



'Learning Collective Initiative' COVID-19 Vaccine Delivery Partnership

Tuesday, July 19 from 1:30 –3:00 PM CEST



SESSION 3:
Best Practices on COVID-19 Vaccine Confidence and Uptake

A 'Learning Collective Initiative' established under the CoVDP to provide targeted support to 34 concerted support countries.

Objectives:

- To **collect, consolidate and share lessons learned, best practices and challenges** with COVID-19 vaccination to provide targeted support to 34 concerted support countries.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** to maximize on peer-learning.
- **Audience;**
 - Primarily directed at national authorities who (i.e., senior practitioners like state ministers, DGs, Coordinators of national COVID-19 Task Forces and program EPI managers, incident managers).
 - Secondary target audience includes partners in the One Country Team who can provide desired technical support.



Learning Collective in
Covid-19 vaccine Delivery partnership (CoVDP)



A 6-session series in partnership with Project ECHO – Forthcoming Agenda

Dates/Time	Session Topic	Countries
31 st May 2022, 1:30 – 3:00 PM CEST	Best practices and strategies for identifying and vaccinating priority use groups ,e.g., older adults, health workers, adults with comorbidities etc.,	MoH Sierra Leone, MoH Burkina Faso,
June 21, 2022	Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services	MoH Iraq, MoH Ethiopia
July 19, 2022	Best practices on COVID -19 vaccination strategies on Demand generation, RCCE	Cameroon, Tanzania
August session cancelled		
Sept. 20, 2022	Country to present best practices on costing and financing, ‘One budget plan’	TBD
Oct. 18, 2022	Country to present best practices on humanitarian and fragile settings	TBD
Nov. 15, 2022	Country to present best practices on Integration, RI, campaigns, PHC, HSS	TBD

- Details on the topic and the presenters will be sent 1 week prior to each session.
- We encourage you to register for the whole series,

We welcome participants to share country experiences in the learning collective fora

Presentation outline

Topic: Best Practices on COVID-19 Vaccine Confidence and Uptake

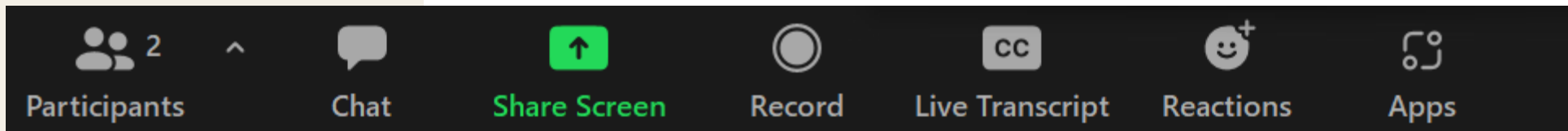
- ❖ Welcome and Objectives
- ❖ House keeping and Opening poll
- ❖ Big picture-what are some good practices on demand generation interventions highlights from the Global Event
 - Gloria Lihemo** –Social and Behaviour Change Specialist Immunization, UNICEF
- ❖ COVID-19 vaccine equity and increasing access for the elderly in Tanzania
 - Dr. Edwin Mung'ong'o**, Health and Care Programme Manager, HelpAge
 - Dr. Mwendwa Eunice Mwenesi**, Monitoring and Evaluation Coordinator, Ministry of Health-Tanzania
- ❖ Q&A
- ❖ Community dialogue & microplanning with communities in Cameroon
 - Dr. Mbianke Livancliff**, Senior Immunization Officer, Value Health Africa-Cameroon
 - Dr. Ngembus Albjerky**, Focal point COVID-19 Vaccine demand, Limbe District Hospital
- ❖ Q&A
- ❖ Wrap up and closing

House keeping

Interpretation

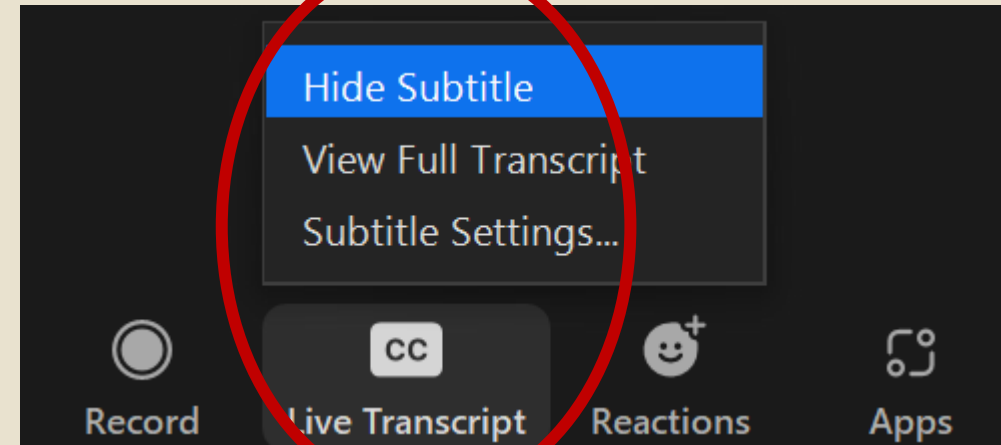
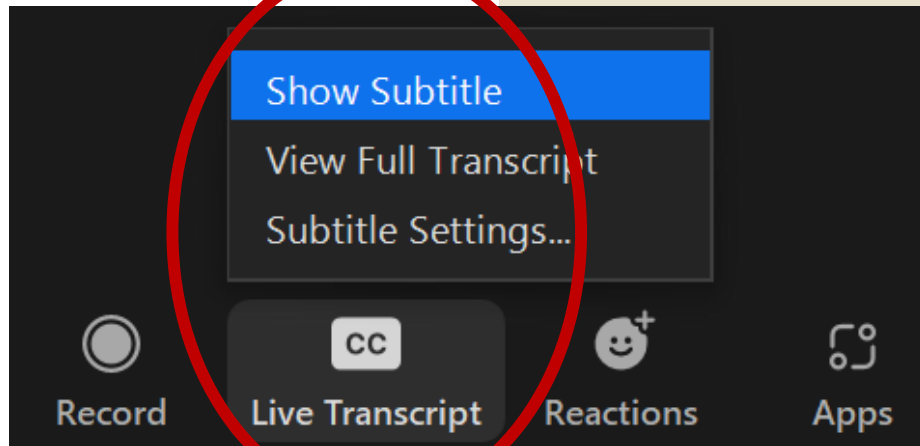
Interpretation in French is available by clicking the **Interpretation** button

Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”



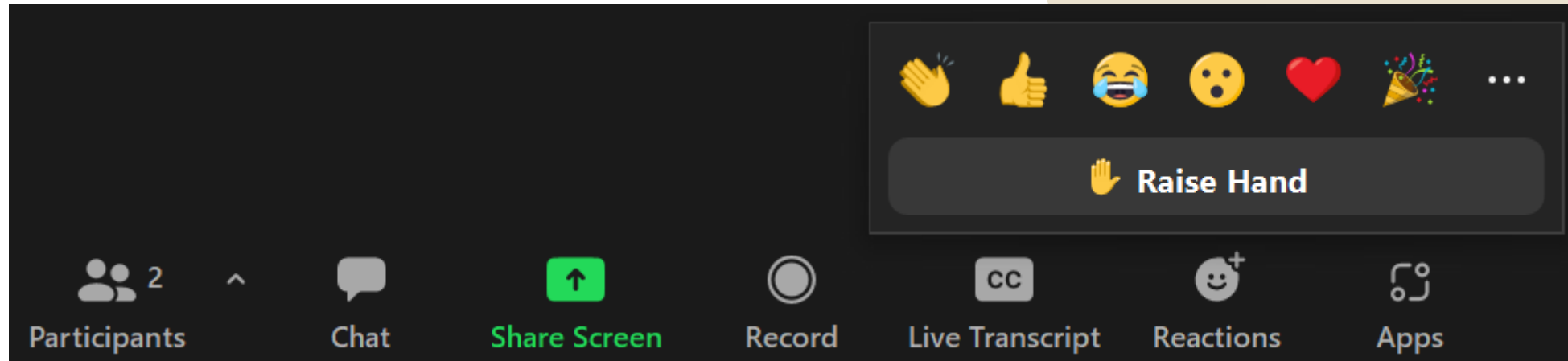
Live Transcription (ENG)

Click on “Live Transcript” and choose “Show Subtitle” and caption would appear on screen. To close the caption, click “Hide Subtitle”



Q&A

Use the Chat or Reactions > Raise Hand features for questions throughout the call



Recordings and Certificate

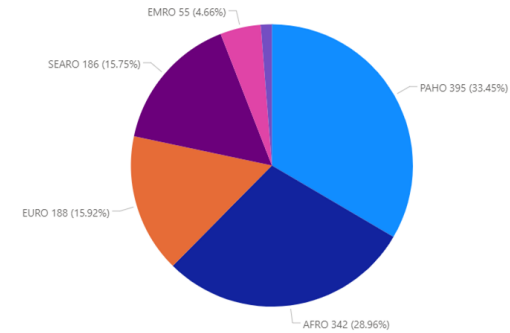
This session is being recorded and your attendance is consent to be recorded

The Recordings, PowerPoint, and all resources will be shared after the call

A Certificate of Attendance will be available through the University of New Mexico via link in the Chat at the end of the session

Data Use

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your Personally Identifiable Data will be shared with the project funder. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.



Opening poll questions?

Big picture: What are some good practices on demand generation interventions-highlights from the Global Event

Gloria Lihemo

Social and Behaviour Change Specialist Immunization, UNICEF



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Canada

COVID-19 Vaccine Demand

Enhancing vaccine confidence and uptake through risk communication and community engagement among high-risk and vulnerable groups



Collective service
Risk Communication and Community Engagement



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Current Demand Context

- 58 countries have met COVID-19 vaccination coverage targets
- An estimated 13% of people in low-income countries have been vaccinated
- Supply outstrips demand. Risk perception and adherence to preventive measures has declined
- Barriers: Suboptimal delivery strategies, lack of trust, and absence of social norms to support widespread uptake
- Urgent need to accelerate COVID-19 vaccine uptake while continuing to promote routine immunization and primary health care

Highlights from Global Vaccine Demand Event

450 participants (RCCE/immunization/PHC practitioners, researchers)

High-level panel

- Investments in time, resources, & political capital to galvanize Governments' commitment
- Shift to more targeted strategies that reach the most vulnerable
- Momentum for political leadership at all levels; clear messaging and addressing public concerns.
- Impetus for a balanced approach that supports C-19/routine vaccination and PHC



Proven Promising Interventions For Vaccine Demand

Technical sessions key messages:

- Role of trusted individuals and organizations in communities in reaching the most vulnerable
- No silver bullet: fostering acceptance and uptake requires multi-pronged approaches that combine community participation, co-designing of solutions & bringing services closer to where people are
- Innovative solutions for last-mile interventions to bridge the equity gap
- Emphasis on strengthening existing listening structures & social data to inform tailored strategies
- Challenges and opportunities for integrating COVID-19 into RI

<https://demandhub.org/events/>

Partners



Guidance and adaptable content on COVID-19 vaccines

Package of guidance on acceptance and demand for COVID-19 vaccines – including:

- Demand planning guide
- Planning and budgeting template (Excel)
- Data for action – tools and guidance for measuring behavioural and social drivers
- Conducting community engagement guide
- Misinformation management guide
- Health worker toolkit

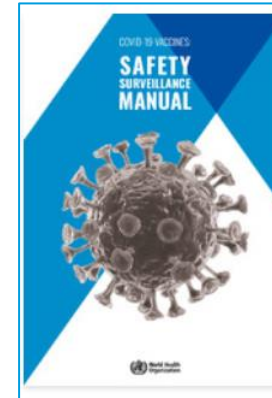
<https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/acceptance-and-demand>

Conversation guide for health workers

<https://www.who.int/publications/m/item/health-worker-communication-for-covid-19-vaccination-flow-diagram>

Global Vaccine Demand Event Resources

<https://demandhub.org/events/>



COVID-19 vaccine safety surveillance manual – chapter 9 (communications)

<https://www.who.int/publications/i/item/10665338400>

VACCINES EXPLAINED SERIES

Examples of topics covered:

- How do vaccines work?
- How are vaccines developed?
- Side effects of COVID-19 vaccines
- Safety of COVID-19 vaccines
- *How to talk about vaccines -*

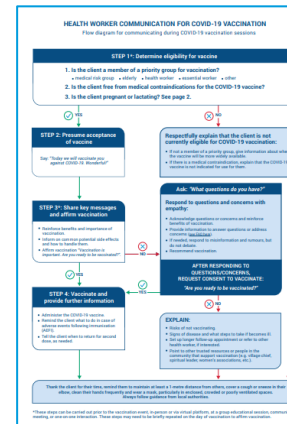
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers>

Q&As AND VIDEOS

[COVID-19 Q&As – general and safety-related](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers)
[COVID-19 vaccine videos](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers)

REAL-TIME TRAININGS

<https://openwho.org/channels/covid-19>



COVID-19 vaccine equity and increasing access for the elderly in Tanzania

Dr. Edwin Mung'ong'o, Health and Care Programme Manager, HelpAge

Dr. Mwendwa Eunice Mwenesi, Monitoring and Evaluation Coordinator, Ministry of Health-Tanzania

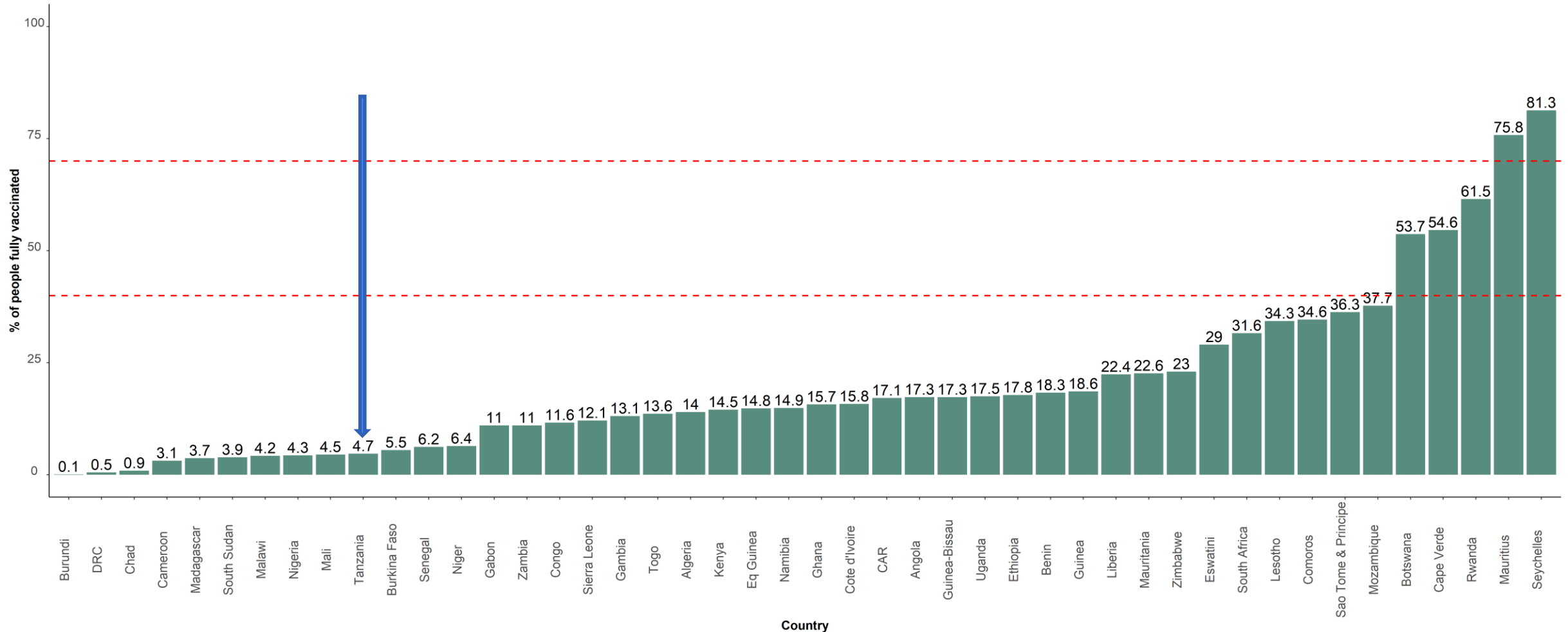
Dr. Leonard Ndamgoba, Senior Programme Manager, HelpAge Tanzania Programme



TANZANIA
COVID-19 vaccine equity and access for older people in Tanzania, those most at risk come first everywhere



...where we were: full vaccination by country before June 2022



The Problem

Situation overview



- Tanzania joined COVAX late in July 2021, after resuming reporting on COVID-19 to WHO. The initial focus was on front line health workers, older people and those with existing health conditions before covering the general population.
- There was low uptake of the vaccine when they were introduced, with a worsened impact on older people due to various barriers which included wrong and misleading information on COVID-19 and the Vaccination.
- The Government targets to vaccinate 70% of the population aged 18 years and above (21,518,649) by December 2022.

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Problem statement

Elderly people despite being in the high-risk group for COVID-19, are still hesitant and refuse to accept the vaccine due to:

- Limited exposure to mainstream media and correct and reliable source of information
- Limited health-seeking behaviour, coupled with a high level of ageism among the community
- Misleading information on COVID-19 and the vaccine at times propagated by high profile people in communities. The Government and we other stakeholders have been addressing this.

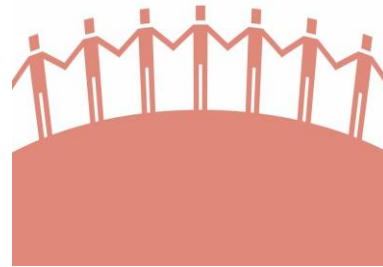


Leveraging on existing HelpAge International community-led C-19 prevention and vaccination approaches.



Facilitating

Facilitating Older People Associations – lead dialogues from districts to village level



Mobilisation

Mobilizing HBCs, VHWs and Active Ageing Club's to disseminate accurate COVID-19 vaccine Information



Supporting

Supporting outreach vaccination programme for the most challenged individuals

The Solution



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Actions

- Facilitated community engagement and dialogues to clear misconceptions, myths, and rumours on COVID-19 and its vaccine
- Adopted intergenerational dialogues to facilitate communities to accept correct and reliable information and create trust among different age groups
- Supported outreach COVID-19 vaccine programme to remote areas and the most challenged individuals.
- Directly engaged groups were: Home Based Carers (HBCs), Active Ageing Clubs, Young Volunteers, and Government Health workers in static health facilities and outreach services

Measurement

- Design of a community maps to identify elderly people/people living with disability to create access to vaccine in the most hard-to-reach rural areas requires leveraging on existing community-based monitoring platforms
- Conduct monthly home-based survey to collect data
- Use of the national vaccine data





- *The initial three months intervention in the 2 pilot regions of Mwanza and Kigoma resulted in a 99% increase in COVID-19 Vaccination in older people and 88% in other age groups.*
- *Later in the five Programme regions (Kigoma, Mwanza, Njombe, Simiyu, and Tanga - covering 600 village communities) with HelpAge intervention in collaboration with the Government, the number of Older People vaccinated increased from 7,830 in February 2022 to 18,469 (40%) in May 2022; and PwDs from 1,670 to 2,792 (25%). The regions emerged from the least performing to the first regions in vaccine uptake.*
- *The achievements in the 2 pilot regions attracted the interest of central government leaders and some key stakeholders for targeting older people as key vaccine beneficiaries and advocacy campaigns.*
- *Community/ intergenerational dialogues resulted in increased confidence and courage on the vaccine and alleayed misconceptions, rumours and myths on COVID-19 and the vaccine across different age groups.*
- *Peer-to-peer awareness is key in breaking through myths and misinformation in communities about the COVID-19 vaccine.*
- *The availability of home-based care providers (HBCs), Active Ageing Clubs, and Youth Volunteers to disseminate correct COVID -19 information created an open forum for further bi-directional intergenerational engagement to address issues such as ageism and SRHs as multiplier effects.*
- *Outreach vaccination programme is key in addressing vaccine equity and access for the most challenged individuals particularly older people, people with chronic illness, and PwDs in most of the rural and hard-to-reach areas.*
- *The Community dialogue and Outreach services approaches; can be easily applied in another context in clearing misconceptions, rumours and creating confidence among groups, but also in reaching the most challenged groups/ individuals in remote and rural settings.*



How the intervention has impacted coverage and plans to take it to scale in other parts of the country and what other countries can learn from this intervention

- After joining the COVAX in July 2021, due to fewer doses of COVID-19 Vaccine received initially, the Government prioritised front line health workers, older people and those with prevailing health conditions to start receiving the Vaccine.
- The Government invited other stakeholders to compliment its efforts in the campaign to convince people to accept vaccination. The result was positive. In areas where stakeholder (HelpAge included) were engaged in advocating for the COVID-19 Vaccination the number of people accepting to be vaccinated increased appreciably.
- Later, the Government adopted the outreach COVID-19 vaccination services for older people living far from static health facilities all over the country. The approach had been in use in HelpAge Project Districts since 2018.
- After more Vaccine doses were made available, the Government later included people in all other age groups in the COVID-19 Vaccination and increased the number of Facilities providing the COVID-19 Vaccination services nationwide.
- The Government has continued with its campaign for COVID-19 Vaccination to date. The number of vaccinated has continued to rise.



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How the intervention has impacted coverage and plans to take it to scale in other parts of the country and what other countries can learn from this intervention

- As of 13th July 2022, the number of fully vaccinated people who are 18 years and above was **10,377,341** which is 34% of the population 18 years and above (**30,740,928**). Out of these the number of vaccinated older people was **782,143** which is 30% of the total number of older people (2.6 million) of the population.
- The Government continues ensuring the availability of COVID-19 Vaccine.
- The Government has learned that, alone it can not attain appreciable achievements. Including other stakeholders has contributed significantly to the achievement attained. HelpAge International is commended for its efforts in this endeavour.
- Outreach health services including COVID-19 vaccination is key to achieving high coverage. This is because most of the older people live in the rural areas where health services are not readily available.



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THANK YOU

Community dialogue & microplanning with communities in Cameroon

Dr. Mbianke Livancliff, Senior Immunization Officer, Value Health Africa-Cameroon

Dr. Ngembus Albjerky, Focal point COVID-19 Vaccine demand, Limbe District Hospital

Community dialogue & microplanning with communities in Cameroon

Mbianke Livancliff

Senior Immunization Officer

Value Health Africa-Cameroon

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Dr. Ngembus Albjerky , Co-Presenter

Focal point Cholera/COVID-19 Vaccine demand

Limbe District Hospital



The Problem

Situation overview

Problem statement

- ***By December 2021, less than 2% of Cameroonians were fully vaccinated against COVID-19 and 3.9% had received at least one dose of COVID-19 vaccine.***
- *Anglophone regions of the country had the poorest rates of COVID-19 Vaccine coverage with only about 0.8% of the population being fully vaccinated in the SW and 0.67% in the NW. Factors such as the ongoing armed conflict and mistrust of government institutions contributed to the low vaccine uptake.*
- ***VAHA supported the Government in conducting community strategies to improve COVID-19 Vaccine demand; creating community dialogue structures an integrating Human Centred Design (HCD) and micro-planning at community level.***
- *The current armed conflict in the two English speaking regions of Cameroon have had a great impact on the ongoing COVID-19 vaccination campaign. Communities had not been engaged in vaccine-related discussions, planning and roll-out. Of the more than 1.2M Cameroonians fully vaccinated, only about 90,458 are from the two anglophone regions which has a population of over 8 million people.*



The Solution

Actions

- Integrate RI/HCD and Microplanning into Covid-19 vaccine demand (HCD and Microplanning tools such as the ZDROP tool used in RI were adjusted and adapted for COVID-19 Vaccine demand and service delivery assessment). Health facilities together with community leaders, caregivers and CSOs representatives discussed the COVID-19 Vaccine situation, identify needs and challenges and developed strategies to overcome barriers.
- Use of KII Interviews to understand perceptions/ attitudes in different groups such as caregivers, community leaders, health providers, religious leaders etc
- Targeted SBCC strategies for vulnerable groups (elderly, people with comorbidities, frontline healthcare workers, IDPs)
- Focus group discussions on C-19 vaccine in diabetic clubs, UPEC centers, fitness clubs, elderly homes, social groups.
- Community dialogue structures in selected communities (youths, elderly and diabetic clubs)
- Sensitization materials(posters, fliers) in local pidgin-English to address prevalent misinformation and myths about covid-19 vaccine within the communities.
- Instituted a health personnel C-19 Vaccine discussion forum
- VAHA developed a confidence meter tool used to understand the confidence level progression of participants within the community groups. In the dialogue structures, set of questions are asked about perceptions, belief and attitude about C-19 Vaccine. The responses are scored and a colour chart based on the responses will show the level of confidence. Colour ranges from green(confident), yellow (doubtful) and red (hesitant).

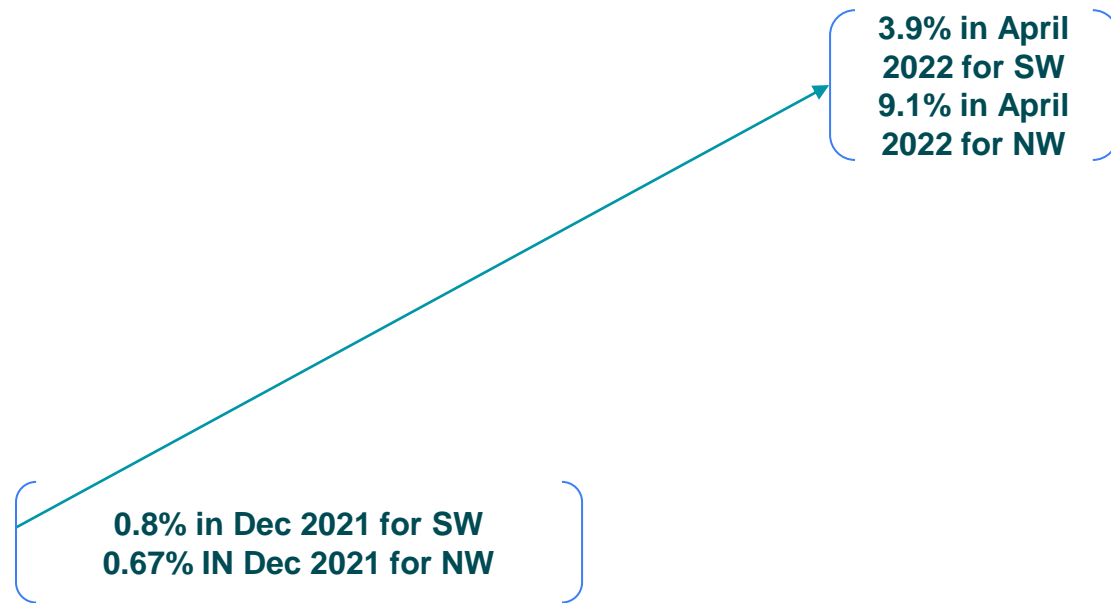
Measurement

- *At the community dialogue groups, a confidence meter tool was used to track the progression of participants confidence in COVID-19 Vaccine. A post confidence assessment saw majority of participants who were within the red and yellow mark of the confidence meter drift to the green.*
- *Reports from community groups and from the vaccine delivery centers showed the number of persons from the community groups who later became vaccinated.(use of referral cards).*
- *Reports from the district data showed a massive improvement in vaccine coverage in the selected communities.*

Outcomes and Key Learnings

Outcomes and Impact

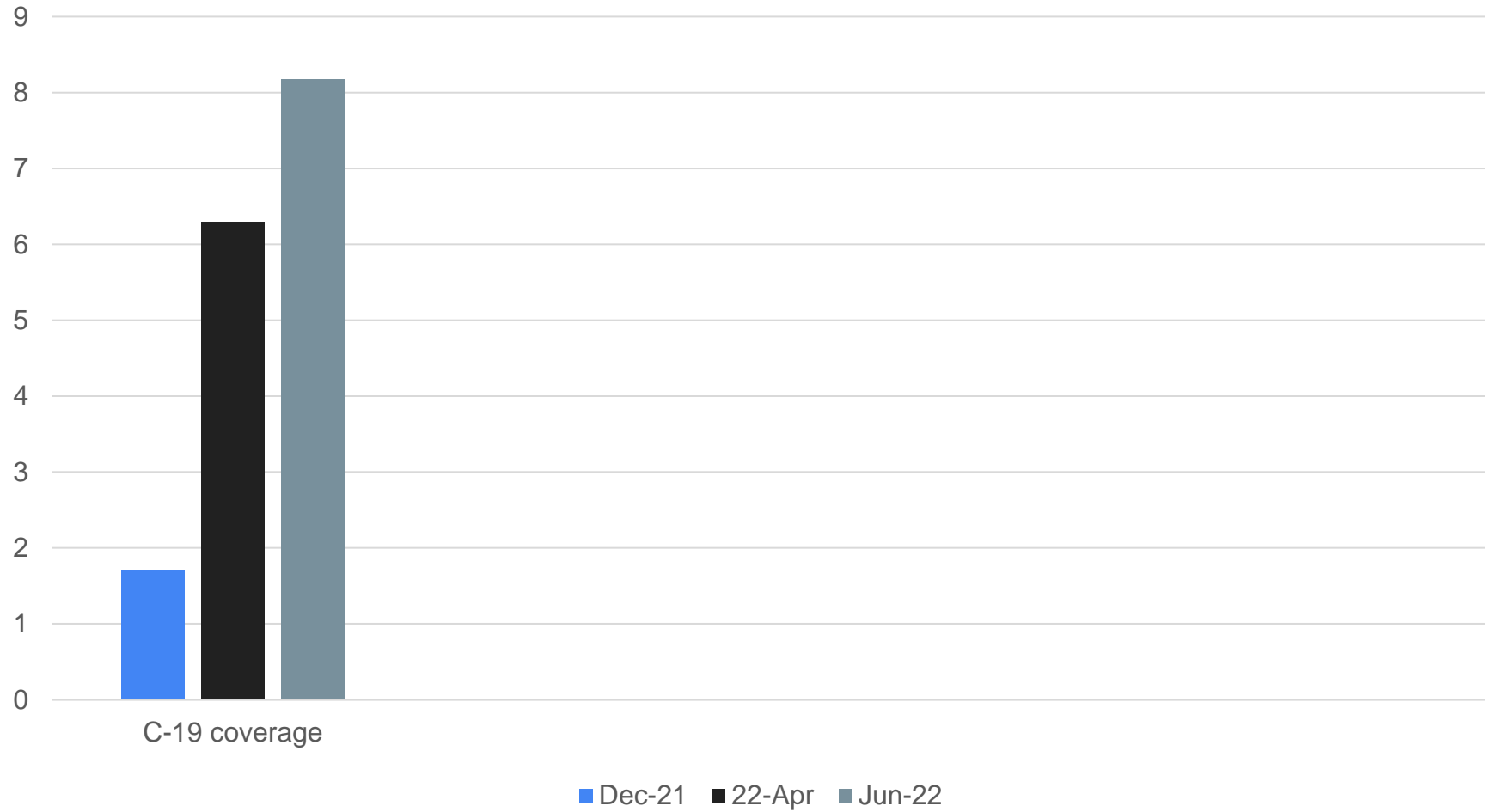
- *Steep increase in the number of people vaccinated per day since launching of the community engagement strategy in January 2022*



Key Learnings

- Greatest success factor was allowing people to share what they think and giving them the power to design strategies and changes they want to see happen.
- Treating each community as an individual context helped create tailored strategies specific to the given community.
- Integrating other tools used for Routine immunization such as the HCD and micro-planning tools offered great gains in improving uptake.
- Individuals with the greatest perceived risk (those with comorbidities) are more likely to be vaccinated than those with less perceived risks. (as seen from our assessment of the dialogue structures and groups).
- Vaccine mistrust and hesitancy was highly prevalent among youths who mainly got information from social media.

Increase in Coverage



Implications for demand implementation

- The MOH represented by the district health service adopted their strategy from provider to consumer, to consumer to provider
- The number of persons fully vaccinated in the district, increased from 4,300 in December 2021 to 20,450 in June 2022 (1.72% to 8.18%).
- Vaccine demand at the vaccination sites grew from an average of 2.1 persons per day to an average of 5.8 persons per day in the district. (LHD C-19 Vaccine coverage survey)
- The district has as goal to vaccinate 50% of its population by April 2023.
- After presentation of the strategy and its result to the Regional taskforce of COVID-19 Vaccine demand, the region sees this as a priority to scale up in other health districts.
- Discussions are underway in consultation with managers of other districts to assist the planning and implementation in their respective districts.
- VAHA is currently assisting the Government of Madagascar in testing this approach



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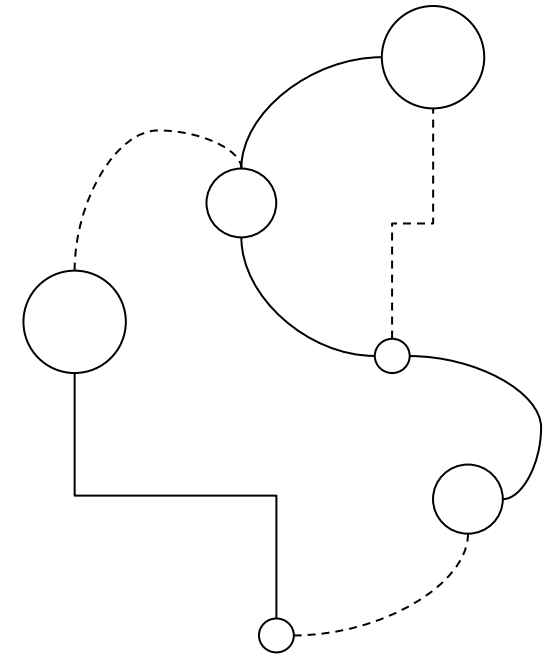


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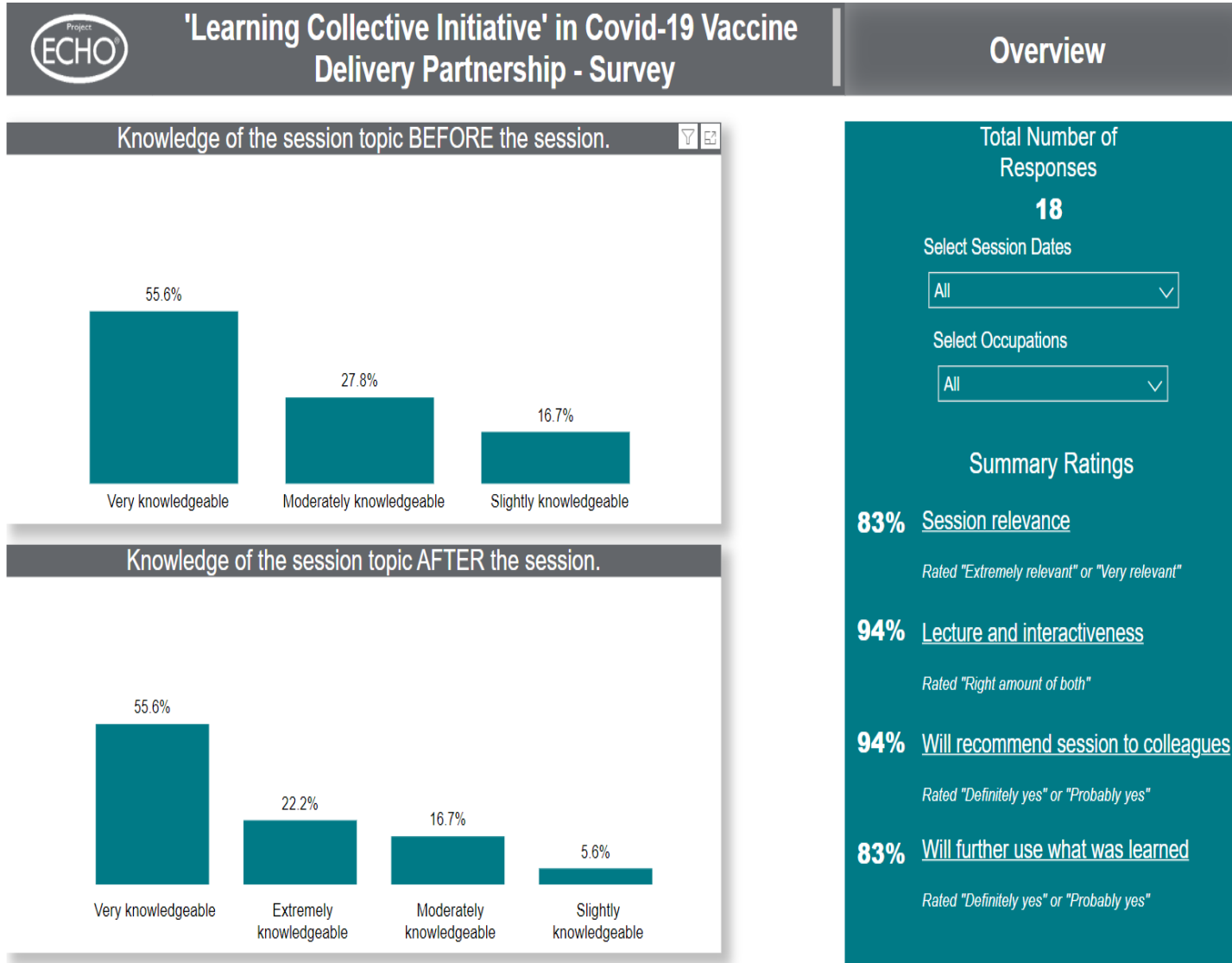
World Health Organization

What's Next?

- Recordings from this session will be available in English, French
- Next session:

Date	Topic	Registration Link
August session cancelled		
Tuesday Sept. 20, 2022 1.30 PM CEST	TBD : Country to present best practices on costing and financing, 'One budget plan'	Register here

Post session survey feedback from May/June sessions,



- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session (5-minute survey).
 - At the end of this survey, you will be able to print a certificate of attendance or just submit your feedback.
 - We really value your feedback so we can improve these learning sessions, so please take advantage of the Attendance Certificate.
 - English: https://redcap.link/Learning_Collective_Initiative

Webinar materials and Continuing the Conversation



On TechNet-21: <https://www.technet-21.org/en/topics/covid-vax-learning-collective>
Webinar materials will be available on this page after each session.

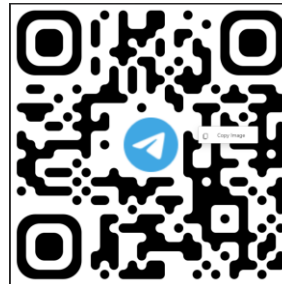
On Telegram in EN <https://t.me/+yQ2mCZDWsmRmY2Fk>



Please scan this QR to join the Telegram “ COVID-19 Vaccine Introduction”

This is a messaging platform for you to:

- Receive **notification** of the next sessions
- Receive updates on **tools and resources**
- **Share ideas** with each other



THANK YOU

For more information and technical support on any of the material presented, please contact:

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- Alexandre Pascutto pascuttoa@who.int

