



Country experiences with COVID-19 vaccination

(a synthesis of compendium materials)



23 September 2022

Background & purpose

Purpose:

- A **quick reference guide** on various country experiences with COVID-19 vaccination
 - **Sounds bites:** Short paragraph description of country example. Some of the sound bites also have additional detail in the deep-dive slides and some have links to additional information available on the web (**links appear as underscored country names and are available while in presentation mode**)
 - **Deep dive:** More detailed description of country example. Includes context, challenge, solution, and impact.

How the slides can be used by the COVID-19 Vaccine Delivery Partnership (CoVDP) members:

- Include relevant slides in presentations to illustrate speaking points or cite relevant country examples in different thematic areas.
- Source of inspiration for potential solutions to address challenges/ bottlenecks in the different thematic areas (this will require additional data collection to enable planning and implementation).

Note: This slide deck is not meant to be used as a stand-alone presentation

Source materials:

- Country presentations made available to CoVDP
- Intra-Action Review (IAR) reports
- Partner websites
- Regional COVID-19 newsletters

Note: Good practices, challenges, impact etc., are taken as presented in the source materials. The source materials have not been further evaluated or validated.

Content Areas (info as of 23 Sept 2022)

Governance, planning & coordination

- 9 Sound Bites; 2 Deep Dive stories

Monitoring & evaluation

- 4 Sound Bite
- 3 Deep Dive stories

Restoring and strengthening RI

- 6 Sound Bites
- 2 Deep Dive stories

Demand & acceptance

- 26 Sound Bites
- 10 Deep Dive stories

Service delivery & integration

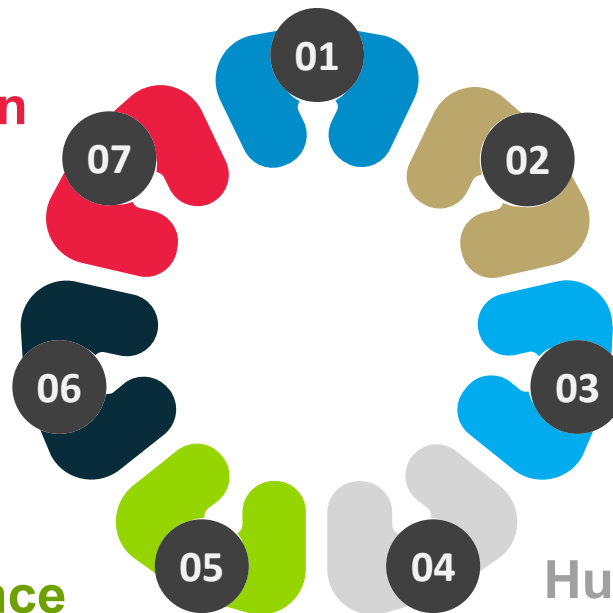
- 24 Sound Bites
- 13 Deep Dive stories

Supply chain & waste management

- 16 Sound Bites
- 1 Deep Dive story

Human resource management & training

- 9 Sound Bites
- 1 Deep dive story



Governance, planning & coordination

Good practices and innovation to scale up COVID-19 vaccination

GOVERNANCE, PLANNING & COORDINATION



DECENTRALIZATION & SUPPORTIVE SUPERVISION

Nigeria's political leadership launched Service Delivery, Communication, Accountability, Logistics, Electronic Reporting and Supportive Supervision (SCALES 2.0) strategy that decentralized plans & targets, tripled the number of vaccination teams, and engaged religious and community leaders for community mobilization & dialogue



ENSURING ADEQUATE FINANCING

Bolivia: The Ministerial office mobilized resources to ensure adequate financial resources to implement planned activities and implemented austerity measures to optimize the use of funds.



GOVERNMENT LEADERSHIP & PRIVATE SECTOR COLLABORATION

Uganda's strong government leadership and private sector collaboration to decentralize vaccination sites enabled Uganda to boost vaccination coverage.



EXEMPLARY LEADERSHIP & INTER-SECTORAL SOLIDARITY

Bhutan: the exemplary leadership from the highest level and solidarity by different sectors both at the central and the district level contributed to the success of the COVID-19 vaccination campaign.



ENHANCING COMMUNICATION AND COORDINATION WITH THE SUBNATIONAL LEVELS

Botswana established a National Emergency Operation Centre with representative structures at the district level to provide support on operational and tactical issues, e.g., pooling transport from different departments to support the rollout.



CLEAR NATIONAL GOVERNANCE & COORDINATION STRUCTURES

Ghana: Clear national structures for coordination and monitoring of implementation of the COVID-19 vaccination plan facilitated vaccine rollout

Good practices and innovation to scale up COVID-19 vaccination

GOVERNANCE, PLANNING & COORDINATION



USE OF SIMULATION EXERCISES FOR PLANNING & PREPAREDNESS

India used simulation exercises to assess the operational feasibility of using the Co-WIN app, test linkages between planning, implementation and reporting and identify potential challenges to inform planning.



MICROPLANNING USING GEOSPATIAL SOLUTIONS

Zambia: Geo-referenced Infrastructure Development Data for Development (GRID3) partnered with the Health Information Systems Program (HISP) to deliver maps for micro-planning, including demographic information, settlement locations, service delivery points (i.e. health facilities), and health facility catchment areas.



ENGAGING COMMUNITY LEADERS IN PLANNING

Ghana organized a workshop for female traditional heads, driver union representatives, religious leaders and traditional rulers who served as a resource to support the districts in addressing issues related to the planning and implementation of the COVID-19 vaccination campaign.

Supporting vaccination efforts using geospatial solutions

ZAMBIA

CONTEXT

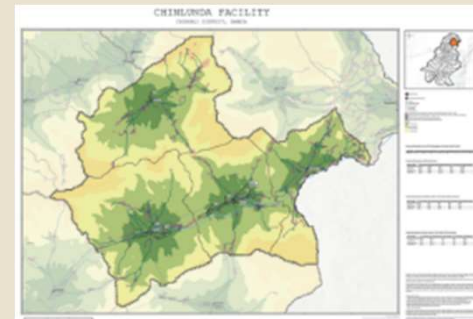
- The 6th national census meant to be held in 2020 was postponed twice due to funding shortfalls.
- The data from the census was meant to inform planning for both routine and COVID-19 vaccination.

CHALLENGE

- Available census data were not granular enough to inform micro planning and depended on broad assumptions about where people lived.
- Immunization professionals depended on hand-drawn maps for to get a sense of where people lived and use it for micro planning.

SOLUTION

- The Geo-Referenced Infrastructure Data for Development (GRID3) initiative partnered with the Health Information Systems Program (HISP) to develop maps for Chinsali district with information on population distribution, settlement location, and health facility location and catchment areas.
- The GRID3 team supported immunization professionals in using the maps and data for micro planning.



- Health workers reported that the system helped **save time and improve effectiveness**
- Experience enabled **expansion to entire province** of Muchinga where Chinsali is located and in time will be expanded to all provinces.
- **Healthcare services** are being made **more accessible** through the partnership with GRID3 and HISP

<https://brightspots.boostcommunity.org/app/uploads/2022/06/Supporting-Vaccination-Efforts-through-Geospatial-Solutions.pdf>

Data-driven planning to address operational challenges

LIBERIA

CONTEXT

- Liberia started COVID-19 vaccination on 1 April 2021 with aim to vaccinate 70% of their population by June 2022.
- Despite establishing strong planning and coordination mechanism, several challenges impeded the vaccine rollout.

CHALLENGE

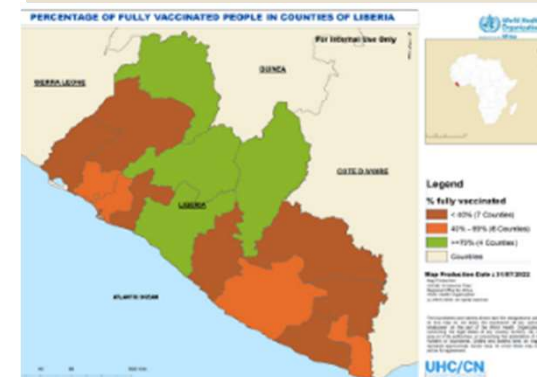
- Inadequate community engagement amidst myths and misinformation.
- Operational and logistical challenges causing disruptions in service delivery.
- Inadequate supportive supervision.
- Shortage of vaccination cards.
- Delayed payment of vaccinator allowances.

SOLUTION

- An Intra Action Review to document challenges and their root causes.
- Data-driven planning to address the identified challenges
- Innovative strategies to reach the high-risk use groups.
- Four mass vaccination campaigns with extended partner support and supervision

Vaccination uptake and coverage increased

- As of 26 Jul 2022, 45% of the population completed the primary series, including 31% of health workers and 44% of older adults.
- Four of 15 counties achieved the 70% coverage target.

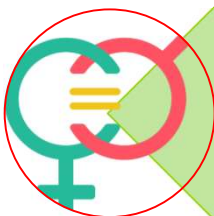


<https://www.afro.who.int/health-topics/coronavirus-covid-19/vaccines/monthly-bulletin>

Service delivery & integration

Good practices and innovation to scale up COVID-19 vaccination

SERVICE DELIVERY & INTEGRATION



ACHIEVING GENDER EQUITY

Ethiopia managed to equitably reach women by delivering vaccination in the industry parks, which employ tens of thousands of female workers. COVID vaccination was integrated with Enhanced Outreach Services providing maternal and child health interventions.



REACHING THE HARD-TO-REACH

Bolivia took special measures to schedule vaccination for the indigenous population, representing different nations or native indigenous and rural populations who live in areas that are difficult to access and have communication and intercultural barriers



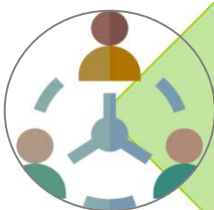
LEVERAGING THE PRIVATE SECTOR

Zimbabwe's private facilities offered vaccination at a nominal fee for admin costs and private sector companies participated in mobilizing their workers to get vaccinated and provided logistical support to vaccination teams.



INTEGRATED DELIVERY

Zambia integrated the delivery of COVID vaccination in anti-retroviral treatment (ART) clinics, where, clients are counselled and directed towards a specially organised COVID vaccination corner within the ART clinic.



STRENGTHENING COORDINATION

Botswana appointed liaison officers in all districts to serve as a constant link between the national team and implementing districts.



SPECIAL MEASURES TO REACH HIGH-RISK GROUPS

Uganda deployed mobile teams to reach elderly persons and others who are unable to reach fixed vaccination posts, especially when there is high demand and long queues.

Good practices and innovation to scale up COVID-19 vaccination

SERVICE DELIVERY & INTEGRATION



MOBILE VACCINATION VANS

Uganda supported the Kampala Capital City Authority with 7 mobilization vans as a vaccination point. The mobilization van model was found to be more cost-effective and reached 4.7 times more clients than a typical outreach.



INNOVATIVE STRATEGIES TO TARGET MIGRANTS

Afghanistan used mobility-centered routine immunization approach (MoRIA) to increase vaccination rate among migrant population.



FINISH-A-VIAL (FAV) CAMPAIGN

Malawi held FAV campaign in two districts (Mangochi and Blantyre) where vaccinators were provided lunch allowances, incentivized when they vaccinated 10+ per day, finishing one vial of Astra Zeneca vaccine.



MOBILE OUTREACH VACCINATION PROGRAMS

South Sudan established 588 outreach vaccination centers country-wide with the support of UNICEF which increased the vaccination consumption rate to 86%.



COVID VACCINE EXPRESS PROGRAM

Malawi launched "COVID Vaccine Express" program with support from UNICEF. One branded Vaccine Express was deployed in each district. After reaching the remote location/ rural site they performed community awareness activities to mobilize the community to the vaccination site.



ENHANCED INTERSECTORAL PARTNERSHIP

Burkina Faso enhanced the intersectoral partnership by intensified campaigns and semi-mobile strategy (targeting institutions like universities, places of worship, and embassies) which helped in increasing the vaccination percentage to 21%

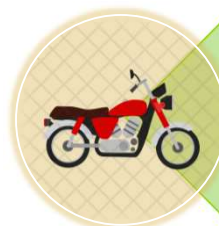
Good practices and innovation to scale up COVID-19 vaccination

SERVICE DELIVERY & INTEGRATION



MASS VACCINATION CAMPAIGNS

Chad: coordinated planning & engagement at all administrative levels to implement vaccination campaigns in 10 out of 23 provinces using the single-dose Janssen vaccine.



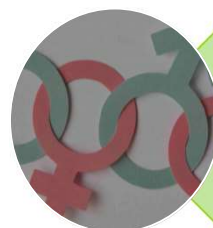
MOBILE VACCINATION PROGRAM FOR ENSURING LAST MILE DELIVERY

Sierra Leone: the vaccination team visited villages on motorbikes to ensure last-mile delivery. The 48–72-hour intervention produced a 27 percentage point increase in adult vaccination rates



COMMUNITY ENGAGEMENT THROUGH OUTREACH PROGRAMS

United Republic of Tanzania created *Timua Vumbi* outreach approach that had specific target metrics and recognition practices as well as community outreach service points. This increased coverage to 12%, higher than national average of 5%.



ADVANCING VACCINATION SERVICES WITH AN INTEGRATED APPROACH

Liberia utilized a community-based approach to integrate COVID-19 testing with vaccination and implemented performance-based vaccination with decentralized and robust supervision. This led to coverage of 54% and an equitable coverage of vaccination in males and females.



IMPROVING GENDER EQUITY IN VACCINATION

Afghanistan used the gender lens to understand best practices to service delivery, used political advocacy to ensure appointment of adequate number of female health workers, and tailored communication materials to improve the demand and uptake of vaccination in women.



MOBILE VANS COMBINED WITH COMMUNITY ENGAGEMENT

India used mobile vans combined with community engagement to generate demand for vaccines and provided last-mile delivery support in 15 districts of Assam state.

Good practices and innovation to scale up COVID-19 vaccination

SERVICE DELIVERY & INTEGRATION



COMMUNITY ENGAGEMENT & INTERGENERATIONAL DIALOGUES TARGETING HIGH-RISK POPULATIONS

United Republic of Tanzania conducted intergenerational dialogues to facilitate communities to accept correct information regarding vaccines and directly engaged with Active Ageing Clubs and health workers for outreach services.



A “VACCINE EXPRESS” TO DELIVER VACCINES

Malawi: The ministry has hired trucks and minibuses deployed across all districts of the country to make it easier for teams of district health officials to move around the communities.



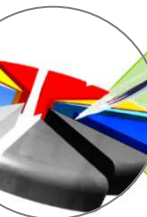
MULTIPLICATION OF VACCINATION SITES

Democratic Republic of the Congo- Kinshasa Multiplication of “**vaccinodromes**” (mass vaccination sites) and addressing the demands of community health workers helped to increase the number of vaccinated people from 516 in March, 22 to 14,908 in June, 22



INNOVATIVE DELIVERY STRATEGIES

Namibia used drive through vaccination and farm-to-farm vaccination to scale up vaccination; the latter strategy was used to reduce inequality in uptake between urban and rural areas.



DIVERSIFICATION OF SERVICE DELIVERY STRATEGIES

Mauritius re-allocated existing resources, diversified service delivery methods, performed wide-spread sensitization campaigns and locally developed a monitoring platform. These efforts reduced vaccine wastage and led to 77% coverage.



COMMUNITY NURSES GO THE EXTRA MILE

Romania: community nurses went the extra mile to engage with communities, provide information, dispel fears, and supported vaccination teams in delivering COVID-19 vaccination

Engaging partners to increase COVID-19 vaccine uptake

UNITED REPUBLIC OF TANZANIA

CONTEXT

- Tanzania faced challenges with COVID-19 vaccine demand: the national leadership was publicly hesitant; participants in UNICEF-sponsored KAP studies said they were made to believe the vaccines were not good and could harm them.
- In early 2021, COVID-19 vaccination and messaging around epidemiology and public health was still not taking place, leading to a low risk perception and demand for vaccine.

CHALLENGE

- Even though the government initiated COVID-19 vaccination in June 2021, only <8% of the population had completed the primary series a year later.
- In the lowest performing region, Manyara, only 3.7% were fully vaccinated.
- Studies were showing willingness to be vaccinated had risen up to 2/3 of study respondents, indicating a large gap between willingness and uptake.

SOLUTION

- The government allocated regions to partners to develop district and council-based implementation plans and provide financial support and supportive supervision during training and vaccination sessions.
- Partner mapping was conducted, and the roles were assigned to the three main partners (WHO, CHAI, Jhpiego) to conduct a 4-day vaccination campaign in June 2022; WHO provided coordination and supported logistics, Jhpiego engaged political and community leaders, and CHAI supported training.



After one year of low vaccine-seeking behaviour and uptake, coordinated partner engagement contributed to an increase in Manyara region's COVID-19 vaccination coverage from 3.7% to 20%

District/Council (DC/Mwaa Council/TC)	Population	Target for the 9-day campaign	Vaccination strategies used			TOTAL	% campaign target vaccinated
			House to house	Out reach	events		
Manyara DC	389,247	40,654	21,561	5,907	641	28,212	69%
Mbeya DC	457,114	48,419	9,711	7,949	1,079	16,129	33%
Shinyanga DC	322,921	34,495	1,066	5,112	4,419	10,617	31%
Bahari DC	141,119	19,251	31,320	1,717	1,041	34,081	176%
Manyara DC	389,247	40,654	21,561	5,907	641	28,212	69%
Kitulo DC	347,800	36,120	11,739	11,738	64	23,541	65%
Mtoto DC	151,437	16,465	6,735	1,734	456	8,925	54%
Total	2,003,345	219,434	106,065	38,592	12,454	157,051	74%

<https://www.afro.who.int/fr/node/16356>

Use of mass vaccination campaigns to scale up COVID-19 vaccination coverage

CHAD

CONTEXT

- Despite starting its COVID-19 vaccine rollout in June 2021, at the beginning of 2022 only 0.9% of the country's population was fully vaccinated and only 26% of available doses were administered.

CHALLENGE

- Weak service delivery with only 72% of vaccination sites functional.
- Low vaccine demand due to misinformation and low risk perception

SOLUTION

- Updated NDVP and micro-plans to address local challenges
- Coordinated planning & engagement of all administrative levels to implement vaccination campaigns in 10 out of 23 provinces using single-dose Janssen vaccine.
- Close monitoring by provincial and district coordination committees
- Advocacy meetings at all administrative levels



Chad rapidly **increased its primary series coverage** of COVID-19 vaccines from 0.9% to 12.7% through the use of mass vaccination campaigns

Coverage among health workers increased from 23% to 59% and among older adults from 0.7% to 12%

Not only did Chad weather the storm of the pandemic but **increased coverage of routine childhood vaccination** by 8% compared to 2019



<https://www.gavi.org/vaccineswork/how-can-we-boost-covid-19-vaccine-coverage-lower-income-countries>

Community engagement through outreach programs to scale up COVID-19 vaccination coverage

UNITED REPUBLIC OF TANZANIA

CONTEXT

- Tanzania initiated its COVID-19 vaccination coverage only in July 2021 and the rollout of vaccination was slow and not on track to reach the 70% coverage target
- The Ministry of Health, Community Development, Gender, Elderly and Children encouraged regional and district authorities to adopt innovative approaches to scale up vaccination

CHALLENGE

- Despite vaccines being made available, vaccine uptake remained low.
- The **Timua Vumbi** approach challenged health workers in Tanzania's Ruvuma region to go into the communities and locations that are not as convenient, neat, and tidy as health facilities, get their "*hands dirty*" and get the people vaccinated.

SOLUTION

The **Timua Vumbi** approach was created so that:

- All District Commissioners were given district targets of 500 or 1000 vaccinations per day based on the district populations.
- Community leaders and health workers were recognized publicly and awarded letters of recognition for their performance.
- Vaccination was conducted in health facilities and through outreach service points identified by the community to improve access.



Due to the implementation of the **Timua Vumbi** ("**Dust off**") approach in the Ruvuma region of Tanzania the COVID-19 vaccination rate increased from 300 per day to 10,600 per day

Coverage with the primary series reached 12%, which is greater than the national average coverage of 5%

<https://apps.who.int/iris/bitstream/handle/10665/356373/CV-20220615-eng.pdf>

Improving gender equity in vaccination

AFGHANISTAN

CONTEXT

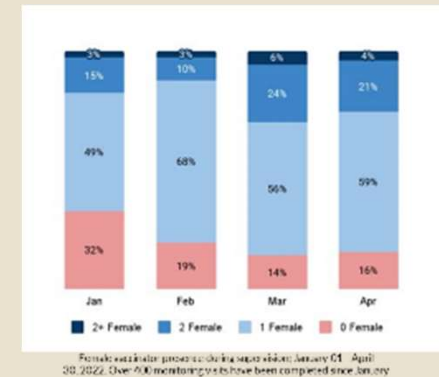
- Afghanistan initiated COVID-19 vaccination on 23rd February 2021.
- Uptake during the initial phases was slow; while coverage improved in the second half of 2021, by December 2021 only 10% of the population had received the primary series of vaccination.

CHALLENGE

- The percentage share of COVID-19 vaccine doses administered to women was only 41% in August 2021.
- With the change in regime, women's access to public services declined significantly with the consequent risk of rising gender inequity in COVID-19 vaccination coverage.

SOLUTION

- Using the gender lens to understand best practices and challenges to service delivery and for collecting and analysing vaccination data.
- Political advocacy to ensure appointment of adequate number of female health workers to improve access in women.
- Tailored communication materials to improve demand and uptake in women.
- Collection, analysis and use of gender-disaggregated data to monitor progress & take corrective actions.



The share of cumulative doses administered to women increased

As of April 2022, in 24 out of 34 provinces the % doses administered to women is > 50%; only the smaller provinces have a proportion less than 50%.

In April 2022, women account for 57% of those who have completed the primary series of vaccination



Mobile vaccination program for ensuring last mile delivery

SIERRA LEONE

CONTEXT

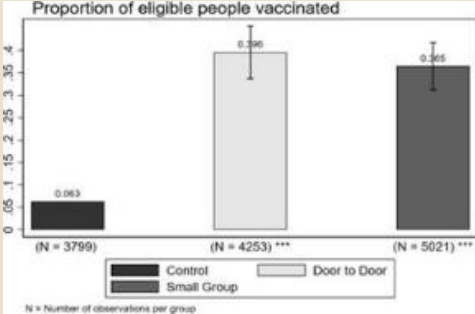
- Despite high vaccine acceptance (88% say they are willing to take a vaccine if it is made available), just 20% of the eligible population was fully vaccinated and only 6% in rural areas.

CHALLENGE

- Last-mile delivery challenges.
- Even though vaccines were available in clinics, it takes on average 3 hours to get to a vaccination center each way and costs up to US\$ 6.50 each trip.

SOLUTION

- Partnership between Sierra Leone Ministry of Health, The International Growth Centre (IGC), Yale, and Wageningen University to evaluate a strategy using mobile vaccination teams to visit villages on motorbikes



During the brief intervention period, there was a **27 percentage point increase in adult vaccination rates**



https://www.technet-21.org/en/library/main/8242-sierra-leone_rct-of-last-mile-vaccine-delivery

Advancing vaccination services to the people with an integrated approach.

LIBERIA

CONTEXT

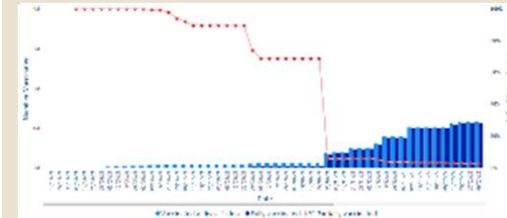
- Liberia recorded the 1st confirmed case of the Covid on March 16, 2020.
- A number of strategies and interventions were adopted by the Government of Liberia through the national Incident Management System (IMS).
- A series of intensive COVID-19 vaccination campaigns, including but not limited to only COVID-19 vaccination, were conducted during April 2021 to July 2022.

CHALLENGE

- Vaccine stockouts, shortfalls in the inventory processes and sub-optimal distribution of vaccines from the depots to the counties.
- Non-uniform operational support to all counties.
- Poor access to some communities due to bad road networks.
- Concurrent outbreak of measles overstretching the human resource capacity.
- Community members not patronizing vaccines at the nearest health facilities

SOLUTION

- Community-based vaccination approach taking the vaccines to the people (house-to-house, street to street, and school visits)
- Integrating COVID-19 testing with vaccination.
- Performance-based vaccination with decentralization and robust supervision.
- Engagement of influential leaders to work in their communities to create demand and improve community acceptance.



As of the first week of July 2022, 2,498,022 people representing 54% of the target population have completed the primary series of vaccination.

There is equitable coverage of vaccination in males and females.

Liberia is prepared to embark on the next phase of integrating COVID19 vaccination with a target of achieving 90% coverage.

https://www.afro.who.int/sites/default/files/2022-07/Liberias%20experience%20in%20COVID-19%20vaccination_0.pdf

Mobile vans combined with community engagement to increase vaccine uptake

INDIA

CONTEXT

- Low uptake of COVID-19 vaccines in vulnerable populations in India.
- In the north-eastern states, second dose coverage was documented to be the lowest among vulnerable and marginalized populations, such as the elderly, and rural populations.

CHALLENGE

- Lack of public confidence in vaccines.
- Lack of access to vaccination sites as 40% of the elderly have disabilities, and 20% were unable to travel to vaccination sites.
- Lack of sufficient resources and adequate infrastructure, particularly difficult-to-reach, scattered populations and those living in hilly terrains.

SOLUTION

- Mobile vans combined with community engagement generated demand, mobilized the community, and provided last-mile delivery support by the following actions:
 - Use of community influencers in partnerships with local government.
 - Enhanced community engagement efforts.
 - Brought the vaccination sites closer to the beneficiaries by deploying mobile vaccination vans and arranging transportation to vaccination sites.



In 15 districts of Assam, through mobile vans the demand generation and community engagement interventions have reached 300k community members.

The mobile vans have administered 10,127 COVID-19 vaccines doses in geographically hard-to-reach areas in these districts.

https://www.technet-21.org/media/com_resources/tr1/8204/multi_upload/India_Assam_MobileVansandCommunityEngagementtoincreaseuptakeinhardtoreach.pdf

Community engagement and intergenerational dialogues targeting high-risk populations

UNITED REPUBLIC OF TANZANIA

CONTEXT

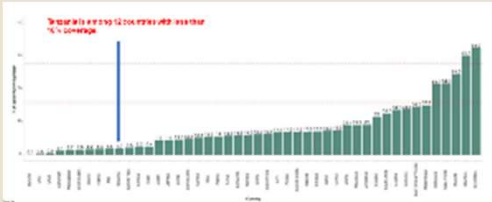
- After a year-long denial of a pandemic of COVID-19, Tanzania the country joined COVAX late in July 2021.
- There was low uptake of the vaccine when it was introduced, particularly among the older and more vulnerable age group.

CHALLENGE

- Older people despite being in the high-risk group for COVID-19, were hesitant and refused to accept the vaccine due to:
 - Lack of access to information that they trusted.
 - Lack of trust in government sources of information.

SOLUTION

- Facilitated community engagement and dialogues to clear misconceptions on COVID-19 and its vaccine.
- Intergenerational dialogues to facilitate peer-exchange of information across age groups.
- Direct engagement with groups like Home Based Carers, Active Ageing Clubs, Young Volunteers, and Health workers for outreach services



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 regions Program regions with HelpAge intervention covering 600 village communities, **the number of older people were vaccinated increased from 7,830 in February 2022 to 18,469 in May 2022.**



https://www.technet-21.org/media/com_resources/tr/8281/multi_upload/Tanzania_Equityandaccessforolderpeoplemostrisk_HelpAge.pdf

Multiplication of vaccination sites along with engaging community health workers

DEMOCRATIC REPUBLIC OF THE CONGO

CONTEXT

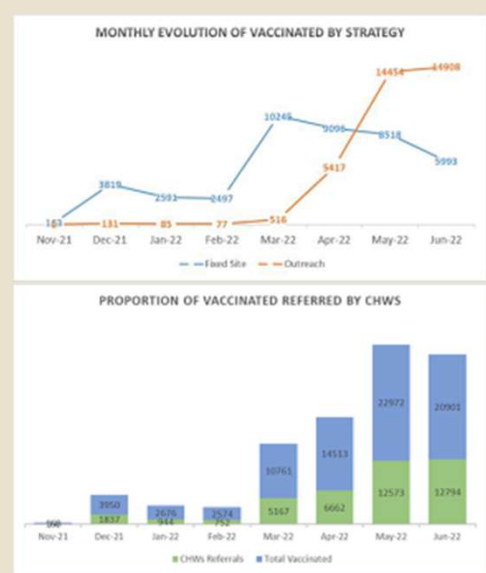
- The country had very low uptake of vaccination with only less than 1% of the population having completed the primary series of vaccination.
- VillageReach began operating mass COVID-19 vaccination sites, or “Vaccinodromes”, in Kinshasa Province.

CHALLENGE

- Initial vaccination targets were ~1,000 per day, but throughput at the vaccinodromes was not meeting these goals.
- There was low attendance at the fixed COVID-19 vaccination sites, despite the sites being located in high-traffic urban settings.

SOLUTION

- Enhanced efforts to increase community demand using Community Health Workers were initiated with special focus on priority sub-populations..
- The number of “Vaccinodromes” were increased from 1 to 4 using the of “Hub and Spoke” model to improve access.



People vaccinated at “Vaccinodromes” increased indicating the social mobilization efforts using community workers was having an impact.

People vaccinated during outreach sessions increased from 516 in March 2022 to 14,908 in June 2022.

https://www.technet-21.org/media/com_resources/tr/8203/multi_upload/DRC_HighVolumevaccinationSiteexperience.pdf

Diversification of service delivery strategies

MAURITIUS

CONTEXT

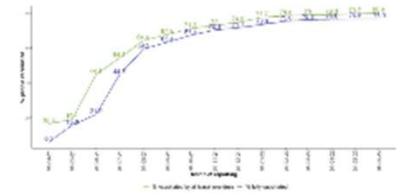
- Mauritius was among the first African countries to introduce COVID-19 vaccines, after starting the rollout of COVID-19 vaccination on 26 January 2021.
- The initial target set by the government was to achieve at least 60% of people fully vaccinated by September 2021 with a view to re-opening the country's borders and boosting the economy, largely dependent on tourism.

CHALLENGE

- Vaccine hesitancy.
- Low demand for vaccination.
- People did not come for their second doses couples with the short life of vaccines.

SOLUTION

- Reallocation of resources within the non-communicable diseases and health promotion unit (NCD-HPR) unit to fund vaccination
- Diversification of service delivery strategies combining fixed sites with mobile teams and mini-mobile teams with special teams assigned to ensure follow up doses.
- Widespread sensitization through media and worksite sensitization campaigns.
- Locally developed a platform called COVAC- to monitor and evaluate vaccination.



Vaccination Week in the Americas (VWA) activities to scale Covid 19 vaccination

WHO REGION OF THE AMERICAS

CONTEXT

- Vaccination Week in the Americas (VWA) was a regional initiative, aimed at promoting equity and access to vaccination in all countries in the Region.
- The VWA platform was adapted to national, regional, and global contexts to select activities that best meet local public health priorities

CHALLENGE

- Major interruptions in the global supply chain and the redirection of health care resources due to the COVID-19 pandemic have caused a serious decline in routine immunizations for children and vulnerable populations.

SOLUTION

- VWA was used to establish pop-up sites to increase access to COVID-19 vaccination while also promoting seasonal influenza vaccination emphasis on vulnerable populations and frontline workers.
- Outdoor venues and drive-through or walk-up vaccination centers were used to facilitate social distancing measures while providing immunization services.



PAHO has helped to procure personal protective equipment such as masks, gowns, and gloves & more than 20 million vaccine doses.

210 million people who are most vulnerable, such as older adults, nursing home residents, people with chronic illnesses, and essential workers were vaccinated during VWA and other campaigns that lasted until mid-2022.

https://iris.paho.org/bitstream/handle/10665.2/56231/OPASPLIM220020_eng.pdf?sequence=5

Use of digital technologies for vaccination session monitoring

BANGLADESH

CONTEXT

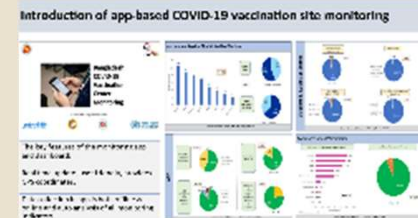
- Bangladesh launched COVID-19 vaccination on 7 February 2021 using a phased approach, prioritizing the highest risk groups during the initial phases.
- The Government leveraged existing expertise in the use of digital technologies to support the planning, delivery, monitoring, and management of vaccination programs

CHALLENGE

- Ensuring equitable access to COVID-19 vaccination while implementing a vaccination drive of immense scale during a short period of time.

SOLUTION

- In collaboration with the Government, WHO introduced app-based COVID-19 vaccination site monitoring through WHO field network of Surveillance & Immunization Officers (SIMOs).
- The SIMO network captured data from vaccination session sites of various monitoring indicators that covered a range of operational issues on COVID-19 vaccination and vaccine demand and supply.
- The data were presented real time on a data dashboard



More than 3300 sessions have been visited and feedback provided e indicators.

The data are made available real time on a user-friendly data dashboard and enables automated analysis of the e-indicators.

The availability of GPS coordinates enables tracking of activities by vaccination site.

<https://static1.squarespace.com/static/59bc3457ccc5c5890fe7cacd/t/60da3ff79cb90c4816f42c34/1624915961286/M%26M-brief-Bangladesh.pdf>

Vaccination of refugee populations

PAKISTAN

CONTEXT

- Pakistan hosts 1.4 million Afghan refugees according to official records, plus as many as 2 million more unregistered migrants from Afghanistan.
- Due to limitations in access to health services, the health condition of Afghan refugees deteriorated during the COVID-19 pandemic.

CHALLENGE

- The large population of unregistered Afghans and others without formal papers has been unable to take advantage of the vaccination program.
- There were no COVID-19 vaccination centres in the refugee camps.
- Refugee populations who wanted to get vaccinated were not aware of the registration process and how to access vaccination services.

SOLUTION

- COVID-19 mobile vaccination with integrated health service camps were set up across Pakistan; seven in refugee camps in Karachi, 2 in Hyderabad and four in Islamabad.
- IEC materials were displayed in Afghan refugee villages to promote vaccination.
- The vaccination drive was supplemented by 63 integrated health camps to provide a variety of PHC interventions.
- Vaccination counters were established at border crossings.



Due to efforts of mobile teams, 168,998 (89,231 1st and 85,441 2nd doses) have been administered among the refugees settled in Karachi and Hyderabad, as of August 26, 2022.

1500-2000 people are vaccinated daily and given vaccination cards at border crossings.

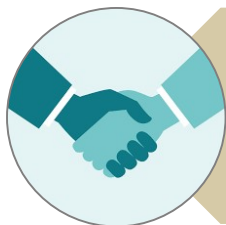


<https://www.unhcr.org/pk/12917-unhcr-welcomes-pakistans-inclusion-of-afghan-refugees-in-its-covid-19-vaccination-programme.html>

Supply chain & waste management

Good practices and innovation to scale up COVID-19 vaccination

SUPPLY CHAIN & WASTE MANAGEMENT



PARTNERSHIPS

Bolivia: the COVID-19 vaccination programme established a strategic alliance with *Boliviana de Aviacion* and the National Police that enabled vaccine distribution and security.



INNOVATIVE APPROACHES FOR VACCINE DISTRIBUTION

Ghana used drones to deliver vaccines to areas that were difficult to access.



LEVERAGING DIGITAL PLATFORMS

India leveraged their electronic Vaccine Intelligence Network and linked it to the a digital application for registration and scheduling vaccination to ensure adequate supply at each vaccination session.



COLD CHAIN ASSESSMENT & MONITORING

Uganda performed a nationwide assessment of the cold chain storage capacity; weekly temperature monitoring and reporting from the districts ensured that there was adequate capacity and adequate temperature management.



PRIVATE SECTOR ENGAGEMENT

Ghana: the Ministry of Health partnered with waste management companies to help in management of huge injection waste that was generated during vaccination,



ADVANCE PLANNING & TIMELY ACQUISITION

El Salvador's planning enabled the timely acquisition of ultra-cold chain equipment, refrigerated trucks, and other cold chain equipment for the optimal storage and transport of vaccines,

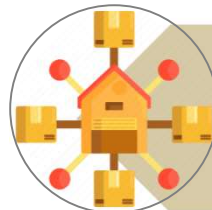
Good practices and innovation to scale up COVID-19 vaccination

SUPPLY CHAIN & WASTE MANAGEMENT



USING DRONES TO DELIVER VACCINES

Malawi leveraged its existing drones network to distribute COVID-19 vaccines to 25 hard-to-reach health centres in two districts that were at risk of being completely cut off by floods.



REDUCING VACCINE WASTAGE

Benin controlled the distribution of vaccines by allocating vaccines to vaccination sites based on utilization rates to reduce vaccine wastage.



LAST MILE DISTRIBUTION OF VACCINE

Mozambique created an innovative model for Last Mile Supply Chain distribution, implemented by VillageReach in partnership with the Government of Mozambique and private sector companies to ensure last mile distribution of COVID-19 vaccines.



REDUCING VACCINE WASTAGE

Niger: health workers monitored daily vaccine usage rates to inform deployment strategies and redeployed vaccine from one site to another, as needed, to avoid expiration.



NATIONAL HEALTH INFORMATION SYSTEMS TO SCALE IMMUNIZATION

Rwanda built on existing national real-time monitoring approaches by utilizing existing national information systems i.e., DHIS2, to scale the COVID-19 immunization program



THE iDRONE PROGRAMME IN INDIA

India used drones to deliver medical supplies in difficult geographic terrains, including COVID-19 vaccines, other vaccines, antenatal care medicines, multi-vitamins, syringes and gloves in three districts of Manipur and two districts of Nagaland in the north-east of the country.

Good practices and innovation to scale up COVID-19 vaccination

SUPPLY CHAIN & WASTE MANAGEMENT



SIMULATION EXERCISES TO ASSESS READINESS

Moldova conducted a simulation exercise to test readiness for vaccine deployment and identify strengths and potential challenges.



FACILITY-LED INITIATIVES TO COMBAT INJECTION WASTE

Colombia's *Fundación Clínica Infantil Club Noel*, a medium-sized tertiary hospital in southwest Colombia, strengthened its waste management in response to COVID-19 by raising awareness among staff on biosafety and waste management in COVID-19 care areas.



ALTERNATIVE WASTE TREATMENT TECHNOLOGIES AND RECYCLING OF VACCINATION WASTE

Nepal used two non-burn technologies for the safe disposal of injection and vaccine waste.



MONITORING VACCINE DISTRIBUTION

Argentina monitored vaccine distribution from, the moment they are delivered to the country until their use through two modules in the Argentine Integrated Health Information System, namely the Monitoring System of Medical Supplies (SMIS), and the Federal Register of Nominalized Vaccination (Nomivac), which registers nominalized application of vaccines.

National real-time monitoring and using health information systems to address logistical challenges

RWANDA

CONTEXT

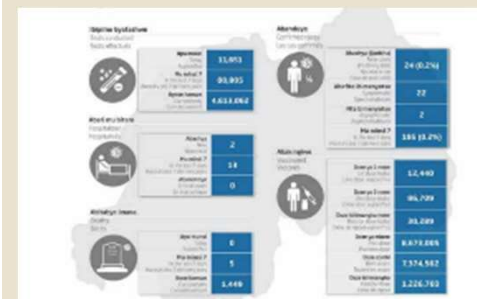
- Rwanda recorded over 110,000 positive cases Covid by cases end of 2021.
- The pandemic response was managed by the national Joint COVID-19 Task Force, comprised of multi-sectoral advisors from relevant ministries and external institutions.

CHALLENGE

- Supply chain and logistics challenges related to the deployment and proper use of multiple Covid vaccine products.
- Intersectoral coordination gaps.

SOLUTION

- Leveraged the existing DHIS2 platform that was already in use at scale nationally for the COVID-19 immunization program.
- Implemented accountability structures and clear coordination mechanisms.
- Multi-stakeholder engagement with use of open-source platforms to manage logistics management information and data.
- Provided technical advice and system maintenance support to facilitate vaccine monitoring.



The rapid scale-up of existing health information infrastructure enabled the COVID-19 response and immunization rollout to be dynamic, user-friendly, and led by evidence and programmatic need.

The advances have facilitated the sustainability of real-time data and monitoring systems within Rwanda.

Better interoperability between digital tools.

<https://dhis2.org/rwanda-covid-lab-integration/#~:text=Rwanda%20was%20one%20of%20the,t he%20DHIS2%20Android%20Capture%20App.>

Human resource management & training

Good practices and innovation to scale up COVID-19 vaccination

HUMAN RESOURCES MANAGEMENT & TRAINING



USE OF DIFFERENT SOURCES FOR SURGE CAPACITY

Zambia developed surge capacity through the utilization of newly graduated Health Care Workers and through secondment of staff from partner organizations.



PRIVATE PROVIDERS USE

Somalia supplemented its existing human resources in health facilities with additional surge capacity from the private sector and non-governmental organizations.



DIGITAL TECHNOLOGY FOR TRAINING

Ghana utilised electronic conferencing facilities and personal electronic devices to facilitate rapid training at low cost.



STAFF WELL-BEING

El Salvador reported taking additional measures to ensure the well-being of their staff and maintain motivation including the provision of health insurance to cover for any illness, and providing a good working environment, e.g., food boxes, air-conditioned cabins, and relaxing music.



SURGE CAPACITY SKILLS SETS MATCHED TO TASKS

Bolivia hired those without a health background to carry out pre-registration and to support data entry and reporting, allowing the health workers to focus on vaccination.



SIMULATION EXERCISES

El Salvador used simulation exercises to supplement health worker training and used digital media and electronic platforms to disseminate updates.

Good practices and innovation to scale up COVID-19 vaccination

HUMAN RESOURCES MANAGEMENT & TRAINING



PEER-TO-PEER LEARNING

Bhutan: Regular sharing of best practices and challenges by district managers promoted peer-to-peer learning



PEER-TO-PEER LEARNING

Kenya: Leveraged WhatsApp groups to promote greater awareness of vaccine safety and effectiveness among health workers and designated and trained specific health workers to serve as "information ambassadors".



CASCADE TRAINING FOR COVID-19 VACCINATION

Ukraine used a cascade training approach through 28 regional training hubs, 12 training hubs in medical universities and 1 in an armed forces training centre, to train over 17 000 health workers and medical students in 670 2-day in-person courses throughout the country.

Use of cascade training to rapidly train health workers for COVID-19 vaccination

UKRAINE

CONTEXT

- The complexity, scale and speed of the COVID-19 vaccination response has been unprecedented.
- A vital part of the vaccine rollout in the training of health workers who will administer vaccination.

CHALLENGE

- Following an initial training of 255 health workers working through 50 mobile outreach teams, a rapid scale up was required to enable vaccine rollout country wide.

SOLUTION

- A cascade approach was adopted, starting with a train-the trainers course for 340 regional trainers.
- The regional trainers worked through 28 regional training hubs, 12 hubs in medical universities and 1 in an armed forces training centre.



1700 health workers and medical students were trained through 670 2-day in-person courses across the country.

An online course based on the WHO Open Learning platform was made available through the Ukrainian Public Health Centre to further strengthen health worker capacity

<https://www.who.int/europe/news/item/10-12-2021-news-headline-cascade-training-enables-a-rapid-scale-up-of-covid-19-vaccination-in-ukraine>

Demand & acceptance

Good practices and innovation to scale up COVID-19 vaccination

DEMAND & ACCEPTANCE



MISINFORMATION MANAGEMENT

Ghana established a misinformation and rumour management taskforce for social listening and proactive misinformation management.



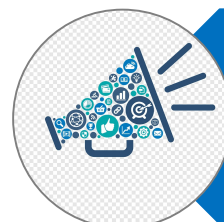
STRENGTHENING COMMUNICATION SKILLS

Bhutan invested in training their health and communications staff to improve their communication skills to build trust and allay fears.



EVIDENCE-INFORMED MESSAGING

South Sudan used evidence from studies on the behavioural and social drivers of vaccine acceptance to inform the design of their plans and in developing appropriate messages



PROACTIVE MEDIA ENGAGEMENT

Bolivia worked proactively with the press and used designated spokespersons to disseminate messages to improve demand and acceptance of vaccination.



PROVIDING INCENTIVES

United Republic of Tanzania collaborated with the Tanzania Football Federation to provide free tickets for the first 50 people who would be willing to receive COVID-19 vaccine before they enter the football pitch to watch a game.



IMMUNIZATION CARAVANS

The Gambia used an “immunization caravan” that engaged audiences through use of edutainment* approaches, and used local influencers to provide accurate information on COVID-19 vaccines, anticipated vaccination campaigns, and address vaccine mis-or disinformation.

* video games, television programmes, or other material, intended to be both educational and enjoyable

Good practices and innovation to scale up COVID-19 vaccination

DEMAND & ACCEPTANCE



INNOVATIVE COMMUNICATION

Nigeria used trusted messengers to deliver targeted messages that respond to community concerns with the vision of achieving the behavioral shifts needed to raise COVID-19 vaccine coverage in Nigeria.



IMPLEMENTED EVENT-BASED VACCINATION TO ADDRESS BARRIERS

United Republic of Tanzania Successfully leveraged media visibility around the football matches and used the players as advocates for vaccination.



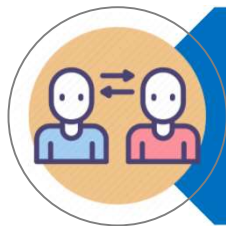
STREET VACCINATION CAMPAIGNS

Nigeria conducted a street vaccination campaign (road walk) along with house-to-house sensitization and social mobilization and an interactive live radio show to address vaccine hesitancy.



CONTEXT-SPECIFIC ACTION PLANS TO ACCELERATE COVID-19 VACCINATION.

Cote d'Ivoire developed 165 context-specific action plans to accelerate COVID-19 vaccination to vaccinate an estimated 3.5M people



TWO WAY COMMUNICATION

Malawi Red Cross in partnership with Katikati used a communication software with 2-way SMS communication to address rumors and gather insights to address hesitancy.

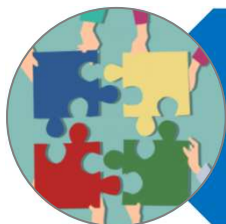


COMMUNITY INVOLVEMENT AND INTEGRATION OF VACCINATION WITH ROUTINE ANC SERVICES

Fiji used community feedback and established a dedicated Social Listening Subgroup under a multi-partner RCCE initiative to improve demand for routine immunization and COVID-19 vaccination.

Good practices and innovation to scale up COVID-19 vaccination

DEMAND & ACCEPTANCE



INTENSIVE COMMUNITY LED CAMPAIGNS

Madagascar worked on intensive community-led campaigns and successfully vaccinated 1 million people in 6 months.



STRATEGICALLY FOCUSED USE OF COMMUNITY RADIO TO COMBAT VACCINE RUMORS

Bangladesh partnered with one FM station and 16 community radio stations to spread correct information about Covid vaccines focusing on tailored messages to high-risk groups.



MULTIPLE COMMUNICATION STRATEGIES IN CAMPAIGNS

Ethiopia used multiple communication strategies such as engagement of key informants and RCCE to successfully vaccinate 33000 persons in 2 days.



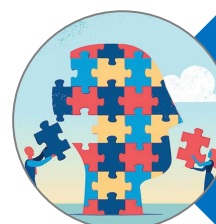
COMMUNITY CENTRED APPROACH

Ethiopia (Sidama area) followed a community-centered bottom-up approach to increase the awareness of vaccination leading to utilisation rate of 98% .



VACCINE ADVOCACY BY CELEBRITIES

Burkina Faso introduced a vaccination awareness campaign with the reggae singer Sana Bob which increased the footfall at vaccination centers.



COMMUNITY-FOCUSED COVID-19 VACCINE DISCUSSION FORUMS

Cameroon Classified the population into based on risk and developed a social and behaviour change communication specific for each group to improve acceptance of vaccine.

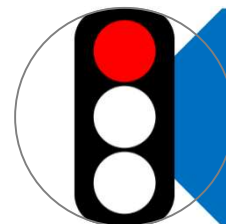
Good practices and innovation to scale up COVID-19 vaccination

DEMAND & ACCEPTANCE



UTILIZING VACCINATION DEMAND OBSERVATORY (VDO) TO ENSURE CAMPAIGN SUCCESS

Viet Nam used its VDO to monitor local language online public conversation to identify misinformation and provide vetted messages and creative assets in response.



VACCINATION-RELATED RESTRICTIONS TO INFLUENCE HEALTH-RELATED BEHAVIOR

Pakistan's government-imposed restrictions on unvaccinated health workers influenced vaccine uptake and achieved high vaccine compliance despite the persistent vaccine hesitancy.



COUPLING RUMOR MANAGEMENT SYSTEM WITH MULTIMEDIA APPROACH

Cote d'Ivoire used a data-driven communication effort using intensive national radio campaigns and TV spots to increase the vaccination rate.



LEVERAGING PHARMACISTS TO CREATE AWARENESS

Moldova: over 300 pharmacists in 110 pharmacies in the country were the centre of an information sharing campaign to create awareness on COVID-19 vaccination.



GEO-TARGETED SOCIAL MEDIA COMMUNICATION CAMPAIGN TO COUNTER ONLINE MISINFORMATION

Ghana used geo-targeted social media communication campaign targeting social media users between the ages of 18-45 to educate about COVID-19 vaccines.



USING FOOTBALL PLAYERS TO CREATE AWARENESS

Moldova: established a partnership with one of the country's most popular football clubs, *Dacia Buiucani*, to raise awareness of the benefits of COVID-19 vaccination.

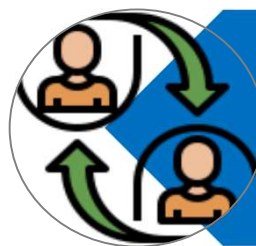
Good practices and innovations to scale up COVID-19 vaccination

DEMAND & ACCEPTANCE



STORY-TELLING TO COMBAT HESITANCY

Nigeria: The immunisation field monitor in Kaduna state used the skill of storytelling to combat the hesitancy of health workers about the effects and efficiency of the Covid 19 vaccine.



TRAINING HEALTH WORKERS TO CREATE DEMAND AMONG PEERS

Ukraine: health-care professionals in Ukraine received training on how to pass on their knowledge about COVID-19 vaccines to their peers, address their questions and concerns and create demand.

Intensive community led campaign to address hesitancy and stimulate demand

MADAGASCAR

CONTEXT

- Madagascar started implementing COVID-19 vaccination in May 2021.
- Progress was slow and the coverage is low; only 4.3% of the population has completed the primary vaccination series.

CHALLENGE

- A survey revealed that 32% of the Malagasy population was reluctant to get vaccinated; 44% of respondents cited community and religious leaders' rhetoric on immunisation as a primary reason for hesitancy.

SOLUTION

- Community-level campaigns in 22 sub-regional sites, mobilising testimonies from social, cultural, and religious leaders on local TV and radio.
- Printed media publications in 109 districts to sensitise priority target groups
- Vaccination campaign-branded mobile groups circulated radio messages, songs, and vaccine information across 114 health districts.

As a result of the **community-based demand generation and vaccination campaigns 20,000 doses per day were administered** during the first vaccination campaign, resulting in **80% of targeted individuals completing the primary vaccination series.**

In total, **1 million individuals were vaccinated in 6 months.**

Utilization of multiple communication strategies before and during the campaign

ETHIOPIA

CONTEXT

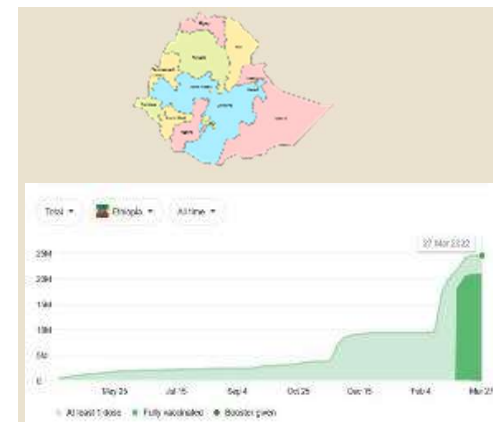
- Ethiopia had 469,819 confirmed cases of COVID-19 since 3 March 2020.
- The proportion of the population who had completed the primary series of vaccine in December 2021 was only 4%.

CHALLENGE

- Community denial of COVID-19 (refusal to accept scientific facts).
- Low capacity of rural health facilities to deliver vaccination.
- Negative local community perception and rumors causing vaccine hesitancy.
- Conflict in parts of the country.

SOLUTION

- Engagement of 5000 key informants and provision of risk communication and community engagement training.
- Utilization of media, Information Education and Communication (IEC) materials, role play, and focus group discussions to improve uptake.
- Engagement of communities in planning vaccination campaigns.



500,000 people were reached through home visits, awareness campaigns and other community mobilization approaches.

More than 33,000 persons were vaccinated in 2 days during an outreach campaign.

Including communities in planning the timing of the campaign was instrumental in the success of the campaign

<https://documents1.worldbank.org/curated/en/323621615393215068/pdf/Stakeholder-Engagement-Plan-SEP-Ethiopia-COVID-19-Emergency-Response-P173750.pdf>

Vaccine advocacy led by celebrities

BURKINA FASO

CONTEXT

- Even though the country started its vaccination journey on June 2021, only 14% of the population has completed the primary series of vaccination by June 2022.

CHALLENGE

- Proliferation of rumours.
- Inadequate and non-reassuring communication.
- Mistrust of the authorities.
- Worldwide controversy surrounding the vaccine which invalidated the data and information normally used to mobilize the population.

SOLUTION

- Breakthrough ACTION, a collaboration led by the Johns Hopkins Centre for Communication Programs implemented an awareness campaign with the reggae singer Sana Bob to talk about immunization in simple terms by combining entertainment with information and to reach out to communities with the right information and vaccine.



In Koubri clinics which had previously recorded 0 vaccination, 95 people got vaccinated the next day after the campaign.

Other areas like Djikofê and Tampouy also noted increase in number of people getting vaccinated.

https://www.technet-21.org/en/library/main/8243-burkina-faso_awareness-campaigns-usaid

Community-centred approach to increase vaccine uptake

ETHIOPIA (SIDAMA AREA)

CONTEXT

- Ethiopia adopted a strategy of mass vaccination campaigns to accelerate uptake of COVID-19 vaccination.
- A **very low uptake** was observed in Hawassa city during a COVID-19 vaccination campaign.

CHALLENGE

- High-level advocacy had been conducted, however advocacy using local influencers was not conducted.
- Social mobilization activities were not properly planned and monitored.
- Vaccinating teams were unable to reach daily targets in fixed and outreach sites.

SOLUTION

- National supervisory team with immunization experts conducted frequent visits to health facilities, vaccination sites, industrial parks, schools, and colleges to identify the root causes for low vaccine uptake
- Advocacy was conducted at the community level, using targeted social mobilization messages.
- Multiple temporary vaccination sites were opened in places like schools, offices, bus stations



The Hawassa city administration had **utilized 98% of COVID-19 vaccines allocated** after the campaign.

https://www.technet-21.org/en/library/main/8252-ethiopia-enhanced-advocacy-and-social-mob_jsi

Community-focused COVID-19 Vaccine discussion forums

CAMEROON

CONTEXT

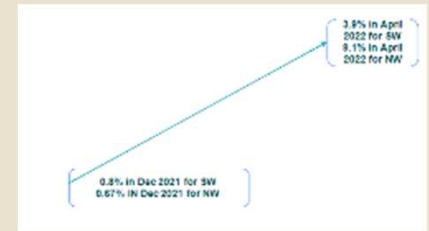
- Vaccine uptake in Cameroon was low and less than 2% of the population had completed the primary series of vaccination.
- The Anglophone regions of the country had the poorest rates of COVID-19 uptake with a primary series vaccination coverage of only 0.8% of the population in the southwest and 0.67 in the northwest of the country.

CHALLENGE

- The ongoing armed conflict and the strained relationship between the population of Anglophone Cameroon and the government contributed to the low vaccine uptake.
- Limited resources and government engagement in these regions had made it difficult to scale interventions.

SOLUTION

- Incorporated vaccine demand activities and human-centred design in micro plans.
- Divided the population into vulnerable groups and developed Social Behavior Change Communication strategies specific for each group
- Created community dialogue structures in selected communities and used existing patient groups such as diabetic clubs
- Value Health Africa (VAHA) developed a confidence meter tool to understand the monitor vaccine confidence.



Steep increase in the number of people vaccinated per day since launching this community strategy in January 2022.

Vaccination rates increased from 0.8% for the south-west and 0.67% for the north-west in Dec 2021 to 3.9% and 9.1% , respectively in April 2022.



https://www.technet-21.org/en/library/main/8248-cameroon_community-dialogue-and-microplanning_value-health-africa

Utilizing Vaccination Demand Observatory (VDO) to ensure campaign success

VIET NAM

CONTEXT

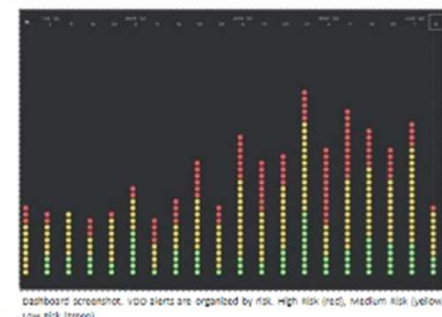
- In early 2022, 15% of survey respondents in Viet Nam believed the COVID-19 vaccine was unsafe and 13% believed the vaccine was ineffective.
- Progress with vaccinating children from 5-12 years old and for the booster doses for adults was slow.

CHALLENGE

- Vaccine hesitancy, fueled in part by misinformation and information gaps, continues to threaten vaccination efforts.

SOLUTION

- Use of the Vaccination Demand Observatory (VDO) which monitors local language online public conversation to identify misinformation and provide vetted messages and creative assets in response
- Capacity strengthening and technical assistance to health workers to respond to misinformation.
- A three-year work plan including the “Safe Journeys” media campaign, which includes a focus on debunking myths about COVID-19 vaccines.



Before the VDO, UNICEF Viet Nam had not used social listening to inform a vaccination media campaign like Safe Journeys.

Safe Journeys reached ~25 million people in phase 1 of the campaign.

<https://www.unicef.org/vietnam/press-releases/vaccination-demand-observatory-launched-strengthen-local-communication-programmes>

Coupling Rumor Management System with multimedia approach

CÔTE D'IVOIRE

CONTEXT

- Since the debut of Côte d'Ivoire's vaccination campaign in early 2021, progress has been slow, with coverage falling well short of the WHO-identified target to vaccinate 70% of the population by June 2022.

CHALLENGE

- Ivorians remain hesitant to get vaccinated due to fear of the perceived adverse effects of the vaccine on fertility combined with low-risk perception of COVID-19.

SOLUTION

- Utilisation of a Rumour Management System which aggregates and summarizes rumours sourced from community informants, social media, and the national hotline each month.
- Intensive radio campaign during the December holiday period to address misinformation and encouragement of continued prevention behaviours.
- TV spots responding to rumours, and prevalent public concerns, including the fear of side effects.



The data-driven communication effort supported an **increase in the vaccination rate by the end of 2021: 15% completed the primary series (vs. 10% prior to the campaign)**

Among priority groups, 87% of health workers, 99% of military and 85% of the elderly received at least one dose.

https://www.technet-21.org/en/library/main/8208-cote-divoire_using%20rumor%20management%20system%20data%20to%20develop%20adaptive%20covid-19%20vaccination%20strategies

Community involvement and the integration of vaccination with routine ANC services

FIJI

CONTEXT

- On March 10, 2021, Fiji launched its COVID-19 vaccination drive for frontline workers with subsequent shift in strategy to include everyone over 18 years.
- Fiji reported its first community COVID-19 case on April 19, 2021, due to a breach in protocol.

CHALLENGE

- Low vaccine uptake despite intensified RCCE targeting people over 60 years and people living with disabilities.
- Misconceptions and misinformation on vaccination for pregnant women at the peak of community transmission.

SOLUTION

- Established a dedicated Social Listening Subgroup under multi-partner RCCE Working group.
- Triangulation of community feedback from online and offline sources.
- Daily briefing to Incident Management Team and the COVID-19 command centre to coordinate with the work of other response pillars.
- Integration of vaccination with routine ANC services.
- Drive-thru vaccination sites to facilitate access for older people and PLWD



Within one year 95% of those 18 years and older have completed the primary vaccination series



https://www.technet-21.org/en/library/main/8255-fiji_social-listening_unicef-pacific

Geo-targeted social media communication campaign to counter online misinformation

GHANA

CONTEXT

- In 2021 online audiences in Ghana expressed vaccine hesitancy due to COVID-19-related misinformation through social media.
- There was an immediate risk that this can lead to widespread vaccine refusals for both COVID-19 and polio vaccines

CHALLENGE

- Misinformation spread through social media threatened acceptance of COVID-19 and other vaccines, including polio vaccines.

SOLUTION

- Geo-targeted social media communication campaign targeting social media users in Ghana between the ages of 18-45. The campaign was designed in 3 steps:
 1. Misinformation narratives identified through online social listening for Ghana,
 2. Social and behaviour change messaging designed in social media friendly formats to address identified misinformation
 3. Campaign deployed on Facebook and Google through paid digital advertising and local social media influencers.



The impact of the communication campaign were measured Results showed statistically significant impact :

- **7% increase in vaccination recommendation to friends and family (60.8% vs 67.8%)**
- **4.3% increase in belief that vaccines are the best way to prevent COVID-19 (62.1% vs 66.4%)**
- **4.2% increase in trust that vaccines are better than natural alternatives (30.0% vs 34.2%)**

https://www.technet-21.org/en/library/main/8256-ghana_closing-loop-digital-media_unicef-

Vaccination-related restrictions to influence health-related behavior

PAKISTAN

CONTEXT

- An extremely low COVID 19 prevention behaviour was noted in the population in Pakistan.

CHALLENGE

- Persistent vaccine hesitancy: 40% (April '22)
- Very low risk perception: 28% (April '22)
- Extremely low knowledge of virus variants: 5% (April '22)

SOLUTION

- Government used strategy of vaccination-related restrictions to influence health-related behaviours and generate demand for vaccines. Government introduced vaccination as a condition to access:
 - Public goods e.g., education and public offices.
 - Livelihood e.g., employment or employment salary and benefits.
 - Communications e.g., cell phones, transportation, air travel.
 - Association: congregational prayer, religious events, ceremonies, and funerals.



With technical assistance from the UNICEF Country Office, federal government achieved **high vaccine compliance (82%)** despite the **persistent vaccine hesitancy (40%)**.

61% of vaccine-hesitant Pakistanis got vaccinated (75% who were unsure and 61% who were sure): 21% of overall population.

Key reason for vaccination was not health but overcoming vaccine-related restrictions.



https://www.technet-21.org/en/library/main/8269-pakistan_vaccination-related-restrictions_faisal-khalil

Monitoring & Evaluation

Good practices and innovation to scale up COVID-19 vaccination

MONITORING & EVALUATION



EFFICIENT TRACKING WITH DIGITAL PLATFORMS

India had strong political and administrative commitment, engagement of private sector, and use of the digital platform for efficient tracking of vaccine. Existing routine immunization monitoring was leveraged to establish monitoring and accountability mechanisms.



ODK TO REPORT DATA AND CREATE DATA DASHBOARD

South Sudan used ODK forms to facilitate the reporting of data and to create a data dashboard to inform management decisions.



LEVERAGING EXISTING DATA SYSTEMS FOR THE COVID-19 VACCINATION RESPONSE

Rwanda leveraged its existing DHIS2 platform to create an electronic immunization registry that facilitated monitoring of vaccination activities, provided real-time data for management decisions, and generated vaccination certificates and SMS reminders for follow-up doses.



USE OF DIGITAL APPLICATIONS TO REGISTER BENEFICIARIES AND MONITOR VACCINATION

Bangladesh: established a web portal to known as “Surokkha” to register the beneficiary in phases as recommended in NDVP, schedule vaccination appointments, and send reminders for follow-up doses.

Use of digital solutions for registration, service delivery and monitoring of COVID-19 vaccination: Co-WIN

INDIA

CONTEXT

- India implemented one of the largest COVID-19 vaccination responses in the world with a target of administering over 2 billion doses of vaccines to achieve their vaccination target.
- An electronic Logistics Management Information System (e-VIN) to oversee vaccine logistics for its Universal Immunisation Programme already existed.

CHALLENGE

- The target population for COVID-19 vaccination is not routinely targeted for vaccination in the country.
- Scheduling vaccination based on prioritisation, and ensuring vaccine supply was critical for sessions management and ensuring quality of services.
- Data were needed on a real-time basis for monitoring progress, informing management decisions & issuing certificates.

SOLUTION

- India developed the COVID-19 Vaccine Intelligence Network (Co-WIN) digital platform, an open-source, cloud-based system, to complement eVIN and facilitate the delivery of COVID-19 vaccines.
- It facilitates beneficiary registration, appointments, session planning, SMS reminders, AEFI reporting, monitoring and analytics, and generates digital certificates with QR codes.
- Several options were provided for those with lack of digital access.



Co-WIN provided benefits to **both beneficiaries and health care providers.**

As of July 1, 2022, Co-WIN has facilitated **registration of over 1 billion beneficiaries; recorded over 1.97 billion vaccine doses administered at 504,478 vaccination centres** across the country and enabled real time monitoring of the vaccine rollout using multiple products.

Co-WIN **handled 13.7 million registrations within 8 hours** when eligibility for vaccination was expanded from vaccination of the highest priority use groups to include all those from 18- 44 years of age.

<https://www.cowin.gov.in/>

Scaling Real-time Monitoring Approaches Using Digital Solutions

RWANDA

CONTEXT

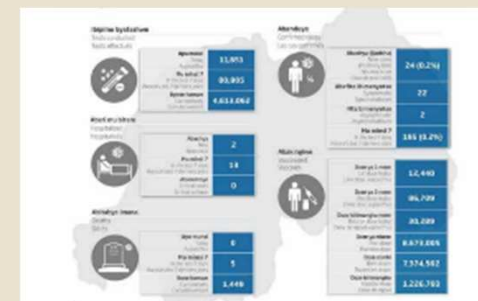
- Rwanda received its first doses of COVID-19 vaccines on March 3, 2021.
- Vaccines were distributed within days to 50 district hospitals and 508 health centres across the country.
- As of January 2022, over 13 million people had been vaccinated and 55% of the population had completed the primary series.

CHALLENGE

- With the implementation of the COVID-19 vaccination, Rwanda required a system for registering and monitoring individual vaccinations, to track the progress of the programme and respond in real-time to areas of low coverage.

SOLUTION

- The country adapted the existing DHIS platform to include the “e-tracker” to establish an electronic registry to collect transactional data on COVID-19 vaccination.
- Individual beneficiary data were linked to the national ID number enabling generation vaccination certificates with QR codes and sending SMS reminders for follow up visits.
- The system enabled the creation of a real-time data dashboard used for management decisions



- Health staff reported clear benefits for having a common system for the pandemic response.
- Public use of the system to access COVID-19 and other health-related information has grown.
- Real-time data availability enabled timely management decisions that contributed to Rwanda’s successful vaccination response.

<https://dhis2.org/rwanda-covid-lab-integration/#:~:text=Rwanda%20was%20one%20of%20the,t he%20DHIS2%20Android%20Capture%20App.>

“Surokha”: a web-based portal for registration and tracking of vaccination

BANGLADESH

CONTEXT

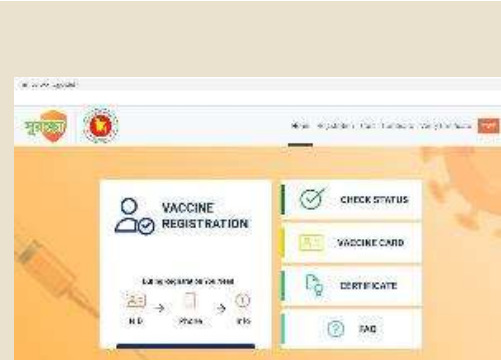
- Bangladesh launched COVID-19 vaccination on 7 February 2021 using a phased approach, prioritizing the highest risk groups during the initial phases.
- The Government leveraged existing expertise in the use of digital technologies to support the planning, delivery, monitoring, and management of vaccination programs.

CHALLENGE

- Prior to the pandemic, there was no central public health database in Bangladesh.
- When the government decided to vaccinate citizens against the COVID-19, a vaccine management system was required.

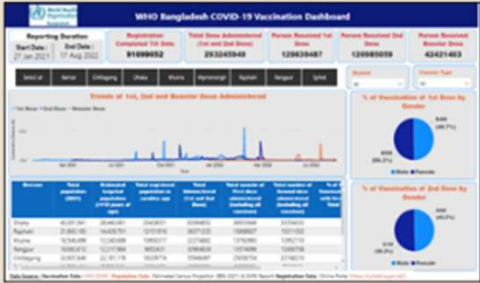
SOLUTION

- The ministry of Health and Family Welfare (MOHFW), Government of Bangladesh developed the ‘Surokha Web Portal’ a digital platform for individual registration and vaccination.
- The system generates a registration card, a vaccination certificate with a QR code and sends reminders for follow-up doses.
- Vaccination data from the system are made available through data dashboards.



Data from the system enabled **real-time tracking of vaccination and identification of implementation gaps.**

It enabled monitoring of daily vaccine consumption rates, anticipate vaccine requests, and vaccine expiry at the vaccination sites.



<https://surokha.gov.bd/enroll>

Restoring and strengthening routine childhood immunization

Good practices and innovation to scale up COVID-19 vaccination

Restoring and strengthening routine childhood immunization



VACCINATION WEEK IN THE AMERICAS

Barbados used VMA 2022 to catch up on routine childhood vaccinations and to increase the population's coverage for COVID 19 vaccines



BRIDGING THE GAP BETWEEN PUBLIC AND PRIVATE SECTOR

Lebanon increased the rate of regular childhood vaccination by engaging the private sector and bridging the public-private gap



COMMUNITY OUTREACH PROGRAM TO SCALE-UP IMMUNIZATION

Dominica targeted populations by concentrating on defaulter clinics and conducting community outreach in order to catch up with children that have skipped vaccination. Educational campaigns were also conducted about vaccination.



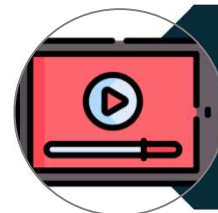
USING MOBILE APP FOR OUTREACH PROGRAM

Pakistan conducted an outreach program using Zindagi Mehfooz App and tracked 62% of children who missed vaccination.



COMMUNITY HEALTH VOLUNTEERS AS ADVOCATES

Kenya conducted a door-to-door campaign spearheaded by community health volunteers focused on children < 5 years of age in July 2020. The utilization of CHVs has boosted immunization numbers higher than pre-COVID levels.



ANIMATED VIDEOS ON RESUMING IMMUNIZATION

India: A 6 min video in the local language acted as a visual toolkit to help 17,000+ frontline workers adapt to the new COVID 19 guidelines on resuming routine childhood vaccination during the COVID-19 pandemic.

Interventions for improving coverage of childhood vaccination

LEBANON

CONTEXT

- Lebanon is going through a Triple Crisis(humanitarian crisis, economic crisis, and the COVID-19 pandemic).
- The impact of the economic crisis shifted a world-class private sector-driven healthcare system to shrinking and non-affordable healthcare.
- There has been a >30% dip in national immunization coverage.
- Zero dose children (missing DTP 1) increased from 4% in 2019 to 13% in 2020.

CHALLENGE

- Multi-Sector Needs Assessment (MSNA) highlighted vaccine availability and vaccination site accessibility as the main barriers across the population for the vaccination of children
- Shift from private to public resulted in a high load on the 800+ public sector EPI points needing support to sustain and augment the immunization program

SOLUTION

- Ministry of Public Health (MoPH), with support from UNICEF and WHO, decided to bridge the gap and turn the crisis into an opportunity by:
 - Building trust in public sector vaccination.
 - Focusing on the quality of immunization services.
 - Engaging the private sector.
 - Creating a long-term roadmap for sustainable immunization, aligned with the global PHC agenda and utilizing opportunities to provide integrated services.



Within 2 months (Dec 2021- Jan 2022) of implementation:

- **35,000 children and adolescent were provided their missed doses**
- **940 group awareness sessions on MNCAH and Mental Health** within the COVID context were held
- **Confidence of parents increased** in public sector vaccination.
- Based on the successful outcome of early intervention, a full-scale intervention targeting 100,000 missed children in 9 lowest-performing districts was initiated.

<https://www.technet-21.org/en/library/main/8240-lebanon-leveraging-the-covid-19-pandemic-to-strengthen-routine-immunizations>

Using community health volunteers for defaulter tracking and advocacy for routine childhood vaccination

KENYA

CONTEXT

- Because of resource constraints, there was limited effectiveness of the immunization programme in the Seme sub-county of Kisumu county in Kenya with a high dependency on walk-ins to drive demand.

CHALLENGE

- The onset of the COVID-19 pandemic decreased demand and immunization coverage dropped from 88% to 60%.
- The reliance of paper-based registers impeded defaulter tracking and catch up vaccination.

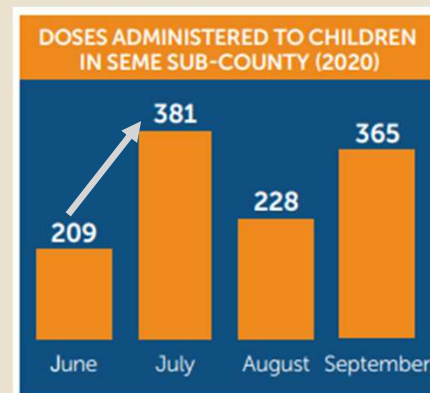
SOLUTION

- A door-to-door campaign using community health volunteers (CHVs) was launched in July 2020.
- CHVs were provided with information to address misconceptions and concerns, trained to identify defaulters using registers and health cards, and make referrals for catch up vaccination



Immunization worker sensitizing the community. Source: MoH

The utilization of the CHVs boosted immunization numbers higher than the pre-pandemic levels starting from the first month when the campaign was launched



https://brightspots.boostcommunity.org/app/uploads/2021/09/Bright-Spot_Kenya_Final.pdf