



EVENT REPORT

COVID-19 Vaccine Demand Global Event

22 and 23 June 2022

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

COVID-19 Vaccine
DELIVERY PARTNERSHIP



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With thanks to the Global COVID-19 Vaccine Demand
Event organising committee:

Angus Thompson, IRIMI
Corbin Kappler, UNICEF
Deepa Risal Pokharel, UNICEF
Gloria Lihemo, UNICEF
Jason Peat, IFRC
Kama Garrison, USAID
Katharine Bagshaw, USAID
Lisa Menning, WHO
Neetu Abad, CDC
Ombretta Baggio, IFRC
Robert Kanwagi, GAVI
Silvia Magnoni, Collective Service

Additional strategic and technical contributions:

Ephrem Tekle Lemango, UNICEF
Melinda Frost, WHO
Naureen Naqvi, UNICEF
Nisha Schumann, COVID-19 Vaccine Delivery Partnership (CoVDP)
Ted Chaiban, COVID-19 Vaccine Delivery Partnership (CoVDP)
Vincent Petit, UNICEF

Technical writing and editing: Gary Finnegan and
Tina Johnson

For more information please contact:

Deepa Risal Pokharel, Senior Advisor,
demand for immunization, UNICEF drpokharel@unicef.org

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Executive summary

An estimated 13 per cent of people in low-income countries have been vaccinated against COVID-19. Accelerating COVID-19 vaccine uptake is essential if countries are to achieve the WHO target of 70 per cent vaccination coverage. COVID-19 vaccine supply is no longer a major challenge; however, low risk perception of COVID-19 in light of easing of pandemic-related restrictions by governments, coupled with other competing health and economic priorities, has resulted in a decline in vaccination uptake. Additionally, suboptimal vaccine delivery strategies, low confidence in vaccines, lack of trust in health systems and authorities, and the absence of COVID-19 vaccination as a social norm present significant barriers to achieving higher uptake. Addressing this requires political leadership and effective approaches to build vaccine demand in high-risk and vulnerable communities.

To intensify support for priority countries, WHO, UNICEF, GAVI and international partners, including the International Federation of Red Cross and Red Crescent Societies (IFRC) and the World Bank, have launched the COVID-19 Vaccine Delivery Partnership (CoVDP). The CoVDP works with governments and NGOs to devise and deliver evidence-based strategies informed by local data.

To characterize and catalogue innovative, promising, and proven demand interventions, a virtual meeting was held on 22 and 23 June 2022, co-hosted by UNICEF; the Ministry of Health, Ethiopia; and the Government of Canada; in collaboration with the CoVDP and the global Vaccine Confidence Task Team (VCTT). The event featured a high-level roundtable attended by Ministers of Health, representatives from global and regional agencies and civil society organizations, and was complemented by technical sessions focused on four areas: behaviourally informed interventions, capacity strengthening to improve service quality, misinformation, and community engagement.



FIGURE 1

The two-day meeting highlighted the need to invest in and implement strategies to drive vaccine demand and uptake among priority groups. Some of the key takeaways from the event included:



There is no silver bullet — fostering acceptance and uptake requires multi-component strategies.



Awareness of COVID-19 and vaccination is not sufficient to increase vaccination. It is essential to understand access and acceptance barriers to uptake before developing interventions.



Vaccination should be as easy, accessible and as low-cost as possible.



Increasing COVID-19 vaccination rates is crucial, but sustainable demand-building strategies should focus on **fostering trust in authorities and in vaccines**, as well as strengthening routine immunization and primary health care services.



Targeted communications are more effective when delivered through **direct engagement of trusted influencers** within specific communities.



Rumour management remains a challenge. Social listening provides real-time insights on the concerns facing specific populations, presenting opportunities to answer common questions and address misinformation.

Case studies explored diverse approaches to bring services closer to priority populations; the importance of formative research to inform context-specific interventions; the value of consulting and co-creating interventions with communities; and the importance of engaging in two-way conversations, including through community volunteers, women's groups, SMS communication and community radio programming.

Increasing COVID-19 vaccination rates remains an urgent task, and progress is possible where there is strong political will. The event illustrated the power of peer-to-peer learning to inspire effective approaches to solving shared problems in the field of vaccine demand.

Background

COVID-19 continues to cause serious illness and death, particularly in priority groups. Older people and those with underlying conditions, as well as migrants, rural populations and health workers, remain at heightened risk. Achieving high vaccination rates protects individuals, health systems and economies, while reducing the risk of new variants emerging.

As of June 2022, an estimated 13 per cent of people in low-income countries had been vaccinated. There is an urgent need to accelerate COVID-19 vaccine uptake while continuing to promote routine immunization and primary health care. Political leadership is required to implement the necessary range of strategies to increase and sustain vaccine demand among high-risk and vulnerable communities.

The challenge for low-income countries seeking to reach their vaccination targets has changed in recent months. In 2021, supply of vaccines was a key barrier. Today, supply is greater than demand. At the same time, public perceptions of the risk of COVID-19 and the need for preventive measures has declined. Further barriers include suboptimal delivery strategies that do not meet the needs of communities, low levels of vaccine confidence, a lack of trust in health systems and authorities, and the absence of social norms to support widespread uptake. The task ahead is to establish the necessary strategies and collaborations to ensure that vaccines reach priority populations and that demand is supported.

Rising to the challenge

The COVID-19 Vaccine Delivery Partnership (CoVDP) is a collective effort launched by WHO, UNICEF, GAVI and international partners including the International Federation of Red Cross and Red Crescent Societies (IFRC) and the World Bank. It is intensifying support for 34 low-income countries with very low COVID-19 vaccination rates. Together, partners are working with governments and non-governmental organizations to devise demand- promotion strategies informed by local data and evidence-based interventions.

A virtual meeting was held on 22 and 23 June 2022, co-hosted by UNICEF; the Ministry of Health, Ethiopia;

and the Government of Canada; in collaboration with the CoVDP and VCTT. A broad range of speakers shared proven and promising practices designed to increase vaccine confidence, boost demand and generate momentum in COVID-19 vaccination programs. The event attracted more than 450 participants, including policymakers, immunization implementers, researchers, civil society representatives, and experts in Risk Communication and Community Engagement (RCCE). A rich discussion featuring a high-level roundtable attended by Ministers of Health and representatives from global and regional agencies and civil society organizations took place over two days.

This was supported by four technical sessions, each featuring several practical examples of interventions addressing behaviourally-informed interventions, capacity-strengthening to improve service quality, misinformation and community engagement. Cross-cutting themes included the importance of multi-component interventions, gathering and using behavioural data, understanding gender implications of vaccine uptake, close partnership with local stakeholders in the implementation process, and

challenges and opportunities of integrating COVID-19 into routine immunization and primary health care.

By connecting communities with effective approaches, sharing experiences and practices, and fostering political will, the CoVDP aims to accelerate vaccine uptake at a pivotal moment in the pandemic. The legacy of this collaboration promises to impact not only the trajectory of the COVID-19 crisis, but to shape the long-term resilience of preventative health systems at all levels.

High-level roundtable

Political commitment is key

The opening panel discussion set the scene by emphasizing the changing nature of the COVID-19 crisis for low-income countries and the need to adapt policies and programs to address this new situation. At the heart of the current challenge is a paradox: recent data indicate general willingness to vaccinate, and supplies are now available in countries, but more must be done to ensure vaccines reach prioritised populations. This brings into sharp focus the need for innovative approaches to engage communities, bring vaccines closer to those who need them most, and address barriers to uptake.

“Now that global supply of COVID-19 vaccines is no longer a constraint, low-income countries face significant challenges in getting doses to highly vulnerable groups,”

said **Dr. Ephrem T. Lemango**, Associate Director – Health, Chief of Immunization, **UNICEF**. *“We need innovative, scalable, proven and promising interventions to address trust and build demand.”* He said that vaccine coverage rates in low-income countries were well below the WHO’s 70 per cent target. In addition, vaccine uptake among some vulnerable groups—including refugees, internally displaced persons (IDPs) and rural populations—may be lower than national averages. Thus, effective approaches are needed to ensure the last-mile delivery of COVID-19 vaccines.

Building demand for COVID-19 vaccines will require investment of time, resources and political capital, said **Dr. Ted Chaiban**, Global Lead Coordinator, **CoVDP**.

“There is an urgent need to galvanize political commitment to increase vaccine uptake in vulnerable groups,” he said. “It is critical to keep attention on COVID-19 vaccination over the next two-to-three months.” He highlighted examples of recent improvements in Côte D’Ivoire and the Central African Republic, adding that vaccination of healthcare workers in the WHO African Region has risen sharply in 2022. *“Progress is possible,”* Dr. Chaiban said, *“and yet still more needs to be done. We need to support countries to reach their goals with a focus on high priority groups.”*



This reflects a shift in approach from seeking to increase overall vaccination rates towards a more targeted approach designed to reach those at elevated risk.

Gaining momentum after a slow start

Dr. Ahmed Oghwell Ouma, Acting Director, **Africa CDC**, emphasized the scale of the challenge but said the African Union and its partners are rising to meet it. He highlighted the practical and economic realities facing people in Africa when they are advised to seek a COVID-19 vaccine: few of those willing to be vaccinated have the time or financial resources required to travel to a clinic. *“For many Africans, there is no choice—they go out every day to pursue economic activities as a priority,”* he said. However, Africa CDC is seeking to build momentum behind vaccine programs by working with young influencers, providing support for mobile clinics, ramping up the involvement of political leaders, and raising public awareness by highlighting the rising number of cases.

Many African countries were frustrated that COVID-19 vaccines arrived late and, initially, in low quantities. Those that rolled out awareness campaigns and

vaccination programs in early 2021 found low appetite for immunization. In Ethiopia, progress was slow at first, compounded by supply challenges, said **Dr. Lia Tadesse**, Minister of Health, **Ethiopia**. Communication and social media campaigns, extensive community outreach efforts, and strong political leadership at all levels has helped the country vaccinate more than 34 million people.

“We are now reaching internally displaced people, refugees and vulnerable people in congregated settings,” Dr. Tadesse added. “This would not have been possible without the support of global partners, including the COVAX facility and the World Bank, to enhance our national supply-chain system.”

Liberia is also making progress towards its COVID-19 vaccination targets, particularly in reaching healthcare workers, thanks to the joint efforts of local, national and international leadership. The country’s President holds biweekly meetings to discuss COVID-19 and vaccination, and health authorities have built strong links with churches and other key community groups. **Dr. Wilhelmina Jallah**, Minister of Health in **Liberia**, highlighted the importance of clear messaging in



response to public concerns over vaccine safety. *“We have to be factual and honest to combat negative information about vaccines,”* she said. Dr. Jallah added that while improving COVID-19 vaccine uptake is important, governments and partners must keep up support for routine immunization. *“Primary vaccination suffered because of the focus on COVID-19 vaccines,”* she said, adding *“Our vaccinators were committed to the COVID campaign, leaving nobody to deliver other vaccines. We need to have a balanced approach.”*

Building trust, saving lives

The role of community-based actors in building trust was a recurring theme throughout the two-day meeting. In the Maldives, the government partnered with the Red Crescent to reach large numbers of migrants. Vulnerable communities, such as undocumented workers, refugees and stateless individuals, often have very limited interaction with national authorities. Many are concerned that presenting for a COVID-19 vaccine could lead them to be identified and detained or deported. Trust in authorities is generally low. *“Working with the government, we agreed that we would register undocumented migrants for vaccination and protect their data,”* said **Madam Fathimath Himya**, Secretary General, **Maldivian Red Crescent**. *“This allowed us to provide access to vaccination while offering*

reassurance that their data would not be shared outside of the immunization system.”

She said that humanitarian organizations and local NGOs have the capacity to reach people in their own languages, address rumours and misconceptions, and advocate for vaccination.

This drive to combat misinformation was reflected in the contribution of the **Honourable Harijt Sajjan**, Minister of International Development, **Canada**. *“Clearly vaccination is needed,”* he said. *“The job ahead of us is to communicate in ways that connect with community concerns through trusted sources.”* He said building the evidence base for proven interventions and tailoring these to meet the needs of communities is essential. To advance vaccine logistics and promote vaccine confidence, Canada announced \$200 million in funding for a new initiative targeting 13 countries.

International solidarity of this kind can help countries reach their goals. As we reach a pivotal point in this global pandemic, the drive to ensure equity of access and uptake will shape the future of global health, said **Dr. Kate O’Brien**, Director, Department of Immunization, Vaccines and Biologicals, **WHO**. *“It is urgent that we close the equity gaps for COVID-19 vaccination,”* she said. *“This will impact health and human development for decades to come. Now is the moment for action.”*

Proven and promising interventions for vaccine demand

A primary goal of this event was to characterize and catalogue innovative, promising and proven demand and RCCE interventions targeting the most vulnerable groups. Technical sessions presented examples across four areas: behaviourally-informed interventions, service quality, misinformation and community engagement.

All presentations and videos of each session may be viewed on the Vaccination Demand Hub website: <https://demandhub.org/events/>

Technical session 1

Effective behavioural interventions to increase vaccine demand: translating evidence to action

Moderator:

Dan Irvin, Senior Director, Health and Nutrition at World Vision International

*Case studies focused on last-mile delivery of vaccines in rural **Sierra Leone**; events-based vaccination in **Tanzania**; combining research on behavioural drivers with working with trusted community members in **Nigeria**; and the role of vaccination-related restrictions in increasing coverage in **Pakistan**.¹*

This panel discussion provided examples from interventions in four countries designed to improve COVID-19 vaccine uptake among high-risk and vulnerable groups, including health workers, the elderly, refugees, and people with comorbidities, as well as highlighted context-specific nuances for reaching specific groups such as women. Presentations explored how to overcome practical and logistical vaccine delivery challenges at a time of lowered risk perception. Turning research insights from behavioural sciences into concrete initiatives, and testing these in real-world settings, offered practical explanations to programme implementers and decision-makers facing similar issues with increasing demand for vaccination.



¹ All presentations and videos of each session may be viewed on the Vaccination Demand Hub website: <https://demandhub.org/events/>.

Case study

Last-mile delivery of vaccines in remote areas: A randomized controlled trial in rural Sierra Leone

Presenter:

Dr. Maarten Voors, Associate Professor, Development Economics, Wageningen University

In Sierra Leone, just 20 per cent of the eligible population is fully vaccinated. In rural areas, this falls to 6 per cent due to last-mile delivery challenges. Some 88 per cent of the rural population say they are willing to accept a COVID-19 vaccine. However, vaccination is offered in clinics that require people in remote villages to travel an average of three hours, at a cost of \$6.50 each way. For someone in a rural community, a round trip to the vaccination centre would cost more than one week's wages. Low access to reliable information and mass media means that people in remote areas are less aware of vaccination programs and more exposed to rumours about vaccine safety.

To address this, a partnership between the Ministry of Health, Concern Worldwide, the International Growth Center, Yale, and Wageningen University in the Netherlands devised a trial involving 150 communities in rural Sierra Leone. The initiative aimed to increase access to vaccines through mobile vaccination teams

and to provide reliable information through social mobilizers. Mobile teams were sent to 100 communities where eligible people were offered a vaccine, following consultation between vaccinators and the local chief. The additional 50 villages provided a control group. At least one social mobilizer hosted information sessions within the community after engaging with community leaders. The primary outcome measure was the vaccination rate among the eligible population.

Outcomes and learnings

A 48–72-hour intervention produced a 27 percentage point increase in adult COVID-19 vaccination rates, with the strongest impact seen in men and the elderly. The trial pointed the way to increasing rates of vaccine uptake in the most remote rural areas, in a quick and cost-effective way. The impact could be scaled up and applied to other vaccine campaigns.

▶ [See full presentation](#)



Case study

An event-based approach in Tanzania

Presenter:

Chima E. Onuekwe, Risk Communication and Community Engagement Officer, World Health Organization, Tanzania

Vaccines are available at all health facilities in Tanzania, but uptake is low. Fewer than 10 per cent of Tanzanians had received at least one dose of COVID-19 vaccine by June 2022. Tanzania is among the few countries not to have introduced any public health restrictions during the pandemic, and the public attaches low urgency and low importance to vaccination. Surveys show that people are aware of COVID-19 vaccination and know where to get vaccinated, trust in vaccine safety and efficacy is good, and intention to vaccinate is high, but most have not turned this into action. Seventy-one per cent of Tanzanians are willing to get vaccinated, but only 7.7 per cent were vaccinated by 20 June 2022.

In response, vaccination was offered at high-profile events, such as football games, to promote vaccination through mass media and on social media. Free football tickets were given to those who got vaccinated against COVID-19. The rates of vaccine uptake at events and

vaccination centres were compared, and interviews and focus groups were used to gain insights into the barriers people face in accessing health facilities.

Outcomes and learnings

The time and financial cost of visiting clinics emerged as a major deterrent to traveling for vaccination. The event-based vaccination intervention leveraged media visibility around football matches to raise vaccine awareness. A total of 661 people were vaccinated at eight football matches—significantly more than were vaccinated at clinics in the region on the same day. Event-based vaccination, when combined with continued vaccination at health facilities and mobile outreach strategies, can increase vaccination coverage by offering convenient access and providing a supportive social norm.

▶ [See Full Presentation](#)



Case study

Evaluating the use of co-created messages and trusted messengers to improve COVID-19 vaccine acceptance in Nigeria

Presenter:

Dr. Chizoba Wonodi, Johns Hopkins University, International Vaccine Access Center (IVAC)

Despite adequate supply of COVID-19 vaccines, less than 20 per cent of the population in Nigeria is vaccinated. High rates of vaccine hesitancy are reported among adults, including healthcare workers. This is fuelled by the prevalence of conspiracy theories about the pandemic and vaccines. Centralized communication campaigns have had a limited impact in generating demand across the country.

Hyperlocal campaigns, co-developed and delivered by trusted messengers, can respond to community concerns and address vaccine hesitancy. To gain a deeper understanding of the behavioural and social drivers of low vaccine demand, a household survey and a representative survey of 139 healthcare workers were conducted, along with in-depth interviews with 74 healthcare workers. This data can be used to involve trusted community members in developing a repository of messages to address hesitancy.

Outcomes and learnings

Vaccination rates were higher among healthcare workers (83 per cent) than the general population (44 per cent), but for those who were not vaccinated, hesitancy rates were similar to the wider population (34 per cent). Concerns about vaccine safety and side effects were the major reasons for hesitancy among healthcare workers. In the general population, key barriers included lack of practical information on where to get vaccinated and inability to access vaccines. People who were well educated, male, aged over 50 or Muslim had higher vaccination rates. By leveraging existing community structures and platforms, vaccine programs can co-develop and co-disseminate targeted messages to key groups.

 [See Full Presentation](#)

Baseline measurement	Identify	Co-design	Co-disseminate	Endline measurement
Qualitative interviews	Identified vaccine restart groups for targeted messages	Co-designed communication strategies and messages with hesitant groups and trusted messengers using HCD	Teams sends targeted SMS Trusted messengers disseminate messages in community forums	Qualitative interviews
Household survey	Identified and engaged trusted messengers	Agreed on schedule of messaging activities by trusted messengers	Real-time, monitoring and learning on activities with TMs via WhatsApp SMS pulse survey to track vaccination uptake	Household surveys

Case study

Why vaccination-related restrictions work(ed) in Pakistan

Presenter:

Muhammad Faisal Khalil, Social and Behavioural Scientist, UNICEF Pakistan

Pakistan has recorded high levels of persistent vaccine hesitancy throughout the pandemic. In April 2022, hesitancy was estimated to be 40 per cent, while public awareness of variants and adoption of COVID-19 preventative measures were consistently very low. With new viral variants causing fresh waves of disease across the country, and limited resources available for community engagement, tailored community or outreach initiatives, the situation was approaching a crisis point.

The government, with technical assistance from UNICEF, reviewed evidence on interventions with the potential to achieve stronger compliance with the national COVID-19 vaccine program. A new strategy was devised to influence health-related behaviours and generate demand for vaccination. Vaccination became a requirement for accessing education and public offices, employment and social benefit payments, travel and communication, and religious and social gatherings, including weddings and funerals. The policy initially targeted at-risk and vulnerable individuals before extending to people of all ages, genders, location and socioeconomic status. Non-compliance was monitored through a national database. The impact of the restrictions was measured using longitudinal knowledge, attitudes and practices (KAP) surveys, and by tracking vaccine uptake.

Outcomes and learnings

Compliance was strong, with vaccination rates rising to 82 per cent despite persistent hesitancy. Surveys indicated that 61 per cent of people who were hesitant were vaccinated, primarily to preserve access to work, education and services. The intervention benefited from a clear, high-frequency communication campaign and centralized delivery mechanisms. However, young people and those in the most remote mountainous regions remained hardest to reach. There were also concerns regarding the long-term efficacy of the policy and its potential to foster resistance in the community. Underlying hesitancy remains unaddressed, and there is ongoing tension between public health goals and human rights. The restrictions were eased once a high level of vaccine uptake was achieved.

Discussion

The value of working with social mobilizers and local champions delivered dividends in terms of uptake in Sierra Leone. Event-based vaccination clinics in Tanzania were preceded by community stakeholder engagement and local advocacy to generate awareness and momentum in advance.

Low uptake among women in Nigeria was attributed to the lag in government guidance regarding vaccinating pregnant women and lack of accurate information on the safety of COVID-19 vaccines during pregnancy. As a result, the public and healthcare workers needed to be made aware of the solid safety data that has been collated since the first vaccines were introduced. The primary concern arising from the experience of Pakistan centred on legal and human rights issues. In response, it was stressed that the vaccination measure was temporary and that careful consideration would be needed in determining whether, which and when restrictions should be used to achieve vaccination compliance before adapting this approach.

KEY INSIGHTS

- **Awareness of vaccination does not always translate into action. Many (e.g., older people and rural communities) may face additional barriers in accessing vaccination.**
- **Bringing vaccines closer to communities overcomes practical and economic barriers. Reaching marginalized groups will need much more concerted efforts with a broad range of stakeholders, including civil society.**
- **Formative research plays an important role in understanding and advancing the nuances of target audiences.**
- **Interventions should be co-designed with community stakeholders, including using approaches such as human-centred design to ensure that interventions resonate with communities.**
- **Trusted community messengers play a key role in driving vaccine acceptance.**
- **Vaccine safety concerns are high among pregnant women; listening to questions, and providing strong, culturally relevant and accurate information is needed.**
- **Long-term health literacy development creates a culture of interest in health outcomes and engagement with interventions in times of crisis and beyond.**



[See Full Presentation](#)

Technical session 2

Service quality interventions that meet people where they are

Moderator:

Dr. Sheetal Sharma, Senior Immunization Advisor at CORE Group

*Initiatives addressed rumours and vaccine access among displaced people in **Syria**; high-volume vaccination sites in **DRC**; co-creating solutions to reduce health-worker hesitancy through a hackathon in **Côte D'Ivoire**; combining community engagement with mobile vaccination in **India**; and using social media to reach the elderly in the **Philippines**.²*

This session focused on projects designed to tackle vaccine demand and access issues through service innovations. For older people, those with disability or comorbidities, and vulnerable groups in geographically hard-to-reach areas, rethinking interactions with community leaders and caregivers can influence uptake. In addition, there is a clear need to reduce access barriers by bringing vaccines closer to people.

² All presentations and videos of each session may be viewed on the Vaccination Demand Hub website: <https://demandhub.org/events/>.

Case study

Bringing services closer to displaced communities in Syria

Presenter:

Cynthia Najjar, Regional Emergency Health Officer, IFRC MENA

Syria has among the lowest rates of COVID-19 vaccination in the Middle East and North Africa (MENA) region. As of June 2022, 15 per cent of the total population had received a vaccine, with just 9.6 per cent being fully vaccinated. The situation is particularly challenging due to the impact of conflict on the population: 6.7 million people (37 per cent of the population) are internally displaced. A KAP survey conducted by the Syrian Arab Red Crescent found concerns and rumours about vaccine safety and efficacy, compounded by lack of trust in the source of vaccines. In addition, authorities were unable to deliver vaccines to a large proportion of the most vulnerable populations.

To address these challenges, 24,000 awareness sessions were undertaken with targeted communities where tailored messages were shared; 370,000 people were reached through household visits; and 300,000 people were supported in the vaccination process and referred to centres. In hard-to-reach areas where mobile vaccination teams were unable to access, volunteers transported people to vaccination points.

Outcomes and learnings

COVID-19 vaccines were administered to 26.4 per cent of people who received sensitization messages, with one-fifth of these coming from vulnerable groups. Vaccination rates in one community with high rates of IDPs reached 95 per cent among adults. Health promoters provided information on COVID-19 and routine immunizations to people in a Bedouin camp that had never before been accessed. Teams worked with community leaders and gatekeepers to gain the trust of the community. Combining culturally adapted messages with on-the-spot vaccination helped to improve uptake.

▶ [See Full Presentation](#)



Case study

Experience of a high-volume vaccination site in increasing access and demand for COVID-19 vaccination in Kinshasa, DRC

Presenter:

Carla Toko, Senior Manager, Advocacy and Communications, VillageReach DRC

In late 2021, COVID-19 vaccine coverage in the DRC was less than 1 per cent. VillageReach, a non-profit, set up a high-volume 'vaccinodrome' hub in Kinshasa. The aim was to vaccinate 1,000 people per day by making vaccines available at a busy urban location and providing opportunities for community interaction. However, uptake was lower than anticipated, prompting the organization to step up their training and outreach work.

To address demand, community health workers were trained in motivational interviewing and provided with information on COVID-19 vaccines. Communities in high-traffic areas were sensitized to vaccine-related information using megaphones and through direct engagement. People were pre-registered for vaccination and given a token to take them to vaccination sites. The number of vaccinodromes was expanded from one to four over a six-month period, and a hub and spoke model was used to link vaccination hubs with mobile outreach teams.

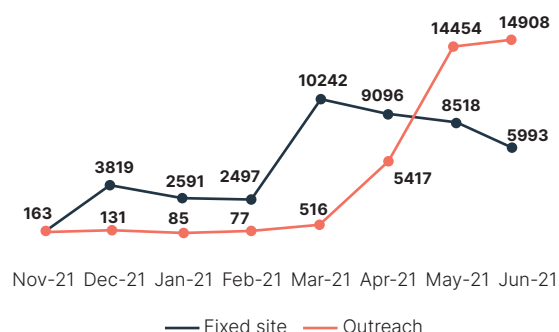
Outcomes and learnings

The number of people vaccinated per month at fixed site vaccination centres in 2022 rose sharply from February (2,497) to March (10,245) and remained close to 6,000 in June. This was eclipsed by the numbers vaccinated through outreach initiatives, which hit almost 15,000 in June. Community health workers are referring a higher proportion of individuals who present for vaccination. The strategy requires flexibility and close communication between mobile teams and site managers. It offers opportunities to target high-risk groups, including older people. Community health workers are also focusing particularly on women, people with disabilities and those with comorbidities to address disparities in vaccine uptake.

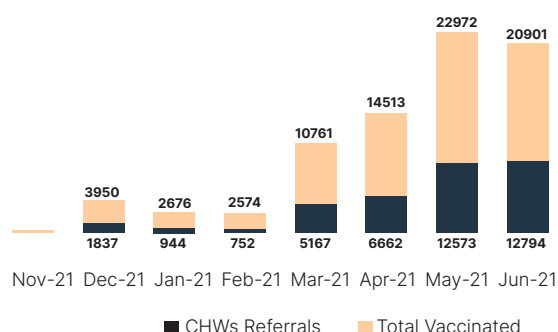
▶ [See Full Presentation](#)

OUTCOMES AND KEY LEARNINGS

Monthly evolution of vaccinated by strategy



Proportion of vaccinated referred by CHWS



Case study

Co-creating solutions to reduce health worker hesitancy through a hackathon in Côte d'Ivoire

Presenter:

Charlotte Mbuh, member of the Movement for Immunization Agenda 2030 and The Geneva Learning Foundation

An unprecedented surge in vaccine hesitancy among the healthcare workforce in Côte d'Ivoire was a significant challenge for the national COVID-19 vaccination campaign introduced in December 2021. The role of healthcare workers as trusted advisors and vaccine advocates was in doubt and there was limited time available to intervene.

Over a seven-day period, country-based volunteers from The Geneva Learning Foundation, with support from national immunization staff, delivered a fully digital hackathon. This innovative initiative connected more than 500 immunization and public health practitioners, including health workers, who developed 165 context-specific action plans to accelerate COVID-19 vaccine uptake. The hackathon involved small groups working together to generate ideas and action plans that were peer-reviewed by colleagues before being revised and implemented.

Outcomes and learnings

Ivorians from 85 per cent of districts took part in the hackathon. More than 70 per cent of participants implemented their action plans during the national vaccination campaign. A survey found that 82 per cent of respondents found the hackathon to be valuable in identifying ways of improving how they conduct the COVID-19 vaccination campaign. Most respondents (82 per cent) said they would like to organize hackathons with their own colleagues. The hackathon enabled participants to better anticipate, prevent, mitigate and respond to COVID-19 vaccine hesitancy using locally adapted solutions. A country-wide peer learning network can connect people at different levels of the immunization system to solve shared problems together without having to leave their place of work.

▶ [See Full Presentation](#)



Case study

Mobile vaccines and community engagement to increase uptake among geographically hard-to-reach and elderly populations in Assam, India

Presenter:

Anumegha Bhatnagar, USAID's MOMENTUM Routine Immunization Transformation and Equity

Low uptake of COVID-19 vaccines in vulnerable populations in northeastern India have been attributed to lack of confidence in vaccines, lack of access to vaccination sites, and limited resources and infrastructure. For older people, those with disabilities and people living in hilly terrain, reaching vaccination centres can be particularly challenging.

Fifteen mobile vaccination delivery vans, supported by community engagement, were used to increase access to and uptake of vaccines in older and rural populations. The causes of low vaccine uptake were discussed with local government and leadership to help develop potential solutions. Local personnel were trained to communicate about the benefits and risks of COVID-19 vaccines, and community-based organizations helped to raise awareness of the mobile vaccination campaigns. Door-to-door interpersonal counselling was offered in collaboration with local non-profits. In addition to mobile vaccination, transportation to vaccination sites was provided for those who needed it. Practical support for vaccine registration was also on offer.

Outcomes and learnings

In the 15 districts of Assam state, demand generation and community engagement interventions reached 300,000 people with USAID-supported messaging. Mobile vaccination vans administered 10,127 COVID-19 vaccine doses in geographically hard-to-reach areas. Across 18 states in India, the project has now contributed to reaching more than 6.2 million people with COVID-19 vaccines. Close collaboration with local leadership and community-based organizations can play a crucial role in identifying hard-to-reach populations and in finding trusted messengers. Bringing vaccines closer to vulnerable groups and offering transportation support can drive improved uptake.



[See Full Presentation](#)

Case study

Using social media to reach the elderly in the Philippines

Presenter:

Professor Lulu C. Bravo, member of the Movement for Immunization Agenda 2030

One of the barriers to achieving strong COVID-19 vaccine uptake in the Philippines is the country's limited experience in offering adult immunization. In addition, past controversy surrounding a dengue vaccination program has left a legacy of hesitancy, leading vaccine confidence to fall from 93 per cent in 2015 to just 32 per cent in 2018. Rumours and reports in traditional and new media regarding the safety of COVID-19 vaccines helped to fuel hesitancy, but media campaigns have also been used to engage with vulnerable groups, including older people who are at elevated risk of complications from COVID-19.

Professor Bravo provided the example of an 85-year-old grandmother who was reluctant to have the COVID-19 vaccine. The woman was featured in a Mother's Day episode of a weekly podcast program posted on Facebook. This provided her with an opportunity to discuss her concerns with several experts.

Outcomes and learnings

The older woman who appeared on the popular podcast decided to have her vaccine and expressed appreciation for the empathy and information she received from the vaccinologists during their discussion. In addition, the episode provided an opportunity to share a positive personal story through social media. It ensured that people's genuine concerns were heard and addressed, and the experts gave reassurance that COVID-19 vaccination was a good choice for older people. By connecting the issue with a special occasion—Mother's Day—the topic of vaccination was framed around familial concern. This was impactful given the importance of family structures in the Philippines. More than 75 per cent of older people in the Philippines are now vaccinated.

Discussion

Key themes included the cost of interventions in terms of financial and human resources, as well as the potential for wider impact of some of the initiatives. In certain settings, collecting data on vulnerable groups, regarding vaccine hesitancy and even on the prevalence of COVID-19, can be challenging.

In Syria, for example, testing rates are very low, making it difficult to have a clear picture of the pandemic and the impact of vaccination interventions on rates of disease. Other practical issues, such as fuel shortages, further complicate the provision of services to remote communities. The intervention in Syria was time-consuming but relatively low-cost as it was largely delivered by volunteers.

In the example from the DRC, the biggest challenge was how to use finite human resources. At first, there were several types of vaccinators deployed, with different teams administering different types of COVID-19 vaccines. Vaccinators and support staff worked seven days a week in the initial phase of the program, leading to fatigue among personnel. Financial costs were kept to a minimum by working with the WHO and others to secure tents and materials. The motivation of staff was a key factor for each of the interventions discussed, including the hackathon in Côte d'Ivoire where some participants were willing to travel 400 km to access reliable internet for the online event. Despite these challenges, collaborative approaches proved popular and could be applied in other contexts. Participants from 20 other countries took part in the Côte d'Ivoire hackathon, and most expressed an interest in trying it in their own countries.

KEY INSIGHTS

- **Bring services closer to people with disabilities, comorbidities, and displaced communities via mobile units and door-to-door counselling.**
- **Community leaders and gatekeepers are vital to building trust in health services.**
- **Multicomponent strategies should address both access and acceptance.**
- **Hackathons offer an innovative and engaging approach to solving local problems.**
- **Social media amplifies the spread of misinformation, but can be harnessed to share emotionally engaging stories for specific target groups.**
- **Building a community of practice could provide peer support and resources.**

 [See Full Presentation](#)

Technical session 3

Effective strategies to counter rumours and misinformation, information voids, and confusing health guidance

Moderators:

Dr. Angus Thomson, Senior Social Scientist, UNICEF Vaccine Demand Observatory; and Stacey Knobler, Vice President, Vaccine Innovation and Global Immunization, Sabin Vaccine Institute

*Interventions highlighted the use of SMS communication to address rumours and generate insights to support communities in **Malawi**; a social media campaign was used to identify and counter misinformation narratives circulating at the community level in **Ghana**; rumour-tracking in **Côte D'Ivoire**; addressing public concerns in **Vietnam**; and social listening in **Fiji**.³*

The COVID-19 pandemic brought fresh attention to the ways that misinformation and disinformation influence vaccine demand. The role of social media algorithms in turbo-charging the spread of rumours and falsehoods is in the spotlight as never before. There have also been new opportunities to understand the real-world concerns of communities and to engage with them

using digital tools. Just as trusted messengers play a key role in shaping offline community dialogue on vaccine safety and efficacy, online influencers are also well-placed to develop and deliver impactful information to vulnerable groups. This session provided five examples of how this dynamic field can be used to counter misinformation and build demand.

³ All presentations and videos of each session may be viewed on the Vaccination Demand Hub website: <https://demandhub.org/events/>.

Case study

Using two-way SMS communication to address rumours, gather insight and support communities: Malawi Red Cross and Katikati

Presenters:

Arnav Kapur, Chief of Staff, Katikati, Kenya; and Joseph Mwase, Help Desk Team Lead, Malawi Red Cross Society

Malawi was faced with an explosion of rumours early in the pandemic which affected the uptake of COVID-19 vaccines when they were introduced. The Red Cross worked with Katikati, a technology platform, to develop a remote, fast and trusted two-way channel to ensure volunteers and communities were informed about emerging misinformation—and were equipped to respond. The system, built with software and training provided by Katikati, provides Red Cross volunteers with a toll-free SMS number and email helpdesk that they can use to ask difficult questions that they are faced with when engaging with communities.

The experiences of more than 1,000 volunteers were sought to help build a database of the rumours currently circulating and to develop replies. The issues raised, and responses provided, are anonymized and tagged. Queries are also color-coded to reflect their urgency. Rather than using automated chatbots, the system is human-led, which provides opportunities for richer interactions.

Outcomes and learnings

The initiative recorded 1,196 one-to-one conversations between volunteers in the field and a small team of analysts. This generated 1,272 comments and questions. The speed and utility of the system, as well as its anonymity, encouraged volunteers to engage frequently. This approach provided valuable support to those in the field while building a bank of real-time insights on the concerns and rumours in circulation. Common concerns included “COVID-19 is satanic” and “population control”. Those findings can be used to inform training and reduce the impact of misinformation.

 [See Full Presentation](#)

Case study

Closing the loop on digital media in Ghana

Presenters:

Anastasiya Nurzhynska, Chief of Social and Behaviour Change, UNICEF Ghana; and Hameed Kashan, Polio Team, UNICEF HQ

Ghana was the first country to receive COVID-19 vaccines through the COVAX facility. However, for some online audiences, this raised questions and gave rise to rumours that fuelled vaccine hesitancy. At the same time, Ghana was delivering a polio vaccination campaign, with negative attitudes to COVID-19 vaccines threatening to spill over into the polio vaccine drive and vice versa. In response, the UNICEF Polio Digital Community Engagement Unit used social listening techniques, powered by machine learning, to identify and counter misinformation narratives circulating at the community level.

A social media campaign was devised targeting users aged 18–45 based on insights from social listening. Messages were A/B tested before being posted on Facebook and Google through paid digital advertising and local influencers. The campaign reached almost 6 million people in Ghana and directed almost 250,000 to the UNICEF Ghana FAQ page for COVID-19 vaccines.

Outcomes and learnings

Online surveys and 'brand lift' studies showed the campaign had a statistically significant impact. There was a 7 per cent increase in vaccination recommendations to friends and family (60.8 per cent versus 67.8 per cent), and a 4.3 per cent increase in the belief that vaccines are the best way to prevent COVID-19 (62.1 per cent versus 66.4 per cent). There was also greater trust that vaccines are better than natural alternatives (30 per cent versus 34.2 per cent). The intervention illustrated the efficacy of aligning design language with recognized local campaigns to build vaccine confidence. This vaccine-agonistic approach could be applied to other vaccine-preventable diseases.

▶ [See Full Presentation](#)



Case study

Using rumour management system data to develop adaptive COVID-19 vaccination strategies in Côte d'Ivoire

Presenter:

Jorie Larson Nana, USAID's Breakthrough ACTION – Johns Hopkins Center for Communication Program

Côte d'Ivoire has made slow progress towards the 70 per cent COVID-19 vaccine uptake target since the country's national vaccination campaign began in early 2021. A KAP survey revealed fears around vaccine side effects and impact on fertility, as well as low risk perception of COVID-19. Based on this data and insights from a rumour management system—which tracks misinformation from social media, a national hotline and community workers—an intensive public communication effort was rolled out.

Journalists were trained to counter specific rumours and misinformation, a national radio campaign was launched during the December holiday period, and TV spots were aired which responded to public concerns. The success of the intervention was measured by the total number of people vaccinated. Prior to the campaign, 22 per cent of the eligible population had received at least one dose; after the intervention, it reached 36 per cent. This placed Côte d'Ivoire above the 14 per cent average for the African continent. In addition, there was notable success in reaching priority groups: 87 per cent of health workers, 99 per cent of military personnel, and 85 per cent of the elderly had received at least one dose by the end of 2021.

Outcomes and learnings

Rumour management system data can play a powerful role in informing campaigns to counter misinformation. Data from this system continues to inform the adaptation of messaging to counter specific emerging rumours and concerns. A dynamic approach is needed as outreach programs for new target groups begin, including a campaign aimed at adolescents. It is important that rumour management insights are shared and discussed regularly, feeding into risk communication and community engagement (RCCE) action plans. The intervention also highlighted the need for tailored messaging for specific subgroups such as transport workers and teenagers, and the value of intensive campaigns during high-traffic holiday periods. Iterative feedback systems provide stakeholders with up-to-date information on rumours to adjust messaging. It is important that data generated by these systems is disseminated, discussed, and regularly fed into RCCE action plans.

 [See Full Presentation](#)

Case study

Hearing and addressing people's vaccine-related concerns in Vietnam

Presenter:

Giap Nguyen, Communication Consultant, UNICEF Vietnam

A survey conducted in May 2021 revealed that 15 per cent of people in Vietnam believed COVID-19 vaccines were unsafe, while 13 per cent considered them to be ineffective. In early 2022, Vietnam was experiencing a surge in COVID-19 cases, and misinformation threatened to slow the rollout of COVID-19 vaccines to new population cohorts, including children.

Vietnam is working with the Vaccination Demand Observatory (VDO)—a collaboration between UNICEF, the Public Good Projects, and Yale Institute for Global Health—to ensure people's vaccine-related concerns are heard and addressed. This partnership supports a three-year Safe Journeys media campaign that provides advice to parents and caregivers on COVID-19 and vaccination. The VDO supports the Minister of Health and UNICEF Vietnam by equipping them with customized social listening programs to boost vaccine demand. The VDO has monitored 1.3 million local language online public conversations, identified misinformation, and provided vetted messages and staff training.

Outcomes and learnings

This intervention was the first time UNICEF Vietnam had embraced social listening to inform a vaccination media campaign. Safe Journeys reached 25 million people in its first phase. The initiative illustrated the need for human analysis and insights alongside data and dashboards. It showed the value of applying social listening to local and ethnic languages to understand conversations in minority communities. Providing resources to respond to misinformation and fostering demand helps to improve the impact of immunization programs. The experience in Vietnam is an example of the role the VDO can play in responding to national needs through close collaboration with country staff.

[See Full Presentation](#)



Case study

Innovative responses to low vaccine uptake among pregnant women in Fiji

Presenter:

Kshitij Joshi, Chief SBC, UNICEF Pacific

Fiji's swift and strict response to the initial COVID-19 outbreak in early 2020, which included closing borders to travel and tourism, meant relatively few cases were reported in the first waves of the pandemic. COVID-19 vaccines were introduced for frontline healthcare workers in March 2021, and in April 2021 the country reported its first case of community transmission. The vaccination program was extended to include all adults, with RCCE campaigns targeting older people and those living with disabilities. Despite this, misconceptions and misinformation, notably about the safety of vaccines for pregnant women, circulated widely. Uptake was low, even among priority groups.

A Social Listening Subgroup was established under Fiji's multipartner RCCE Working Group to triangulate misinformation insights from online and offline sources. A national hotline was established, and community feedback was gathered from across government departments. Social media monitoring was conducted using *Talkwalker*, while *Meltwater* was used for news portal monitoring. This data was used to update messaging, which was widely disseminated, including through the daily briefing by the Incident Management Team—a familiar and trusted source of COVID-19 information. Vaccination for pregnant women was integrated into antenatal care services, while drive-through vaccination sites facilitated access for older people and those living with disabilities.

Outcomes and learnings

One year after the introduction of COVID-19 vaccines in the spring of 2021, 95 per cent of adults in Fiji are fully vaccinated. Social listening provided a critical tool for informing operational strategies and messaging. Combining offline and online information sources provides a holistic and nuanced understanding of real-world vaccine conversations. Timely, transparent and regular communication are effective in building trust, particularly in dynamic contexts such as the COVID-19 pandemic.

Discussion

The Fiji case study provided a clear example of incorporating offline social listening through the help of volunteers and partner organizations that fed into the Social Listening Subgroup. Family members, church leaders, taxi drivers and other contacts served as a source of insights on the latest rumours circulating in their communities. In Malawi, the net was also cast wide when selecting social influencers, with the added benefit that community and local leaders were well placed to transmit messages back to communities to counter falsehoods. It was noted that the same approach as offline communication can be applied to two-way online communication.

Measuring the impact of interventions remained a hot topic, with participants asking whether increases in the national vaccination rate could be attributed to a single campaign or initiative. Some projects included KAP surveys before and after an intervention to track whether attitudes shifted during a campaign. Changes in the volume and reach of messages featuring misinformation can also be monitored to gauge impact.

The session emphasized that misinformation management is not just about tools. It is essential to build mechanisms which coordinate existing initiatives to ensure that social listening informs actions in real time. The session commended those who had produced and applied real-time insights during the COVID-19 pandemic and encouraged participants to play their part in establishing social listening mechanisms and strive to embed them in national immunization programs.

KEY INSIGHTS

- **Monitoring, analysis and triangulation of online and offline information sources can provide nuanced and real-time understanding of what people are saying on the ground.**
- **Social listening in real time can inform targeted communications that address concerns of specific populations.**
- **Targeted communications are more effective when employed through direct engagement of strategic influencers within specific communities.**
- **Volunteers can have a critical role in reaching and engaging with inaccessible and marginalized populations.**
- **Timely, transparent, and regular communication is effective in building trust in a constantly evolving context, such as a pandemic.**

 [See Full Presentation](#)

Technical session 4

Community engagement strategies to build trust in vaccination

Moderator:

Danielle Pedi, Deputy Director, Bill & Melinda Gates Foundation

Case studies looked at community-led actions in the **Solomon Islands**; the use of community radio in **Bangladesh**; reaching marginalized anglophone communities in **Cameroon**; building community confidence in **DRC**; and targeting older people in **Tanzania**.⁴

Communities can play a pivotal role in preventing and containing epidemics. They are central to the successful delivery of health services, including vaccinations. A recent analysis found that institutional and interpersonal trust correlated more strongly with lower COVID-19 infection rates and higher immunization rates than pandemic-preparedness indices. This session explored the science and practice

of building trust through respectful community engagement. Fostering trust is a cardinal objective for any strategy to increase immunization rates. Public trust can help to make countries and health systems more resilient, but it requires sustained investment. These case studies aimed to showcase the impact that community engagement approaches can have on generating demand for vaccination.

⁴ All presentations and videos of each session may be viewed on the Vaccination Demand Hub website: <https://demandhub.org/events/>.

Case study

Transferring knowledge and promoting community-led actions in the Solomon Islands

Presenter:

Kennedy Waitara, Dissemination/Communication Coordinator, Solomon Islands Red Cross Society

The unique geography of the Solomon Islands—a country of hundreds of scattered islands in the Pacific Ocean—contributes to its strong sense of local identity, while presenting challenges in reaching remote communities. In June 2022, uptake of COVID-19 vaccines stood at 25 per cent, with the lowest rates in hard-to-reach areas with limited health services. Willingness to vaccinate has grown slowly over time but remains higher than vaccine uptake. Based on community feedback and social media monitoring, low vaccine uptake may be due to a lack of information about COVID-19 vaccines, concerns about efficacy and side effects, and a lack of community preparedness to protect vulnerable groups.

To address these challenges, a Community Preparedness Planning Approach on COVID-19 was rolled out to 15 communities. Volunteers were trained to use a community preparedness tool, and workshops were held on COVID-19 preparedness. COVID-19 community committees were created, with members including older people and tribal leaders, which facilitated the development of community action plans. Committee members shared information, promoted community action, captured feedback and addressed misperceptions.

Outcomes and learnings

Following the intervention, communities were better informed on the actions they can take to limit the spread of COVID-19 in their communities. COVID-19 community committee members played a critical role in providing information on vaccines and in countering rumours. It provided an inclusive way to ensure the participation of key groups who can advocate for preventative health measures, providing reach into remote communities where health services are underdeveloped. Community consultation is key to understanding local contexts and to informing preparedness plans.

 [See Final Presentations](#)

Case study

Community radio: Using trusted voices to reach vaccine-resistant groups in Bangladesh

Presenter:

Dr. Kazi Faisal Mahmud, USAID's Breakthrough ACTION Bangladesh

Bangladesh has recorded a high burden of COVID-19, with around 2 million cases. The national vaccination program, launched in January 2021, aimed to reach 80 per cent of the population. In April 2021, only 18 per cent of people had registered for the vaccine (63 per cent male; 37 per cent female), with a survey showing that 46 per cent of the adult population were vaccine-hesitant. Lack of knowledge about vaccines and the popularity of conspiracy theories were identified as barriers to uptake.

The country has embraced a range of approaches to address this, including mass media and social media campaigns, social listening and community engagement activities. Community radio campaigns were used to bring tailored messages to specific target groups, including older, rural and semi-urban people as well as those living in extreme poverty. The radio intervention involved partnering with 17 stations to air public service announcements, drama series, entertainment programs with an educational element, and eight Facebook Live phone-in shows. Folk songs were customized to address barriers to vaccination, and community miking was conducted using radio station infrastructure.

Outcomes and learnings

A total of 20.6 million people were reached through the campaign. Feedback from the community indicated that the programming helped to address fears and questions that were prevalent in the community. The intervention showed that community radio, social media and miking were useful channels for reaching vaccine-hesitant communities. Using a variety of formats—including songs, dramas and talk shows—can help to spark interest and provide numerous ways to bring tailored messages to different audiences. The campaign helped to build momentum around vaccination and to create a vaccine-positive environment, adding a festive atmosphere to vaccination centres.



Facebook Live ads for vaccine promotion

Case study

Community dialogue and microplanning with vulnerable communities in Cameroon

Presenter:

Mbianke Livancliff, Senior Immunization Officer, Value Health Africa (VHA), Cameroon

Cameroon has endured political crises for five years, impacting the country's capacity to respond to the COVID-19 crisis and to achieve high rates of vaccination coverage. At the end of 2021, fewer than 2 per cent of Cameroonians were fully vaccinated against COVID-19, and only 3.9 per cent had had their first dose. Anglophone regions had the lowest vaccination rates, with the southwest and northwest regions reporting uptake below 1 per cent. Armed conflict and strained relations between the community and government contributed to hesitancy. Engaging with the community to understand the source of hesitancy is key to addressing it.

Existing community dialogue structures, human-centred design and microplanning were leveraged to advance uptake of COVID-19 vaccination. The population was segmented into vulnerable target groups, including older people, those with comorbidities, frontline healthcare workers and internally displaced persons. Focus group discussions were held in health facilities, diabetic clubs, fitness centres, retirement homes and social groups. Key informant interviews were used to gather information from these subgroups, with specific behaviour-change interventions designed in response. Sensitization materials were developed in local pidgin English to address misinformation, and a COVID-19 vaccine discussion forum was established. Vaccine confidence was measured and tracked to gauge impact.

Outcomes and learnings

A steep increase was recorded in the number of people vaccinated per day in anglophone regions since the community strategy was launched in January 2022. In the southwest, COVID-19 vaccine uptake rose from 0.8 per cent in December 2021 to 3.9 per cent in April 2022. In the northwest, vaccination rates grew from 0.67 per cent to 9.1 per cent over the same period. This success is attributed to community interventions that give people the power to shape vaccination conversations and strategies. Tailored strategies adapted to each community delivered dividends by increasing the sense of buy-in from target groups. The integration of tools used in routine immunization, notably human-centred design and microplanning, contributed to strong gains over a short period. Resource constraints and limited government engagement in these regions are a challenge to scaling these interventions, but they show clear potential to have an impact. VHA is now supporting the Government of Madagascar to implement a similar approach

 [See Full Presentation](#)

Case study

Listening and acting for the most vulnerable in DRC

Presenter:

Kally Maluku Mankatu, Director of Communication, Community Engagement and Accountability, Red Cross DRC

There is a good level of acceptance of COVID-19 vaccines in the DRC, with 56 per cent of respondents to a February 2022 survey saying they were ready to be vaccinated. A separate survey showed even stronger demand, with 87 per cent of the general population in favour of vaccination—and 100 per cent of older people and those with comorbidities willing to have the vaccine. However, real-world uptake remains much lower due to accessibility challenges and the focus on making vaccines available primarily in urban centres.

The elderly, minority groups and people with reduced mobility face specific challenges in accessing relevant information and reaching vaccination sites. To address this, some members of these groups were accompanied to large vaccination sites, while temporary vaccination sites were also set up to meet demand from remote populations. Information sessions were organized for older individuals, those with reduced mobility and marginalized groups such as albino people. Messages were adapted to local languages and delivered via trusted community channels including radio, social media and mobile cinema. Red Cross volunteers were vaccinated in public to set a positive example. Monthly reports were compiled, based on community feedback, to address questions, rumours and beliefs circulating in the community. In addition, weekly social media FAQ sessions were held to allow for regular engagement.

Outcomes and learnings

Community feedback mechanisms provide the community with a forum for sharing questions and concerns about COVID-19 and vaccination. This closed-loop system offers a way to propose measures and adapt interventions based on community intelligence. In addition, regular dialogue fosters community trust, increases levels of ownership, and improves the impact of response efforts. This approach gives humanitarian actors and governments access to essential information to better understand target populations and design projects and programs that meet their specific needs.

 [See Full Presentation](#)

Case study

COVID-19 vaccine equity and access for older people in Tanzania

Presenter:

Joseph Mbasha, Policy, Partnership and Network Manager, HelpAge International, Tanzania

Tanzania is among the small number of countries with COVID-19 vaccination rates below 10 per cent. The country was late to respond to the pandemic, beginning the reporting of cases in March 2021 and joining COVAX in July of that year. The vaccine program focused initially on frontline workers before extending to at-risk populations, but uptake was low. Older people faced particular barriers in accessing the vaccine, and hesitancy is high in this group as they have had limited exposure to reliable sources of information on the pandemic and vaccines. Previous government denials about the seriousness of COVID-19 served to limit the demand for vaccines, while ageism in the community remains a barrier for many older people.

To address this challenge, community dialogues were undertaken from district to village levels through 80 older people's associations, 20 youth groups and 25 women's groups. Community maps were designed to identify older people and those living with disabilities in hard-to-reach rural areas. Home-based care providers, village health workers and Active Aging Clubs were mobilized to disseminate accurate information. Older people and those with disabilities were supported with vaccine registration and access to mobile vaccination programs. A behaviour-change strategy was undertaken to increase community confidence and understanding of the benefits of the vaccines.

Outcomes and learnings

Before the intervention, the five program regions (Kigoma, Mwanza, Njombe, Simiyu and Tanga) were among the areas with the lowest COVID-19 vaccination rates in the country. Since the initiative, the regions have some of the highest rates of vaccination of older people in Tanzania. After an initial three-month pilot in Kigoma and Mwanza, there was a 99 per cent increase in vaccine uptake among seniors, and an 88 per cent rise in other groups. In the five regions included in the full intervention, which covered 600 villages, 40 per cent of older people and 25 per cent of people with disabilities had been vaccinated by May 2022. Community and intergenerational dialogues helped to address rumours and increase vaccine confidence, showing that peer-to-peer awareness can play a valuable role in dispelling misinformation. Outreach vaccination initiatives offer an effective way to address vaccine equity and access for those facing significant challenges in receiving vaccines. The approach taken in these five regions could be applied in other contexts to reach underserved populations.

Discussion

Three key themes emerged from the session: gender; integrating interventions into other programs; and operational aspects, including costs and scalability. In the Bangladesh example, community radio was used to reach women and address specific aspects of hesitancy. Engaging female community members in planning and working with community-based women's groups to disseminate campaigns were also a feature of the Solomon Islands intervention.

Connecting COVID-19 vaccination programs with existing routine immunization campaigns and other health and aid initiatives remains a challenge in several low-income settings. Integrating COVID-19 vaccines with other vaccine programs brings efficiencies and helps to make for more coherent communication. In Cameroon, for example, community members sometimes asked why there was not such a strong effort to tackle HIV or malaria; people in Tanzania posed the same question regarding cancer services. In DRC, COVID-19 prevention measures are already largely integrated with other health programs.

Regarding costs, the interventions presented were not considered to be particularly cost-intensive. Most used existing structures and did not need to build new systems or recruit additional staff. Training was required for health workers, but this can bring positives for other programs as well as COVID-19 campaigns. These initiatives were generally viewed as having the potential to be scaled without encountering prohibitively high costs.

KEY INSIGHTS

- **Inform preparedness planning with community consultation to understand local contexts and tailor responses.**
- **Utilize community and intergenerational dialogues to help address rumours and increase vaccine confidence.**
- **Account for gender dynamics in intervention design and implementation.**
- **Understand where people are seeking information. In one example, community radio effectively reached vaccine-hesitant groups such as the elderly, rural, semi-urban, and very poor populations with tailored messages.**
- **Integrate demand interventions into other programs that are informed by evidence to address communities' most salient needs and not hamper gains made in other immunization programmes.**



[See Full Presentation](#)

Conclusion

The two-day meeting showed the power of peer-to-peer learning to inspire innovative approaches to solving shared problems. Contributors stressed that building vaccine demand is a science: local behavioural data should guide planning and measurement of the impact of interventions, presenting scope for continuous improvement and building on what works. The technical sessions offered practical, promising interventions that can be adapted and applied by others to bring COVID-19 vaccines to vulnerable groups in low-income settings.

The importance of building trust and working with communities was a recurring theme throughout, along with the value of co-creating solutions with target audiences. Political commitment to support the successful rollout of vaccines globally, backed up by determined implementation on the ground, remains the key ingredient for reaching countries' national vaccination targets.

KEY INSIGHTS

- **Political will to invest in and implement the necessary range of strategies is vital to drive vaccine demand and uptake among priority groups.**
- **Awareness of vaccination does not usually translate into action; understand access and acceptance barriers and drivers to uptake before developing interventions.**
- **Make vaccination as easy and accessible as possible, also accounting for associated out-of-pocket costs.**
- **There is no silver bullet: fostering acceptance and uptake requires multi-component strategies.**
- **Design interventions based on diagnoses of root causes of low uptake.**
- **Retain a focus on fostering trust in authorities and vaccines, not just getting people vaccinated.**
- **Understand where information-seeking and conversations are happening to inform how to reach people (e.g., community radio, engaging women's groups, two-way SMS communication with community volunteers).**
- **Inform interventions with community consultation and, where possible, co-create interventions with communities.**
- **Account for gender dynamics in intervention design and implementation.**
- **Establish online and on-the-ground social listening mechanisms to address circulating disinformation and people's information needs that can change rapidly.**
- **Social listening in real time should inform targeted communications which address concerns of specific populations.**
- **Targeted communications are more effective when employed through direct engagement of trusted influencers (e.g., healthcare workers and community leaders) within specific communities.**
- **COVID-19 interventions should seek to build stronger routine immunization systems and advance wider primary health care objectives.**

COVID-19 Vaccine

DELIVERY PARTNERSHIP

