out of it.

**Forced/active choice:** When people are uncertain about a decision, they often forego making a decision altogether. By requiring people to make a choice - to either opt in or out of vaccination - you ensure that people are not avoiding the choice altogether and opting out by default.

**Reducing friction:** Even if people intend to get vaccinated, they may not follow through on these intentions because of unnecessary hassles such as a complicated registration process or long wait times to get vaccinated. By simplifying the process so people don’t have to go out of their way to get registered, people are more likely to do it.

BARRIERS TO OVERCOME

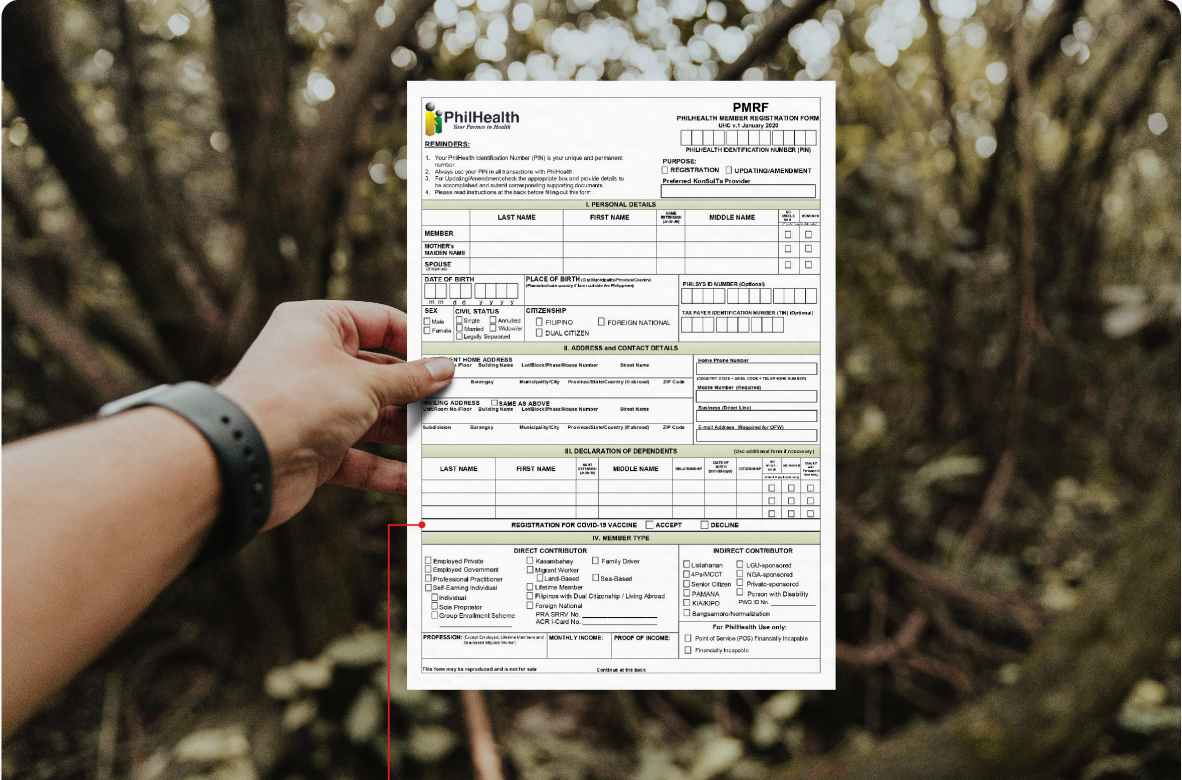
- Uncertainty about the vaccination process
- Difficulty registering
- Long wait times to get vaccinated

**Commitment devices:** Asking people to select a specific time and place to get vaccinated serves as a way to get them to commit to their decision to get vaccinated.

ACTIVITIES FOR IMPLEMENTATION:

- Upon registration, provide people with updated information on where and how to get vaccinated.
- Give people specific information about typical wait times. Ask people to plan a time to get vaccinated, and ask them to select a time when facilities usually aren’t as crowded. Alternatively, ask them to plan to take the wait time into account, e.g. “it’s only one day!”
- Create promotional materials letting people know that they can register for the vaccination when they go to fill out their social benefit forms.

INTERVENTION/MOCKUP



REGISTRATION FOR COVID-19 VACCINE ☐ ACCEPT ☐ DECLINE

COVID-19 VACCINE REGISTRATION ON SOCIAL SERVICES APPLICATION FORM



# 12 Provide easy access to registration and vaccination

## TARGET POPULATION

- Adults in rural and urban areas where there is low smartphone penetration and low access to internet

## DESCRIPTION OF INTERVENTION

Set up vaccine registration at common points, such as agricultural depots and shops. Those who register can be given an appointment to come back for a vaccination at a convenient time (for example, the next time they need to come to the depot). Registration booths should be as visible as possible (e.g., right next to check-out counters or entry/exit points) and should be visually appealing and welcoming.

For farmers and other workers, use messaging to emphasize the importance of full vaccine coverage to improve the economy and help life return to “normal”

## BEHAVIORAL INSIGHTS

**Reduce friction:** By simplifying the process by setting up registration at common places people visit, and allowing them to get the vaccine at a time and place that is convenient to them, people are more likely to follow through with getting vaccinated.

**Social proof:** People like to follow the actions of similar others. By making registration booths more visible, people can see others in their community signing up to get vaccinated, increasing their likelihood of doing the same.

## BARRIERS TO OVERCOME

- Uncertainty about the vaccination process
- Long wait times for vaccination

**Framing:** The way in which an idea is presented can influence uptake of that option. In this case, framing vaccination as a way to help life return to “normal” and improve the economy can increase motivation to get vaccinated.

## ACTIVITIES FOR IMPLEMENTATION:

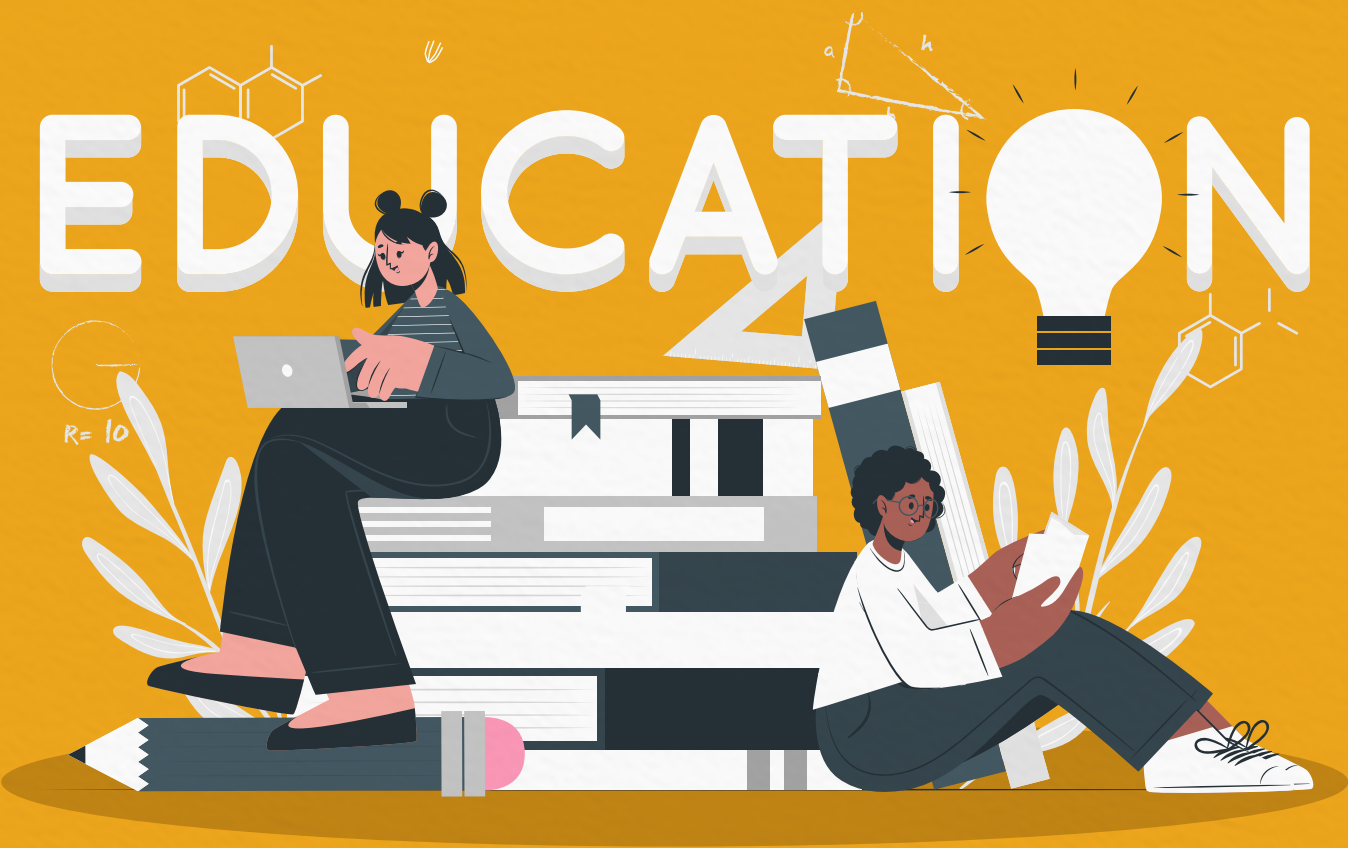
- Identify popular places which people frequently visit to set up registration booths.
- Create promotional materials letting people know about the convenient registration process.
- Organize the appointment schedule system, so people are able to schedule their vaccination at convenient times.
- Ideally, getting registered is linked to an automatic SMS reminder system, so people don’t forget about their appointments.

## INTERVENTION/MOCKUP



VACCINATION REGISTRATION BOOTH OUTSIDE POPULAR RESTAURANT





# Implementation Tips

## Worksheet

Use this worksheet to help finalize the decisions you make as you go through this playbook. At the end, this worksheet can be an easy reference tool as you begin implementing your intervention.

Fill in the blank:

I am solving for \_\_\_\_\_ [population] in \_\_\_\_\_ [region].

I selected this population because of \_\_\_\_\_ [large population size/high transmission of COVID-19].

My population is facing \_\_\_\_\_ [X problem]. Specifically, they are having \_\_\_\_\_ [X barrier].

To solve this problem, we will employ \_\_\_\_\_ [X intervention in this playbook].

We believe that this intervention will be ☐ high / ☐ medium / ☐ low impact because of \_\_\_\_\_.

We believe that this intervention will take ☐ a lot / ☐ a little effort.

We will need to do \_\_\_\_\_ [X,Y, Z things] to implement our intervention.

This intervention will be tailored to \_\_\_\_\_ based on discussions we have had with local communities.

Success will be if \_\_\_\_% of population gets ☐ fully / ☐ partially vaccinated by \_\_\_\_\_ [X date].

We will measure the effectiveness of this intervention by measuring how vaccination rates before our intervention versus after our intervention differ.



# Questions to ask yourself while using this guide

## HOW TO SELECT THE RIGHT INTERVENTION

Before diving deeper into interventions, it is important to understand the key audience you are looking to target and which barriers they experience in order to develop the most effective intervention for them.

As seen across many research studies and programs, the most successful interventions target specific barriers at specific times. While this playbook provides 12 recommended interventions, these interventions should be selected based on your knowledge of who the intended target population is, where the intervention will take place, and when it will take place.

You will also want to select an intervention that is feasible or easy enough to implement in your context. If it's something you have little control over or that cannot be easily implemented even if it is tweaked, you may want to select a different intervention



# To help with your selection process, here is a checklist of guiding questions to ask yourself when reviewing each intervention.

## QUESTIONS TO MEASURE INTERVENTION IMPACT

1. Have you selected a target population?  
☐ Yes ☐ No
2. Is the population that you selected large? (E.g. at least 25% of the population or more)  
☐ Yes ☐ No
3. Is the population that you selected contributing to high COVID-19 transmission in the region or high mortality rates?  
☐ Yes ☐ No
4. Does the population you selected experience one of the barriers outlined in this playbook?  
☐ Yes ☐ No
5. If this intervention you selected were to be implemented, do you believe it would significantly increase vaccination rates?  
☐ Yes ☐ No

**STOP.** If you responded 'No' to the majority of these questions, your intervention is low impact. Select something else.

Where on the matrix does your intervention lie (choose one)?  
☐ High Impact ☐ Low Impact

## QUESTIONS TO MEASURE EFFORT

1. Do you have the resources you need to implement this intervention?  
☐ Yes ☐ No
2. Do you have control over the changes that this intervention would require?  
☐ Yes ☐ No
3. Will this intervention be quick and easy to implement in your region?  
☐ Yes ☐ No

**STOP.** If you responded 'No' to the majority of these questions, your intervention is high effort. Consider whether the impact of the intervention justifies the effort that will be required.

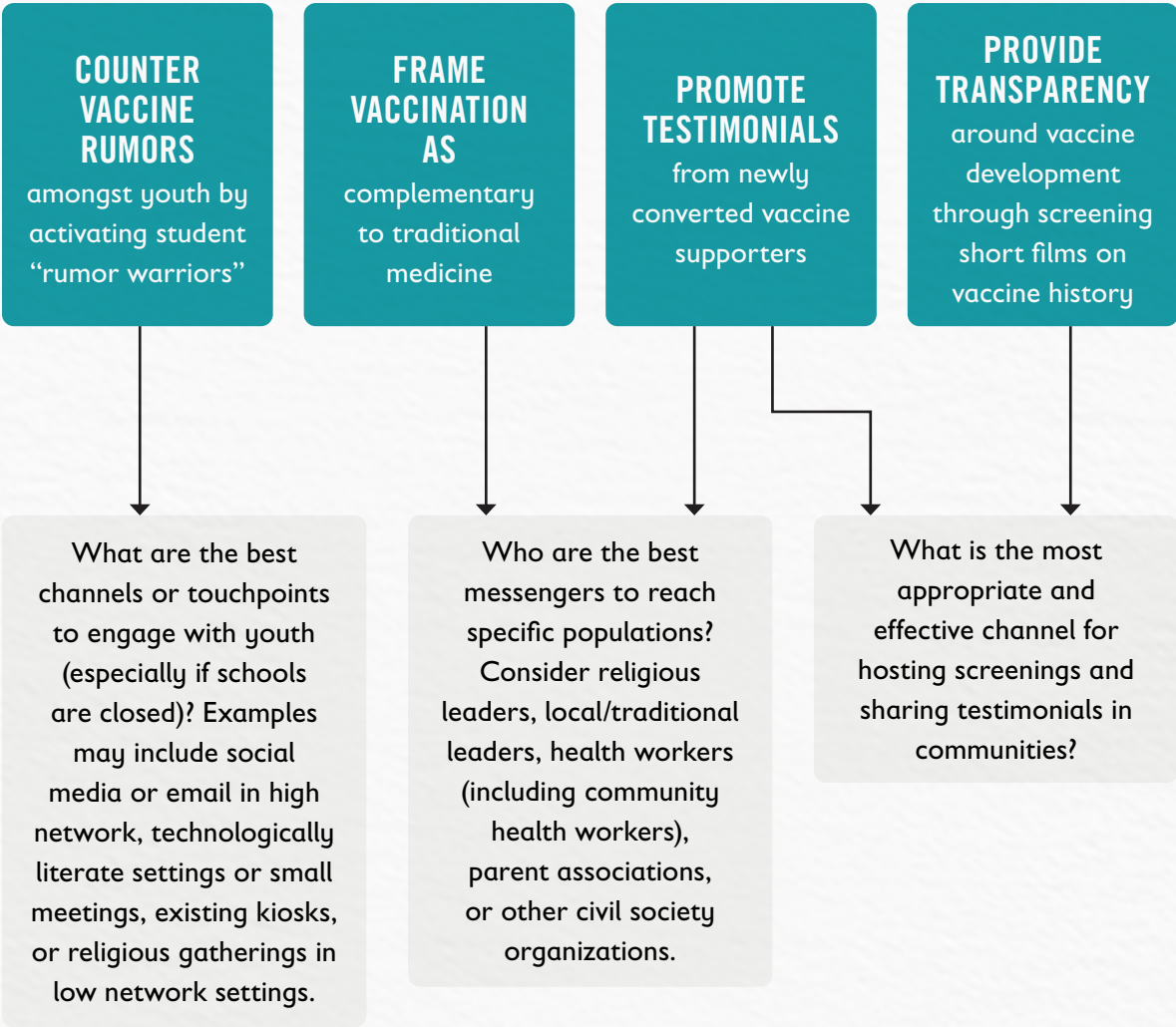
Where on the matrix does your intervention lie (choose one)?  
☐ High effort ☐ Low effort



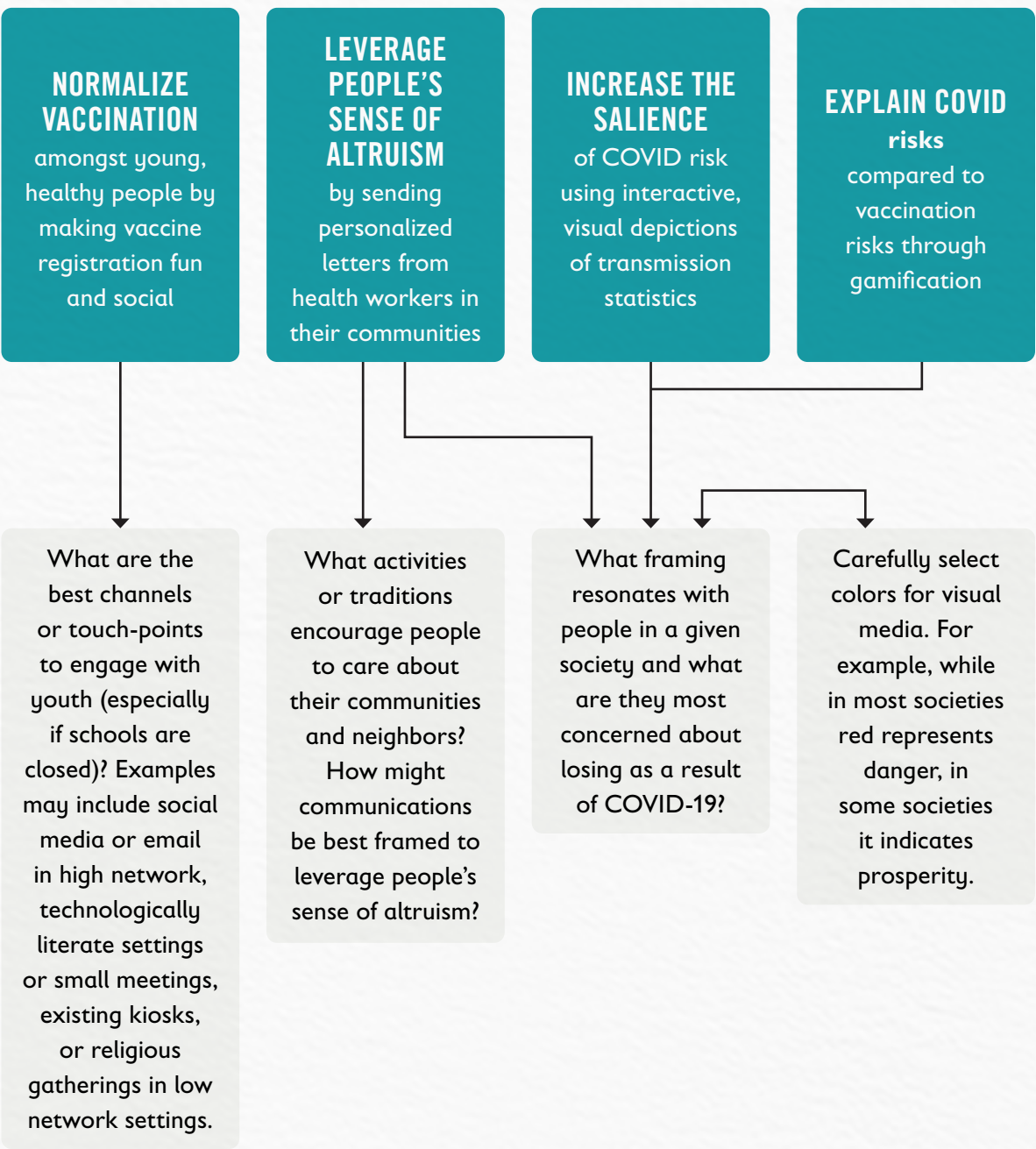


# How to take contextual factors to account

Before implementing an intervention, it is crucial to consider contextual factors related to that intervention. To do this, you will want to make sure you have engaged local populations in further shaping and tailoring the interventions outlined in this playbook. Here are some example questions to ask and aspects to consider when contextualizing interventions:

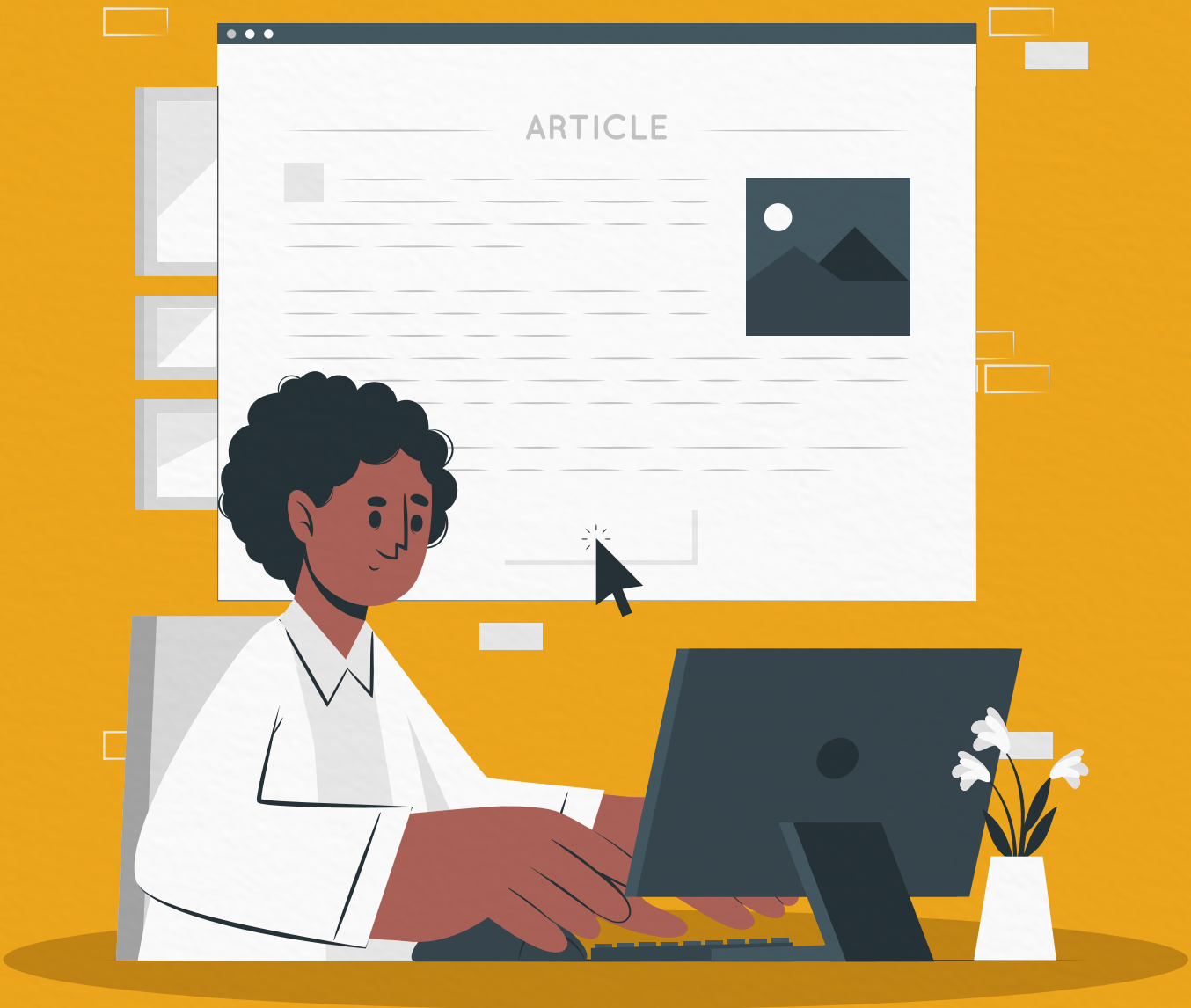
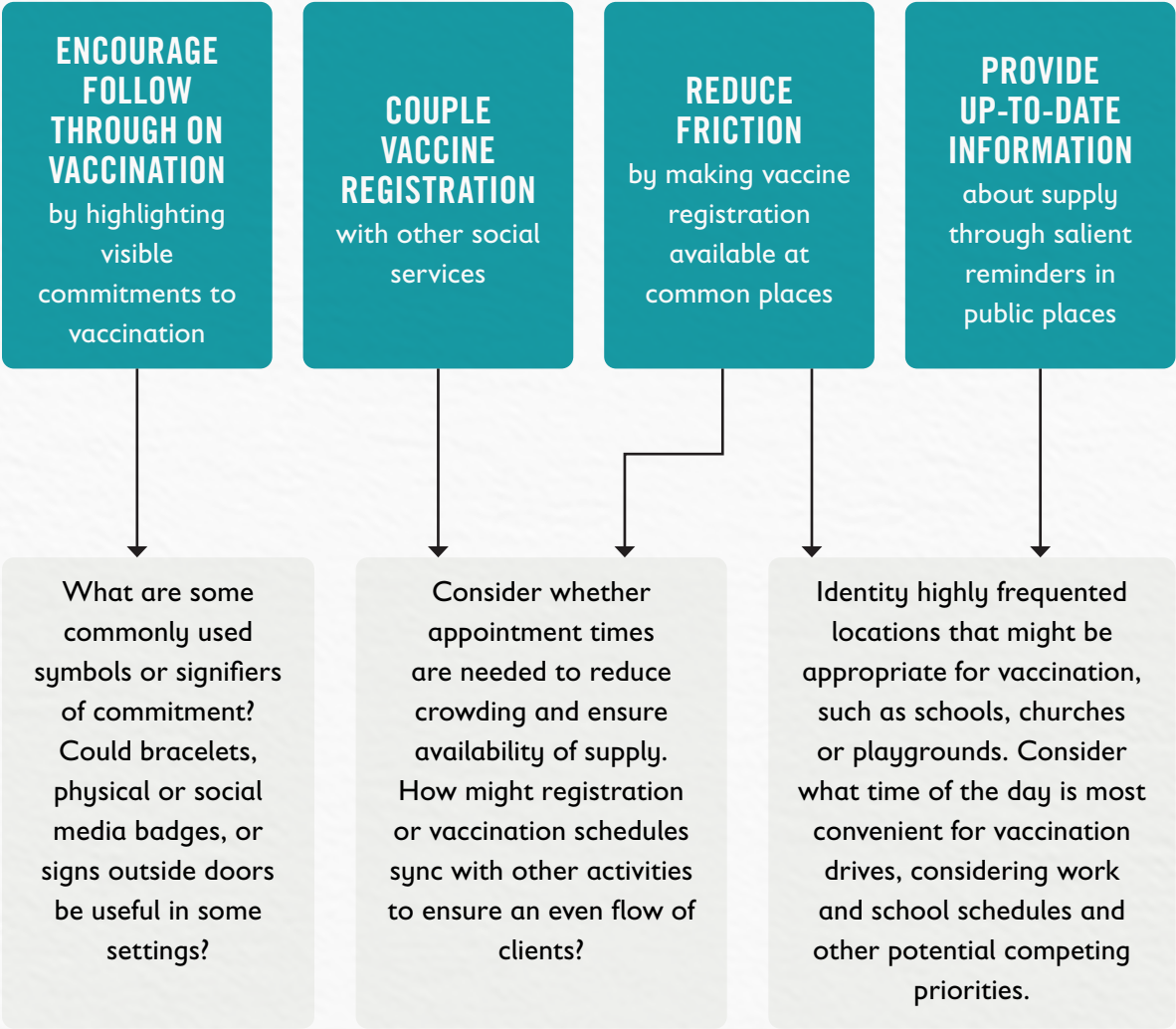


# How to take contextual factors to account





# How to take contextual factors to account



## Primary Research Findings

To develop these recommendations we conducted semi-structured stakeholder interviews, in-depth independent interviews with intended audiences, a quantitative survey with intended audiences, and co-design workshops with local stakeholders.



# Stakeholder Interviews

## METHODOLOGY

- We conducted semi-structured interviews with 7 Filipino stakeholders including Department of Health representatives, community leaders, parent leaders, and barangay workers.
- The interviews took place over the phone and lasted approximately 45 minutes each.
- The transcripts and key takeaways were analyzed using thematic analysis and used to inform the next phases of our research.

## KEY FINDINGS

- Previous vaccination programs, including childhood immunization have been successful, and the infrastructure for vaccination is in place. However, the recent Dengvaxia experience has eroded people's trust in vaccines. Stakeholders anticipate a dip in the childhood vaccination rates as well.
- Low supply and vaccine rollout have affected intention to vaccinate in urban areas.
- In rural areas, the supply side barriers were more pronounced. Rural areas also suffered from poorer access to information when compared to urban areas.
- The vaccination roll out was first planned in phases with priority groups. Those who were in priority groups were hesitant to receive it, while those waiting were more eager and willing.
- Caregivers of children, indigenous groups, and rural communities underestimated the risk of COVID-19.
- Age has been an important indicator of intention to vaccinate. Senior citizens were hard to convince, while youth believed that they will be able to recover quickly.
- The recent Dengvaxia experience has scared people and made them more reluctant to getting vaccinated.
- There have been a lot of misconceptions and myths around COVID-19 and the vaccine. These includes beliefs such as: the vaccine will cause death or mutations, COVID-19 is a regular flu, and young people do not need to take the vaccine.



# In-depth Interviews (IDI)

## METHODOLOGY

- In order to cover perspectives from both urban and rural areas, the research was undertaken in Malabon and Sarangani in the Philippines.
- IDIs were conducted remotely via phone calls and took approximately 45 minutes each.
- The participants were recruited from Save the Children Philippines' database and screened to ensure they met our criteria of being a parent of a school-going child. A total of 29 people (19 women and 10 men) were interviewed; 14 were from urban communities, 15 were from rural areas.
- Thematic analysis was conducted on interview transcripts. The transcripts were analyzed by 3 trained researchers, with assistance from the field staff who conducted the interviews.



## KEY FINDINGS

- General awareness about COVID-19, mitigation measures, and the vaccine was high in both rural and urban areas.
- Most participants trusted the DoH (seminars, social media, TV) and LGUs (local advisory, announcements) for information about the COVID-19 vaccine.
- There was no major gap in terms of rumors and misinformation between urban and rural areas. The most common rumor circulating was that the COVID-19 vaccine can cause death. These rumors were likely influenced by the prior Dengvaxia scandal.
- The COVID-19 vaccine was generally accessible in both urban and rural areas. In some cases, however, there was scarcity in supply, especially in urban regions, especially when people opted not to register and just walk in.
- Most participants were interested in getting the COVID-19 vaccine and were already vaccinated. Some, however, were still hesitant because of rumors and preferred to wait until they see how others react to the vaccine.
- Nearly all participants in both rural and urban areas mentioned the serious impact COVID-19 had on their livelihoods and economic stability. Any solutions must take into account the challenges low-income individuals have faced and are currently undergoing as a result of loss of livelihood.



# Quantitative Survey

## METHODOLOGY

- The interviews were conducted in Malabon and Sarangani.
- Data was collected through phone surveys by trained enumerators. The survey was conducted from Sept 16 - Oct 8, 2021.
- Respondents were selected from Save the Children's database and randomly assigned to either a control group or one of the 3 treatment arms.
- Each treatment was a vignette about a Filipino citizen learning about the vaccine. All vignettes included a presidential directive but depending on the treatment, respondents either heard local leader support for vaccination, a discussion of side effects and Dengvaxia, or a prompt to youth to vaccinate.
- The total sample size was 627. This sample is not representative of the Philippines population, as it is young, highly educated, and skews female.



## KEY FINDINGS

- Personal vaccine intentions and prescribing vaccinations for others as a social norm were high in this sample. However, there was a gap between intention to vaccinate (90%) and current vaccination rates in the Philippines (~22%). This indicates that there are likely additional barriers to vaccination that our research didn't uncover. This finding demonstrates that messaging should be targeted to groups that have low vaccination rates to address their specific barriers.
- Over 50% of people in this sample stated that many or most of their neighbors think COVID-19 is just like the flu and that COVID-19 doesn't exist in the Philippines. Despite strong social norms for vaccination, this finding highlights that misinformation can lead to beliefs that downplay the severity of COVID-19.
- There are low levels of concern about COVID-19 in this sample. Most people don't believe that infection is likely in their community or that cases would be severe.
- Traditional media, government, and digital media were the most trusted sources of information for COVID-19: these sources can be leveraged to communicate about vaccines.
- Communicating context-specific reassurances about vaccine side effects had significant positive effect on vaccine acceptance. This may be a result of the message being specific to past Philippines vaccination programs (i.e., Dengvaxia). Communicating about how many people received the vaccine may encourage people to accept the vaccine.
- None of our vignette treatments were effective in bolstering intention to vaccinate. The intention to vaccinate was already extremely high in our sample.

# Co-design Workshops

## METHODOLOGY

- We facilitated 2 virtual co-design workshops, which included some of the same stakeholders we interviewed in the first phase of our research. The workshops were 2 hours each.
- The co-design workshops resulted in a total of 89 ideas that were prioritized and consolidated into 15 ideas.
- These ideas were then iterated upon, first with Filipino stakeholders and then again with behavioral Scientists at Common Thread, Busara, and Save the Children.
- 12 final design concepts were developed out of these sessions.



## KEY FINDINGS

- There was no one-size fits all approach to the recommendations. All recommendations required fine tuning and tailoring to local contexts and demographics, which includes urban-rural differences, age, gender, and mobility.
- Rebuilding trust in vaccines will be a laborious and time intensive task, especially after the Dengvaxia scandal. However, if trust is built appropriately and through the right messengers, there can be significant returns.
- A great deal can be achieved by simply making vaccination easier for people. Simplifying registration processes and bringing vaccines to people or people to vaccines can help target the complacency and frustration about waiting that many people feel in regards to getting vaccinated.
- COVID-19 is fast moving. It requires constant reflection on the barriers to vaccination and iteration on potential solutions. Regular and frequent research can help with understanding community perceptions, attitudes, and intentions to design effective strategies.



## CONCLUSION

**According to our research, the three main causes for under-vaccination in the Philippines include:**



### LACK OF TRUST

in the vaccine



### LACK OF PERCEIVED SEVERITY

of COVID-19



### LACK OF MOTIVATION

to follow through on vaccination intentions due to long wait times and uncertain vaccine availability.

**There are numerous opportunities to increase vaccination uptake by tackling these three problems.**

This playbook uncovers key barriers and highlights evidence-based recommendations to solve them. It provides suggestions and inspiration for potential implementation activities. While this playbook aims to be prescriptive, it also aims to enable tailoring of recommendations to specific populations and local contexts. A recommendation implemented in Malabon, for example, can and should be different from the same recommendation implemented in Sarangani. The recommendations enclosed require contextualization and should be used only as a starting point.

As you continue your vaccination program, if you are keen to implement one of the recommendations or simply have a question for clarification, please reach out to our team. Health programs can only be effective if we continue to collaborate, put people at the center of our solutions, and measure what works (and what doesn't).



## About Us



### Busara

The Busara Center for behavioral Economics is a research and consulting firm that applies and advances behavioral science to address the most challenging development problems in India and across Africa. Busara works with academics, policymakers, and organizations to evaluate and implement behavioral and social interventions. Busara has consistently improved its partners' products, programs and had policy impact across a number of sectors, including financial inclusion, health, agriculture, and governance.

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### Save the Children Philippines

Save the Children is the leading independent organization for children, working in 117 countries to ensure children survive, learn and are protected. Save the Children has been working in the Philippines since 1981 to support children's health, learning, protection from risk and violence, and their participation. In partnership with children's groups, civil society, the government, and other stakeholders, Save the Children Philippines advocates for policies, programs, and resources to promote and fulfill children's rights.

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### Common Thread

Common Thread finds human-centered solutions to the world's toughest public health problems. Our global team of public health specialists, behavioral scientists, designers and communicators understands that the only way to stop disease is through human behavior.

We work with communities and those around them to design for that change

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### Center for Utilizing behavioral Insights for Children (CUBIC)

Launched by Save the Children in April 2020, the Center for Utilizing behavioral Insights for Children (CUBIC) is the world's first applied behavioral science team focusing specifically on the world's most marginalized children's rights and welfare. Our mission is to apply behavioral science to create positive change for children.

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# The Little Jab Book:

A Playbook for Vaccination in the Philippines



Busara



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