



# Applying Social Science & Behavioural Design in Development and Humanitarian settings

## Middle East & North Africa

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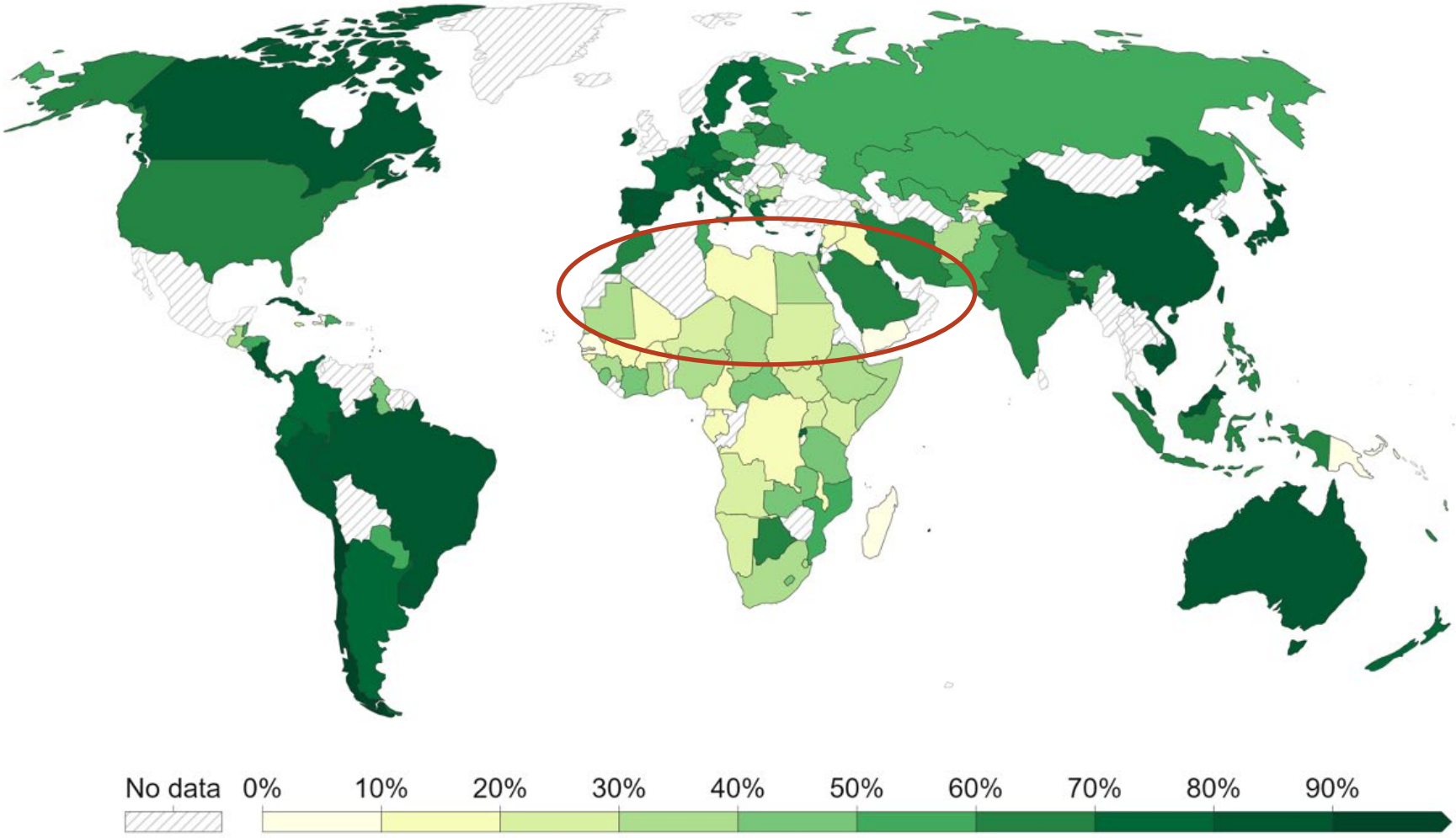
[agillespie@unicef.org](mailto:agillespie@unicef.org)

unicef  for every child



# Share of people who completed the initial COVID-19 vaccination protocol, Mar 23, 2023

Total number of people who received all doses prescribed by the initial vaccination protocol, divided by the total population of the country.



Source: Official data collated by Our World in Data – Last updated 24 March 2023

OurWorldInData.org/coronavirus • CC BY

Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.





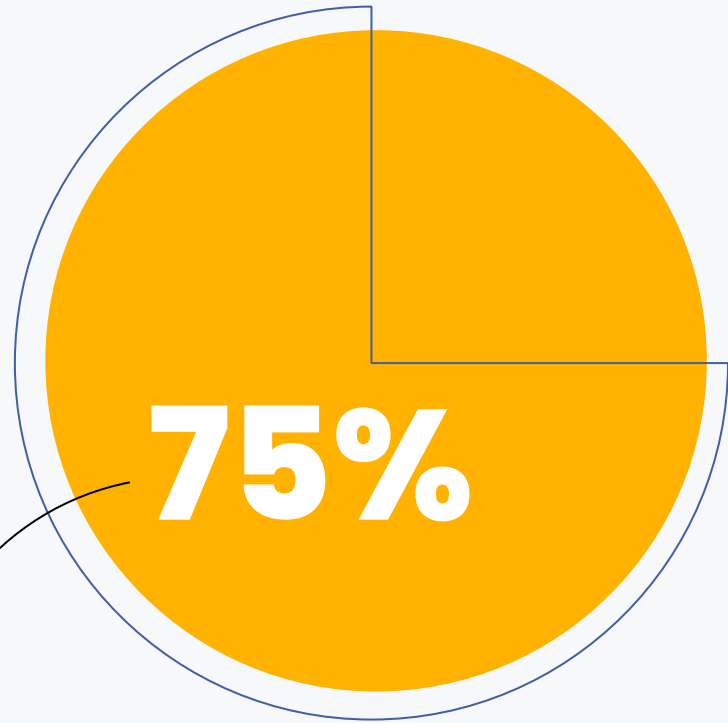
**Start where  
you are...**

- Think of a behaviour that you are trying to change yourself...

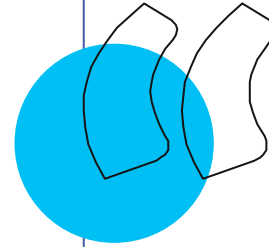
But...

You haven't managed consistently to do so

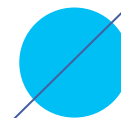
## Techniques

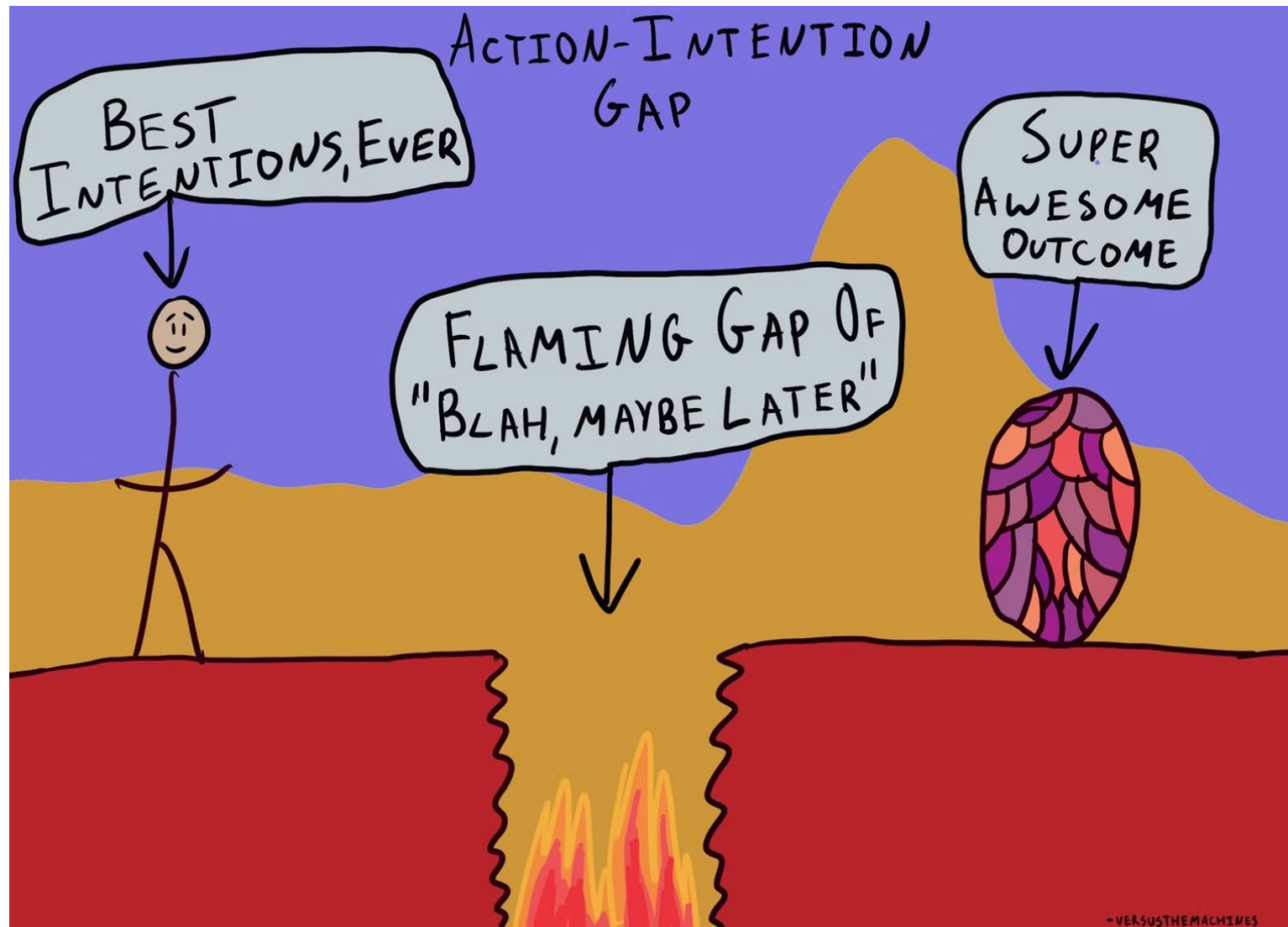


People aware of the benefits of exercise that do not exercise



I feel **guilty** leaving the office to exercise **if** **colleagues are still working.**





The intention -action gap



# **Behavioural Insights**

- 1. Framing vaccine acceptance  
(instead of hesitancy)**
- 2. Using social norms**
- 3. Designing multiple responses  
instead of one (personas)**



**1. Framing  
vaccine acceptance  
(instead of hesitancy)**



# **Framing**

## **Can you spot the nudges?**

*You have reached the top of the queue and are a priority for getting a free NHS COVID-19 vaccine. Please book yours now at [https: www.nhs.uk](https://www.nhs.uk) or by calling 119*

# Nudges

**Commitment**  
Make people feel invested so they are more likely to follow through



You have reached the top of the queue and are a priority for getting a free NHS COVID-19 vaccine. Please book yours now at <https://www.nhs.uk/covid-vaccination> or by calling 119.

**Scarcity**  
Make the resource feel scarce so people feel an urgency to obtain it



**Authority**  
Use a credible or liked messenger so people accept the message



**Ego**  
Motivate behaviour by tapping into the need for social status



**Social Proof**  
Make the behaviour seem popular so people assume it must be good



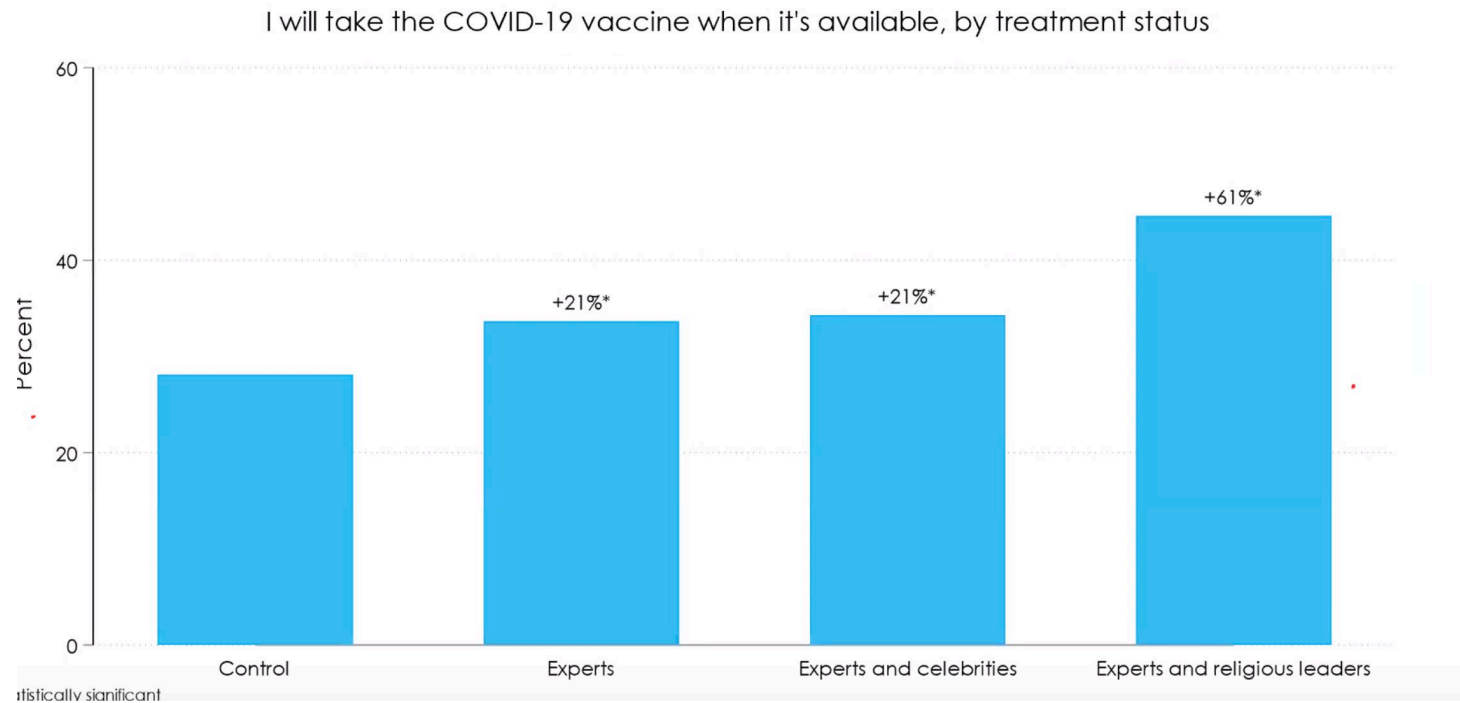
**Reciprocity**  
Make people feel indebted so they are more likely to comply



# The messenger & The message

World Bank testing showed people were 61% more likely to agree if the message was delivered by Experts and Religious Leaders together, than other options (below). 2020

**The power of framing – experimental evidence**



**Before the study, anyone who was not vaccinated was labelled 'against'...**

**What?** Drivers of C-19 vaccination

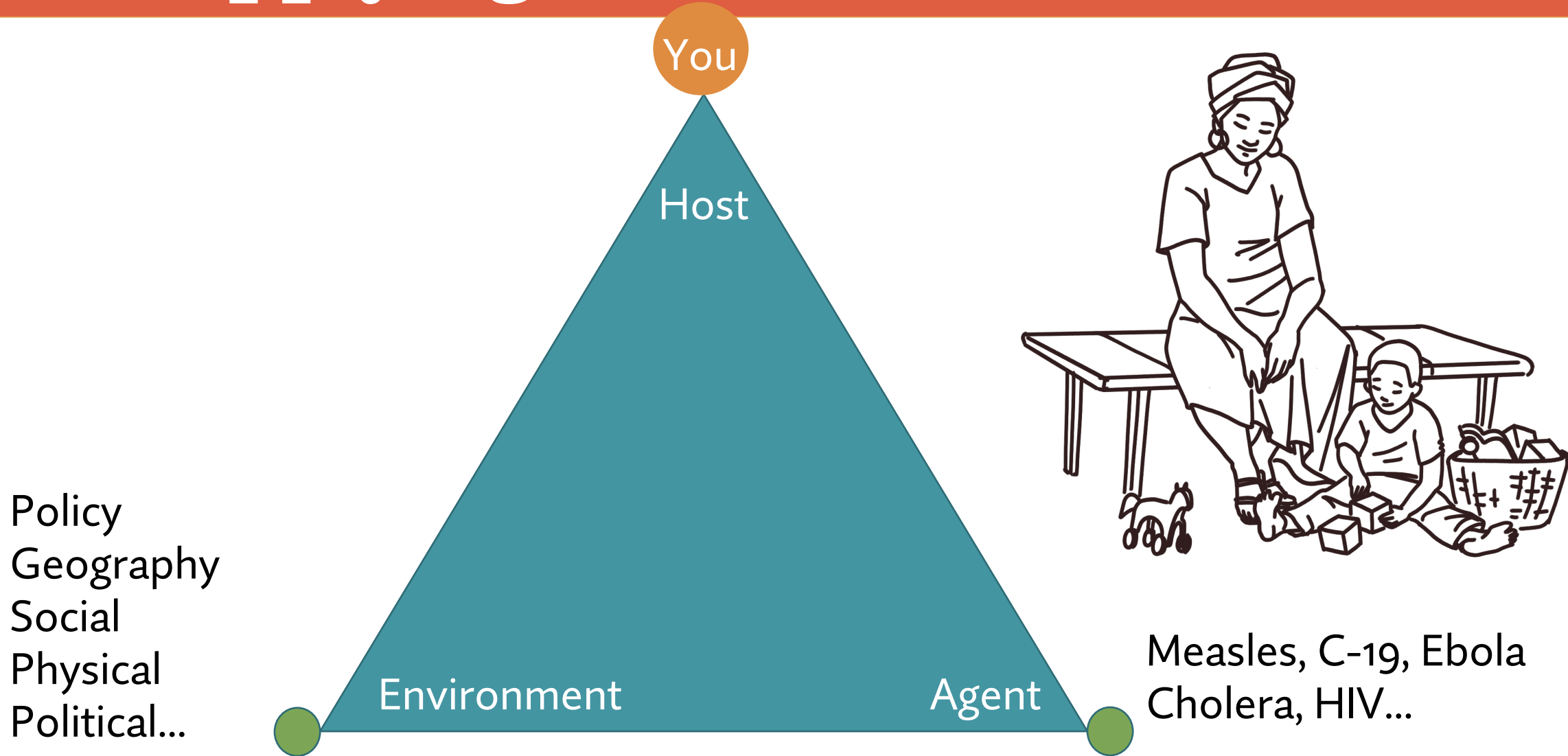
**How?** Time series, 23 country study in EM/MENA (WHO/UNICEF)

**When?** 3 data points; variable vax access:

- Jun 2021
- Nov 2021
- Jun 2022

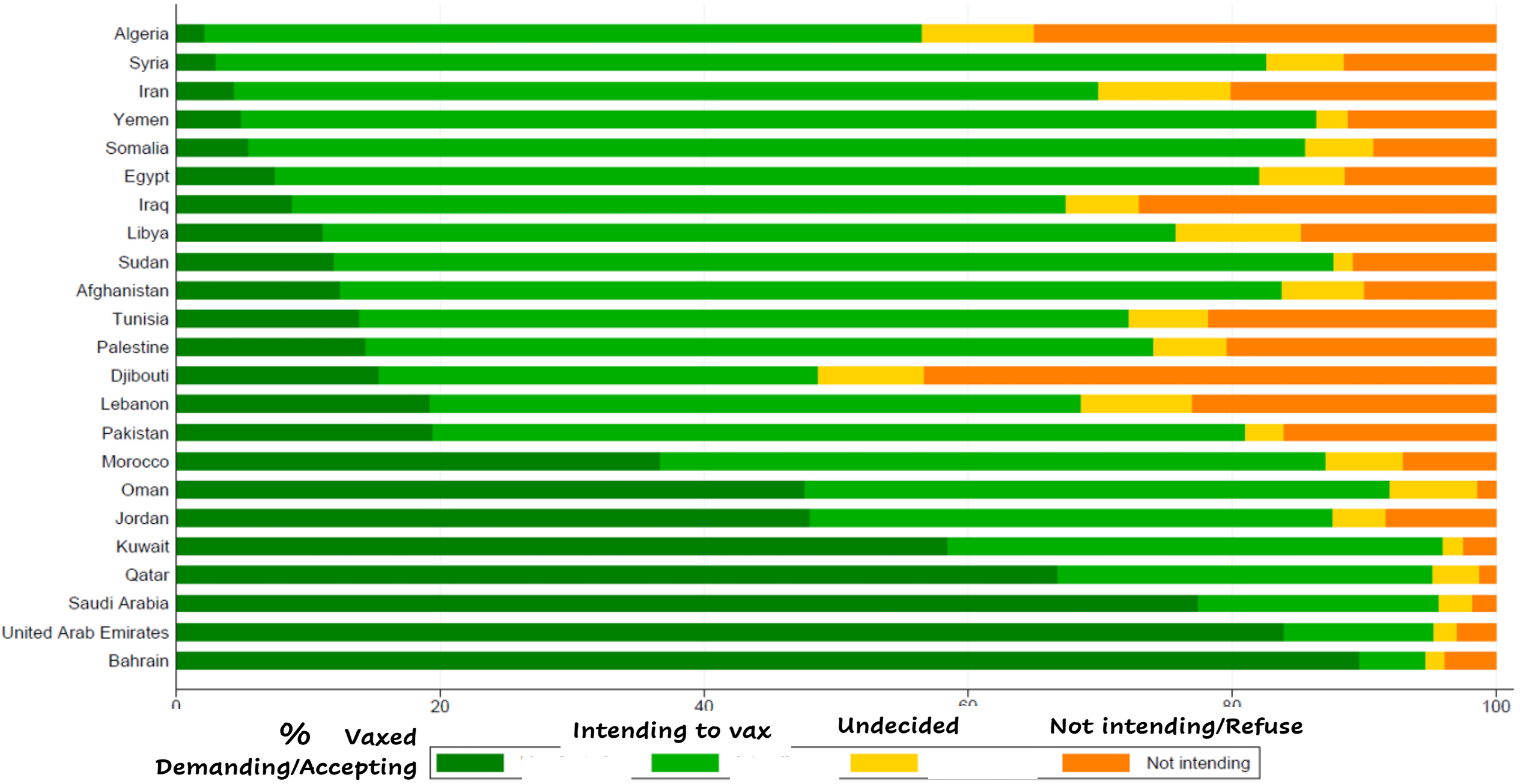
**Why?** Lack of/uneven behavioural data

# Applying Behavioural Data





# Intention to be vaccinated is high. (N~14,200; Jun/Jul 2021)



# Framing

**Before the study, anyone who was not vaccinated was labelled 'against'...**

**After the study, they were...**

**not 'YET' vaccinated**

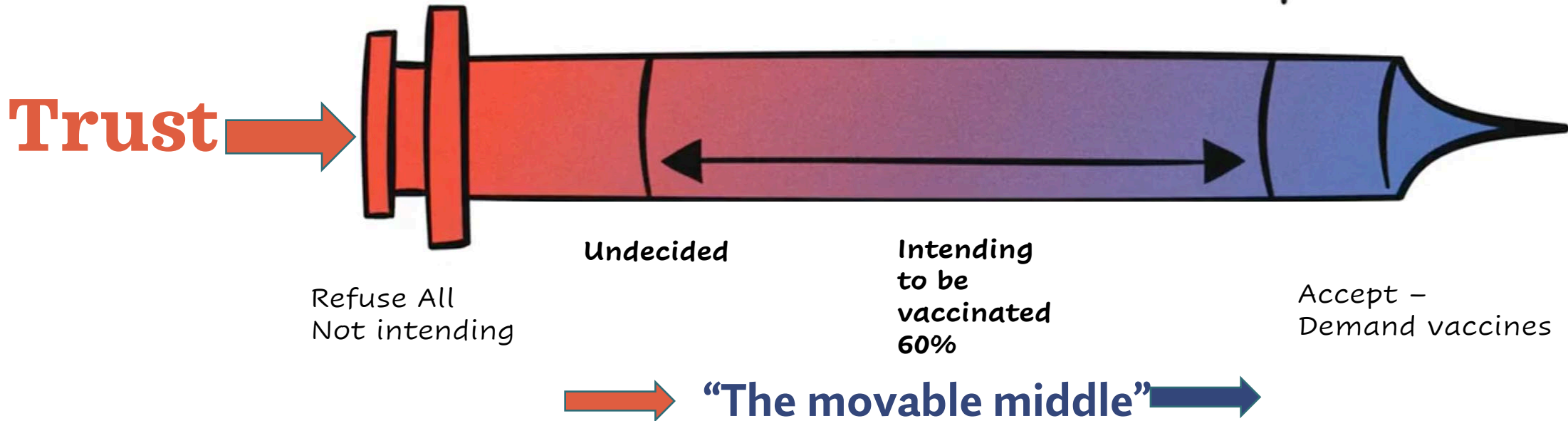
**Hesitancy**



**Acceptance**

# The goal is to create a habit

## Continuum of Vaccine Acceptance



Segment your audience... Trust is at the centre

It is not one response but multiple responses tailored to local conditions

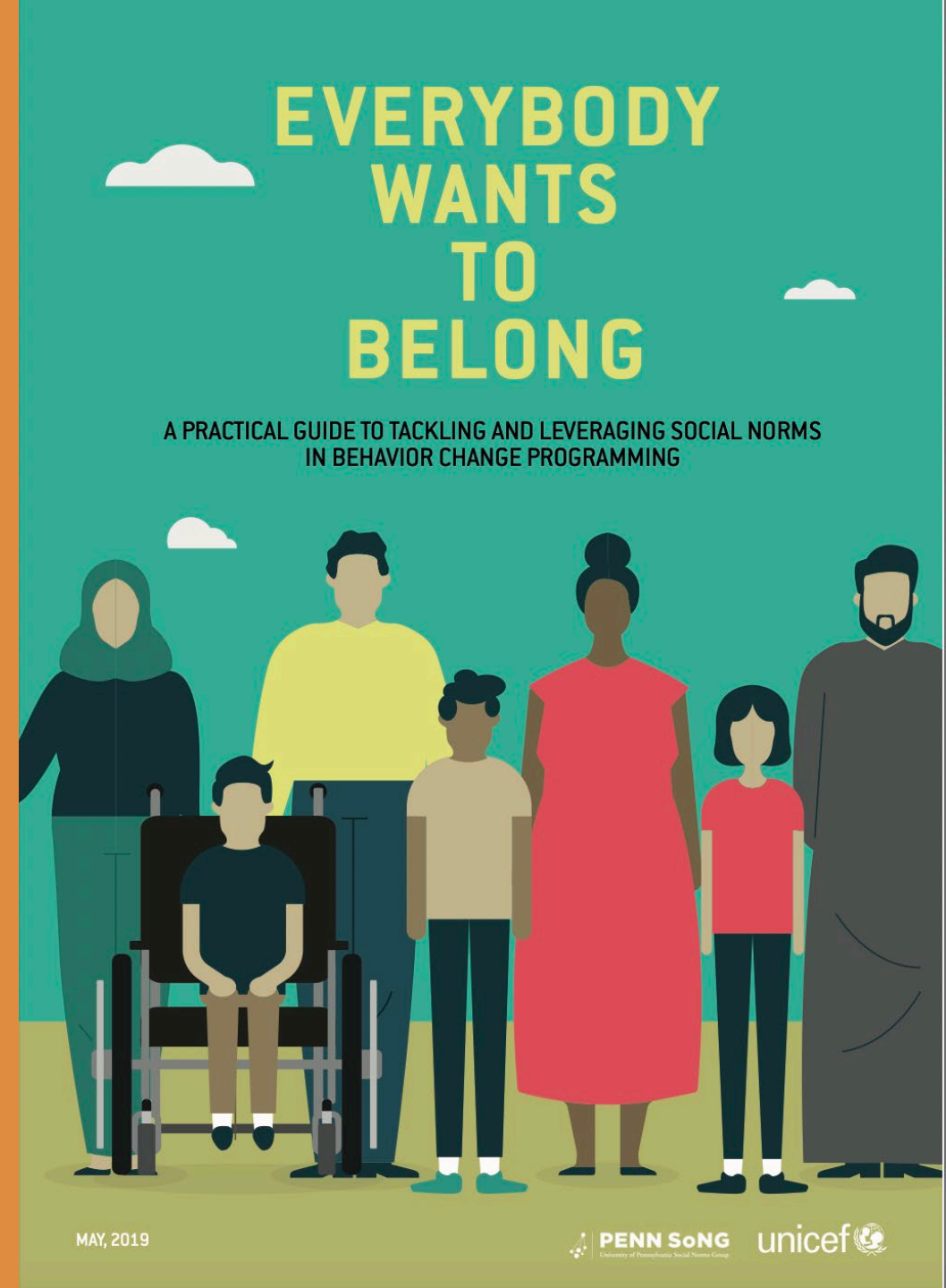
June/July 2021



### **3. Use social norms**

# The power of ‘most people’

- Social Proof
- Make positive social norms visible



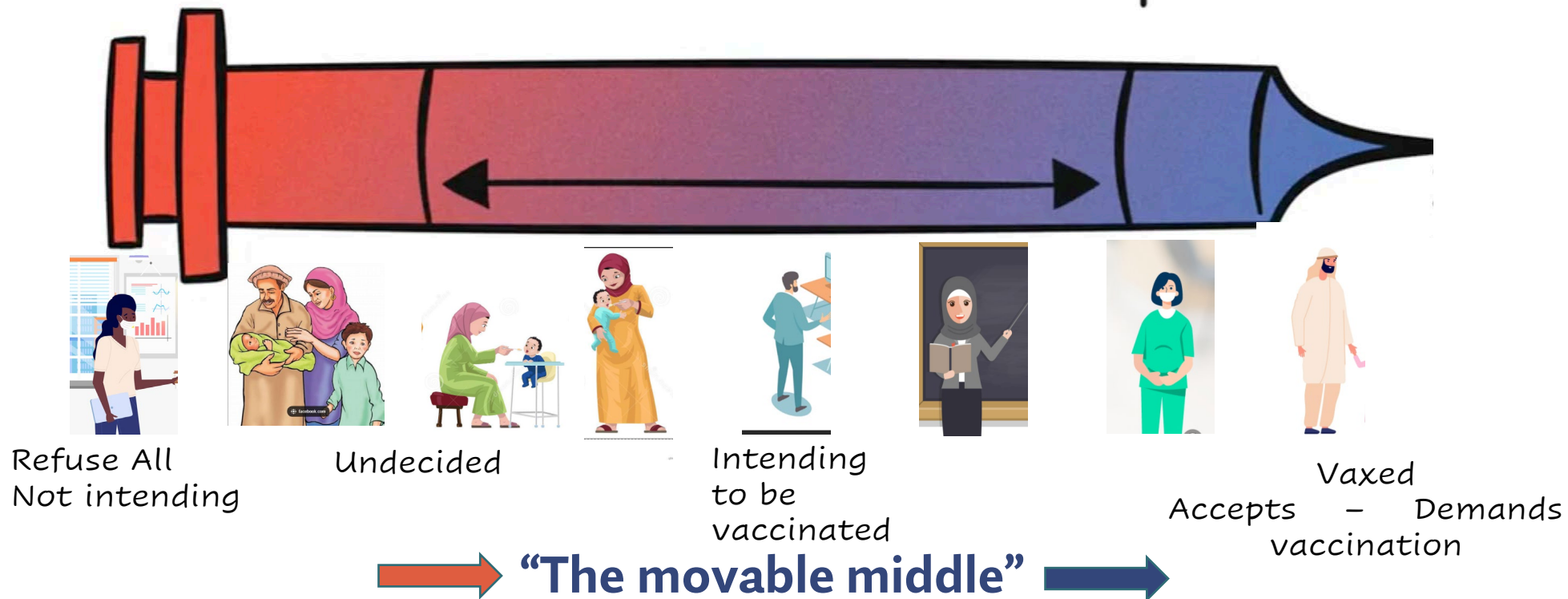




**3. Design  
multiple responses  
instead of one**

# The goal is to create a habit

## Continuum of Vaccine Acceptance



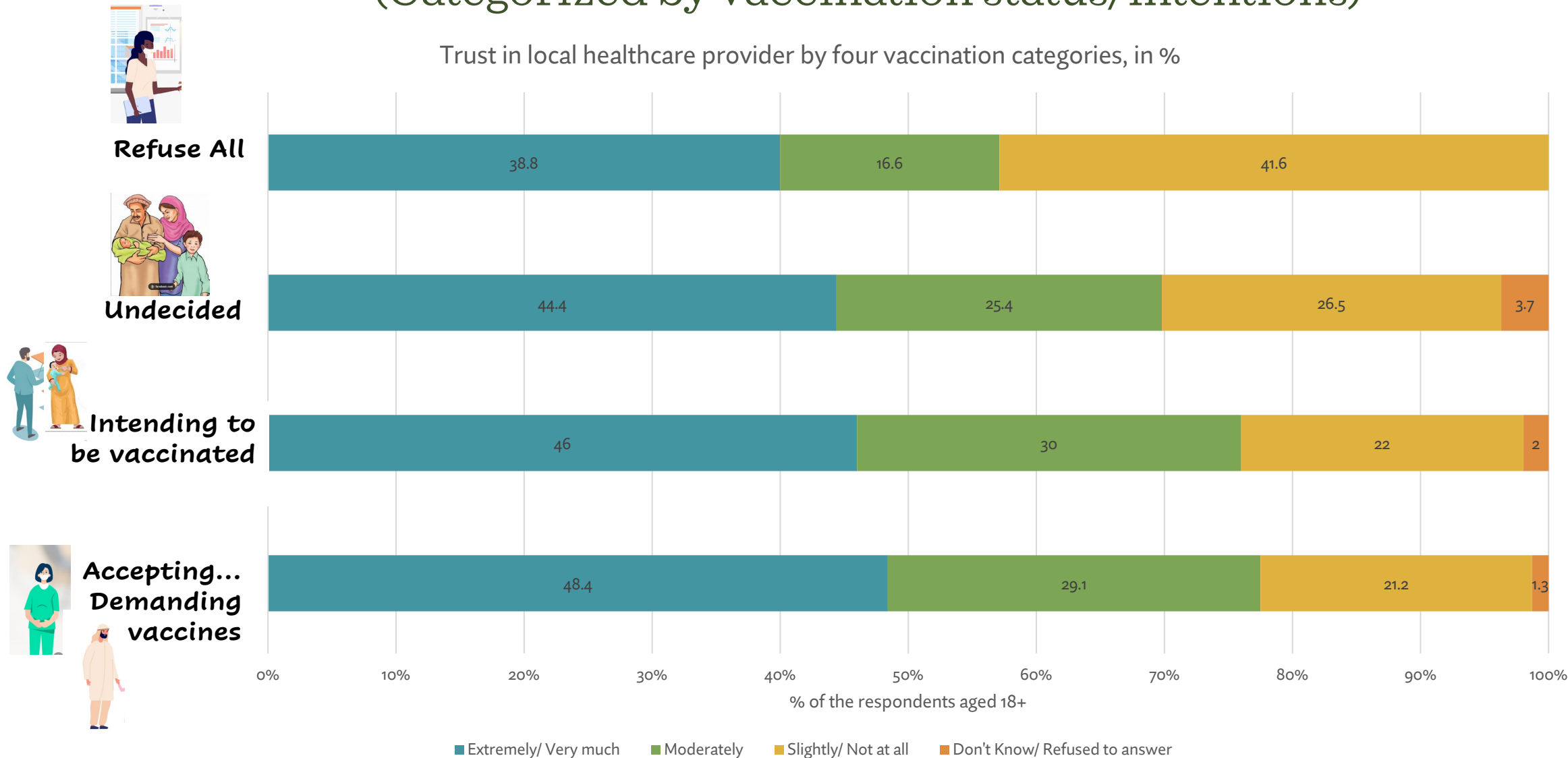
Segment your audience... Trust is at the centre

It is not one response but multiple responses tailored to local conditions

# To what extent do you trust your local health care providers to provide accurate information on COVID vaccination and prevention?

(Categorized by vaccination status/intentions)

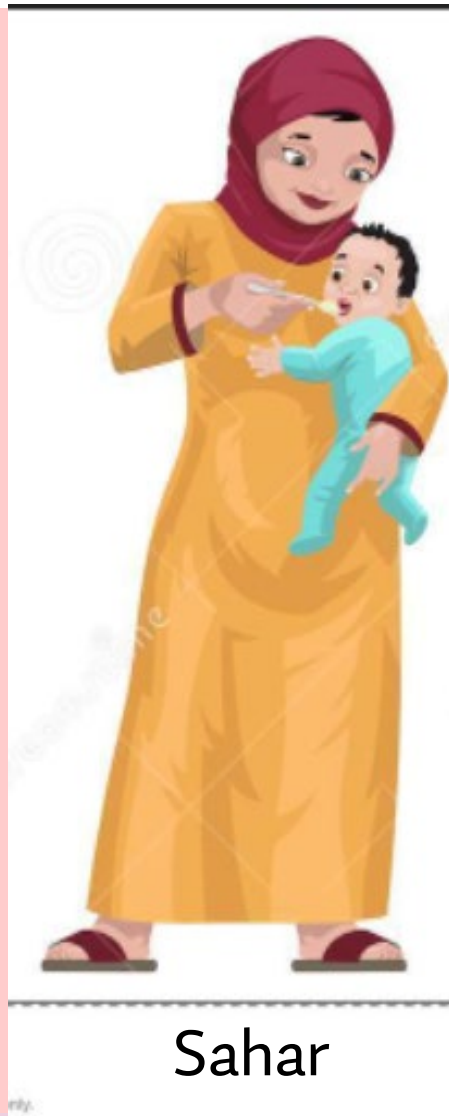
Trust in local healthcare provider by four vaccination categories, in %



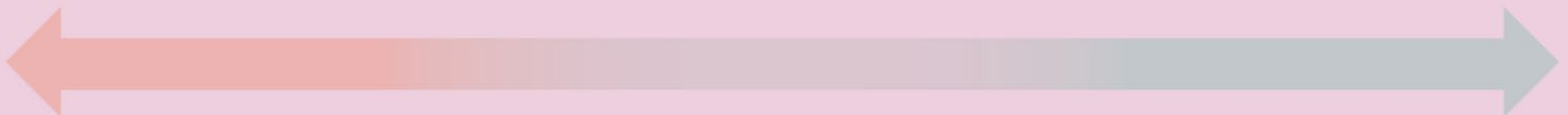
**SOLUTIONS...**  
**Individual level**

**Social & Community level**

**Systems/Structural level**



**Where is Sahar located on the continuum?**  
I am not sure about the effect on having children or breastfeeding; & I don't know anyone who has kept up with all the vaccine info. It's so confusing, and probably too expensive; It's difficult to find time to go because of my husband's work – I have other worries. I liked the staff who were there before, but I prefer not to go to the clinic now to avoid the nurses who are so judgmental. Anyway, I am healthy, so I don't need to worry now.



Refusal

?

Acceptance

# Little Jab Aid: to increase vaccination among Women.

The Little Jab Aid:  
5 ideas to increase COVID-19  
vaccination for women in  
Middle East and North Africa  
(MENA)

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© 2021 | Egypt | Save the Children

## Example from Sudan



### Key barriers to COVID-19 vaccination uptake amongst women

The barriers below were identified consistently by countries in MENA, and have been prioritized to be the most important and feasible to address. They've been grouped into Structural, Social, and Individual factors that may be interacting simultaneously to influence individual and collective human behaviour. Consider how these factors play out in your local context. Are there other barriers that need to be considered?



#### STRUCTURAL

Any hassle factors or practical issues on the supply and health systems side.

1 Key barrier: Women have limited mobility and time



#### SOCIAL

Factors that often subconsciously influence behaviour, including culture, religion and norms.

2 Key barrier: Cultural preference for female healthcare workers

3 Key barrier: Limited decision making power



#### INDIVIDUAL

Attitudes, beliefs, perceptions and intentions held by an individual.

4 Key barrier: Fear of side effects

5 Key barrier: Lower perceived risk and need to get vaccinated

### Snapshot of interventions

These five interventions are feasible to implement and have high potential to show impact. They are all grounded in behavioural science insights globally and regionally, and have been co-designed with stakeholders in the region. They work best when combined together, or with other interventions. Select the ones that best respond to your needs.

1 Intervention: Bring vaccines to places that women frequent

2 Intervention: Promote and provide "women only" vaccination sites and platforms

4 Intervention: Share positive stories from trusted messengers

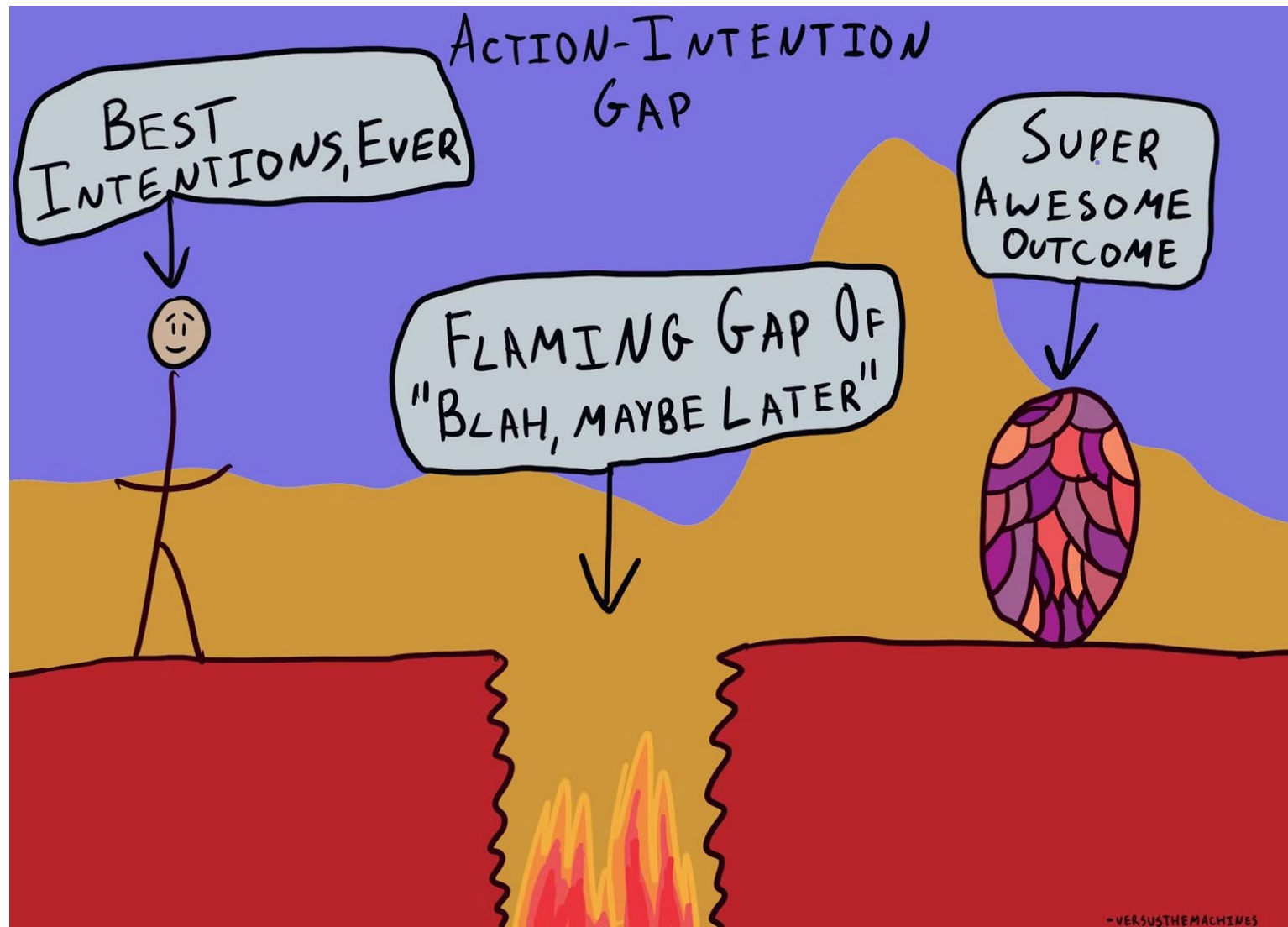
3 Intervention: Engage men as vaccine advocates

5 Intervention: Highlight the risks of getting COVID-19 and use prosocial messaging

Social/  
Community level

Individual/  
Psychological level





‘Your’ intention – action gap



Thank You