Q&A for Mini-cPIE Clinic #04: Promoting COVID-19 Vaccine Uptake - Unique Risk Communication and Community Engagement Approaches

Tuesday, 23 November 2021

Thank you for attending the above mini-cPIE clinic session for countries and partners. Please see below consolidated questions and answers from the session for your reference from DR Congo, Mozambique and WHO EURO presenters.

QUESTIONS FOR ALL COUNTRIES

In the countries that presented their experience today, did they find that attitude in different areas of the country was homogeneous or not?

Mr. Thanas Goga, Technical Officer RCCE, WHE Balkan hub, WHO EURO

Certainly, most people in the countries' case studies presented today are looking at COVID-19 vaccines and vaccination programs from a local perspective. What we generally see is that their behavior and attitudes on vaccine uptake differ across groups, including differences on vaccination intention and perception between men and women, among urban and rural area communities, as well as across different educational backgrounds. In this view, it's important to employ evidence-based and data-driven RCCE approaches to that will inform data driven public health communication strategies, in order to facilitate behavior change and help play a key role in current and future decision-making processes about getting a COVID-19 vaccine.

What is the most effective communication channel? - health workers using one to one or digital media?

Mr. Thanas Goga, Technical Officer RCCE, WHE Balkan hub, WHO EURO

Both channels of communication are to be used in synergy and are not mutually exclusive of each-other. Certainly, HWs can use their professional knowledge and communication skills to build confidence and promote acceptance of COVID-19 vaccination among patients and other target groups. As the most trusted advisors and influencers of vaccination decisions, HWs can help them to feel confident and guide them in their decision about getting the vaccine. They can facilitate effective conversations and can positively influence vaccination decisions of peers, patients, friends, and family. HWs are known to play a crucial role in fostering vaccine acceptance among the vaccine-hesitant communities. On the other hand, digital media can as well be used to reach specific audience segments, such as the tech-savvy and younger age-groups of the target population. Additionally, as communicators we have an opportunity to embrace the participatory nature of social media. They help us share listening insights with like-minded groups, and conduct research exploring associations between social media strategies and community attitude/behavior change. Social media platforms could assist by renewing evidence-based information's organic reach, supporting the development of tailored listening and credibility tools, and strengthening collaborations to promote credible content.

Lesotho is currently having a challenge with vaccine reluctance among youth, especially in remote districts. There are plans to extend RCCE training to Peer educators. Has any country done this kind of training and how did they do it? Or any advice in creating demand among youth.

Dr. Ulmenia Mangujo, Programme Officer, WHO CO, Mozambique

We have CSOs that perform the mapping of these populations that are harder to reach. Our strategies are mainly based on community-based counsels and hospital-based counsels that make connections with the communities. Based on these counsels, we can reach the population that's harder to reach. In addition, for hard-to-reach groups, we work a lot with community leaders, religious leaders, teachers, community actors, and Red Cross. Not all communities that are hard-to-reach are due to distance but also by their situation.

(Presenter answered this question verbally – please refer to the recording for more details on the response).

How are rumours different from misinformation?

Mr. David Olela, Communication Chief, Vaccination Programme, Ministry of Health, DR Congo

In disinformation, there is the will to harm through false information (anti-vaccine networks)

QUESTIONS FOR DR CONGO

Mr. David Olela, Communication Chief, Vaccination Programme, Ministry of Health, DR Congo

What should have been different in the context of communication for successful COVID vaccination implementation compared to other vaccine programmes?

The establishment of Political-Administrative Authorities and Community Leaders.

How did you best and specifically engage community health workers, particularly in urban areas, to engage in identifying and building the confidence of adults and high-risk populations (especially since their participation in vaccination has been variable)?

With interpersonal communication, pre-registration, monitoring of vaccination of pre-registered individuals and management of refusal cases related to vaccination against COVID-19.

(Presenter answered this question verbally – please refer to the recording for more details on the response).

What/who/how did you do with the weekly analysis of community feedback? And what did you do with the result of the analysis?

(Presenter answered this question verbally – please refer to the recording).

QUESTIONS FOR WHO EURO ON KOSOVO EXPERIENCE

Mr. Thanas Goga, Technical Officer RCCE, WHE Balkan hub, WHO EURO

How might you take the lessons learned from the vaccine roll-out and apply them to the forthcoming challenges of the introduction of new medicines and therapeutics, explaining as testing becomes more and more available, and the interchange between the testing and eventually medication, how will you take the lessons learned and apply them to those introductions?

The first lesson that I got from the IAR mission in Kosovo was coordination. Coordination is key both in terms of listening to the evidence generation part of the whole response and also in terms of drafting the communication and messages. Participants particularly emphasized the need for coordinating efforts for different stakeholders participating in the response, being international organizations like WHO, UNICEF, USAID or other major partners but also local CSOs, community leaders, community engagement associations and most of all with the healthcare authorities. Secondly, we have, first of all, a shortage and also a lack of well-trained RCCE specialists, so we need to help build long-standing capacities for these institutions. We need to prepare for the next emergency response and not just coordinate COVID-19 vaccination. If we focus on developing these RCCE capacities, it will be easier to face any other public health emergency or other all-hazard situation. Another challenge identified by the stakeholders is the community engagement part. That's really what we all see as the missing link from the effort, because communication campaigns, even though some of them may have been fragmented or not coordinated, they were there. The government always had a voice, and everybody had their own messaging in terms of both COVID-19 public health and public response but also vaccination. The real missing link is community engagement, and for that, we need first to map them, secondly understand how they work, and third come up with a plan on implementing a very well-thought community engagement approach. These will be my key three lessons in terms of improving vaccination in the community for COVID-19.
(Presenter answered this question verbally – please refer to the recording for more details on the response).

What strategies could countries take to effectively conduct mapping exercises (e.g., communities, CSOs, NGOs, etc.) and keep it up to date before the next emergency?

We are currently developing a best practice for community engagement mapping initiatives with a big USAID supported communication project for Serbia. It will operate on three major building blocks for the response: 1) evidence generation; 2) risk communication; and 3) community engagement. Having community engagement as a building block to this communication project. We are engaged in a massive mapping of the communities and community structure, but also landscape analysis so that when we prepare a community response, we know very well what to do, and it will be there for the long term. We look forward to replicating these best practices that we develop here to the rest of the Western Balkan countries and the rest of the countries in the EURO region. This involves people with expertise in social anthropology but also communication specialists to develop such exercises.
(Presenter answered this question verbally – please refer to the recording).