



Reaching High-Priority Populations with COVID-19 Vaccination

Insights from the 2023 Anglophone
Africa COVID-19 Learning Circles Cohort

Knowledge
SUCCESS

Contents

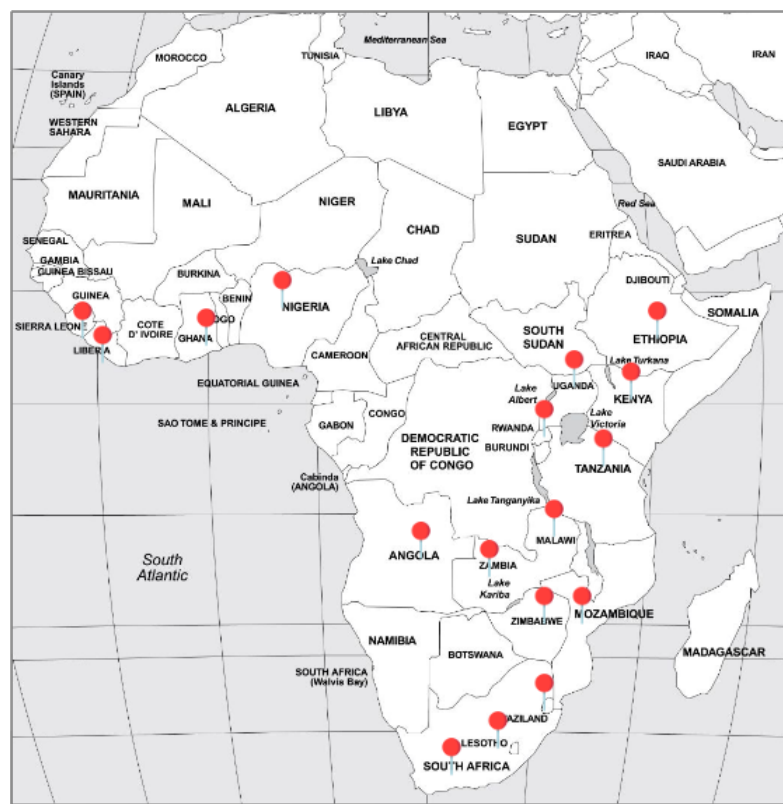
Contents	2
Background	3
High Priority Populations (HPP)	4
What's Working Well?	4
What Could Be Improved?	7
Lessons Learned	10
Action Planning: Commitment Statements	11
Overarching Participant Feedback	12
Acknowledgements	14

Background

Learning Circles is a participatory peer-to-peer learning program for global health professionals to discuss and share what works and what doesn't in pressing health topics including COVID-19 vaccine implementation. Using a mix of facilitated plenary and small-group knowledge management activities, 34 COVID-19 vaccination program professionals representing USAID implementing partners from 17 sub-Saharan African countries gathered in Dar es Salaam, Tanzania, from March 14-16, 2023 for a Learning Circles workshop to explore, identify, and brainstorm ways to address the successes and challenges of COVID-19 vaccine programming among high priority populations. The event aimed to:

- Provide practical knowledge regarding COVID-19 vaccine programs;
- Strengthen connections among USAID implementing partners and USAID Missions;
- Create practical and realistic action plans to address unique challenges faced by participants or to amplify what's already working well; and
- Synthesize lessons learned during the COVID-19 pandemic that could be applied to future pandemics.

Figure 1. Map with countries of participants (Angola, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe)



High Priority Populations (HPP)

According to the [WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines](#), the high priority populations are defined as older adults, health workers, immunocompromised persons, adults with comorbidities, pregnant persons, teachers, and other essential workers, as well as disadvantaged sociodemographic subpopulations at higher risk of COVID-19.

The WHO SAGE Roadmap was developed to help prioritize vaccination efforts. At the time of the workshop, the WHO SAGE Roadmap advised to begin implementation by starting with the highest-priority group and then moving down the list as vaccination coverage rates continue to grow. As those who are most at risk are vaccinated, vaccination programs can shift towards global vaccination, including healthy adults and children.

Prior to the workshop, Knowledge SUCCESS conducted a survey asking participants which priority population(s) they would like to focus on during the cohort. Based on the level of interest in each group, we combined some of the High Priority Populations (HPPs) into the following three groups that rose to the top:

- Health workers
- Older adults, adults with comorbidities, and immunocompromised persons, including people with diabetes, cardiac conditions, and persons living with HIV (PLHIV)
- Disadvantaged sociodemographic subpopulations at higher risk of COVID-19, including those living in slums, nomadic populations, and refugees.

What's Working Well?

Participants used the knowledge management techniques "[Appreciative Inquiry](#)" and "[1-2-4-All](#)" to reflect on exceptional experiences in reaching HPP with COVID-19 vaccination. Appreciative inquiry helps us reframe "What's wrong?" to "What's right?" and then asks how we can do more of what's working. Using 1-2-4-All, participants shared these exceptional experiences by:

- Silent self-reflection (1): Individually, participants brainstormed an exceptional experience with a specific HPP and identified the factors that contributed to the success and how they achieved success.
- Partnering with another individual (2): They were then paired up with another individual to discuss their exceptional experiences, success factors,

and how they achieved those success factors by grouping them into various themes.

- Grouping with another pair (4): Two pairs per HPP then came together to discuss their success factors and details on the “how,” leading to shared insights and new ideas.
- Sharing with the entire group (All): Each group of four presented on their success factors and how they achieved success in plenary and all participants were invited to place a colored sticker on the approaches they had also used in their programs and a different colored sticker for those that were new to them but that they could potentially use.

Discussing the “how” of each approach provided a valuable opportunity for participants to learn from each other and potentially adopt new approaches in their COVID-19 vaccination programs.

Table 1. Success factors to reach high priority populations with COVID-19 vaccination

High priority population	Success factors
Health workers (HWs)	<ul style="list-style-type: none"> ● Government immunization program coordinating vaccination efforts. ● Strong national, subnational and sub-regional coordination mechanisms to manage country level vaccination programs. ● Engaging HWs in co-creation of vaccine strategies. ● Engage professional associations and religious leaders to address misconceptions among HWs. ● Use of Influencers/Ministers of Health receive the vaccine themselves publicly to increase HW demand for vaccines. ● Use of social media (Instagram) to share testimonials from vaccinated HWs/reality videos of stories from people who have lost loved ones due to COVID. ● Creation of promotional materials such as badges that vaccinated HWs can wear to showcase their vaccination status. ● Creating a safe space for HWs to discuss their concerns among peers and not just expert discussions/presentations. ● Gather evidence and identify research questions to understand HW's perceptions about COVID and use this to inform development of target

	<p>strategies such as;</p> <ul style="list-style-type: none"> ○ Platforms to track rumors and misconceptions. ○ Database specific to tracking vaccination among HWs.
Disadvantaged groups	<ul style="list-style-type: none"> ● Data driven programming to target vaccination: using existing data systems like DHIS2 or HIV data collection mechanisms. ● Multi-stakeholder approach: engage various actors and sectors, like CSOs, donors, government agencies, etc. to foster a unified vision through joint planning sessions and workshops. ● Community engagement: engagement of religious leaders (including those registered with the government and those not registered) to tackle myths and misconceptions. ● Flexibility of donors to expand target populations, implementation areas, etc. ● Financial resources to support programming. ● Leadership and coordination at all levels. ● Leverage existing platforms and resources like immunization programs.
Older adults, people with co-morbidities and immunocompromised persons	<ul style="list-style-type: none"> ● Integration into existing services like HIV/TB clinics and community structures (e.g. the Uganda Association of Elderly integrated vaccines into a monthly package provided to people over 60 years; Sierra Leone used existing HIV/TB structures). ● Direct communication to retired civil servants. ● Demand creation: <ul style="list-style-type: none"> ○ Importance of IPC and tailoring approaches to people's specific needs. ○ Focus on influencers - people with high SES, transparent communication. ○ Co-design of SBC interventions with audiences. ● Service/vaccine delivery: <ul style="list-style-type: none"> ○ Mobile outreach to take services to people; coupling this approach with community screening of co-morbidities. ○ Integration into PHC. Have seen a threefold increase in vaccination when we've done that well.

**Cross-cutting:
Community
engagement to reach
high priority
populations**

- Strong leadership at all levels (national, subnational, etc.) with use of existing structures.
- Building trust among the community and community engagement through community mobilizers.
- Use of data supported skills development.
- Use a variety of communication approaches: mass media, door to door mobilizers, influencers (community chiefs, religious leaders, etc.).
- Coordination among Ministry and partners. Coordination must flow from national to subnational.
- Integration of service delivery.

What Could Be Improved?

Knowledge SUCCESS set the scene for this activity by presenting on overarching challenges of vaccinating high-priority populations, as well as population-specific challenges that are well-known and no one individual is likely to solve.

Participants then shared their experiences and insights on these challenges and identified additional challenges they have encountered.

For the next activity, Knowledge SUCCESS used a KM technique called [“Troika Consulting.”](#) To start, participants were asked to identify one challenge they are currently personally facing in their work regarding vaccinating high priority populations.

In groups of three, each participant presented their unique challenge to their small group and received advice and suggestions from the other members. Participants rotated sharing their challenges and receiving advice until everyone had an opportunity to share. In plenary, participants shared their specific challenges, the solutions proposed by their group members, and any challenges the group found difficult to solve.



Table 2. Participant challenges and proposed solutions identified

Challenge	Possible solutions
Data collection and monitoring	<ul style="list-style-type: none"> ● Developing a comprehensive database system and ensuring that data is regularly updated. ● Use of technology such as mobile-based data collection, Smart paper technology, RapidPro, PATH Digital Square. ● Weekly track and trace lists from existing HIV/TB and other programs for monitoring HPPs.
Building trust in government	<ul style="list-style-type: none"> ● Collaborate with trusted influencers such as religious and community leaders to increase vaccine acceptance. ● Showcase political leaders from both ruling and opposing parties getting vaccinated to encourage vaccine acceptance, even when there are trust issues.
Low risk perception	<ul style="list-style-type: none"> ● Provide accurate and timely information about the safety and efficacy of the vaccine. ● Target specific populations and focus more on benefits of being vaccinated instead of risks of getting COVID. ● Provide outreach services for older adults for community screening of co-morbidities and include COVID vaccination.
Managing cold chain	<ul style="list-style-type: none"> ● Use of solar-powered systems and phasing out gas-powered fridges. ● Micro Planning and mapping out areas that lack cold storage facilities and transporting the vaccines on the day of the campaign, returning them the same day.
Integration	<ul style="list-style-type: none"> ● Integrate at four levels: <ul style="list-style-type: none"> ○ Policy: work with the Ministry of Health to make sure COVID vaccination is part of the immunization program. ○ Ministry: microplanning thorough analysis of human resources, logistics. ○ SBC: integrate COVID vaccine demand

	<p>generation messages into other SBC campaigns.</p> <ul style="list-style-type: none"> ○ Data management: work with the Ministry to include COVID vaccine data in immunization data. ● Integrate COVID vaccine into special clinics. ● Implement integrated campaigns (e.g. combine COVID with polio and other vaccine campaigns).
Vaccine hesitancy	<ul style="list-style-type: none"> ● Provide accurate information about the vaccine. ● Health education campaigns to address myths and misconceptions. ● Involve community leaders in vaccine education efforts.
Vaccine shelf life	<ul style="list-style-type: none"> ● Advocate for long shelf life vaccines (not possible though for younger populations since they have to use Pfizer). ● Advocate to vaccine manufacturers that this is a critical factor in development.
Hard-to-reach areas	<ul style="list-style-type: none"> ● Increase the number of vaccination sites by use of mobile clinics. ● Consider using the Johnson & Johnson vaccine as it may be more suitable for hard-to-reach places and nomadic groups.
Political conflicts and a high number of displaced persons	<ul style="list-style-type: none"> ● Address additional urgent needs like food, water, and shelter through a more comprehensive health package. ● Conduct outreach to leaders/influencers in the refugee camps.
Resource mobilization challenges	<ul style="list-style-type: none"> ● Strengthen partnerships and collaborations between the government, private sector, and non-governmental organizations. ● Enhance public-private partnerships to improve the vaccine supply chain and logistics management.

Lessons Learned

On the third day, Knowledge SUCCESS conducted a hybrid session, with 18 USAID Mission representatives from implementing partner countries participating virtually. In the session, the Mission and implementing partner representatives explored how to apply the lessons learned from successful COVID-19 vaccine program implementation to challenges that may be faced in future emergencies. During the session, participants were asked to imagine this scenario:

Five years from now WHO declares another Public Health Emergency of International Concern. Vaccine rollout ensues rapidly, reaching and saving billions of people around the world. Vaccine distribution occurs equitably, reaching not only high-income countries but also low- and middle-income countries, including the most vulnerable populations.



In small groups they brainstormed the factors that would have led to this explosive success; what people would be saying; and who would have helped make this a success.

Each group then shared their ideas in plenary. A summary of the success factors based on lessons learned from the COVID-19 vaccine emergency that emerged from the groups are listed below:

- **Political will and good governance:** Governments need to show political will and endorse policies to allocate resources effectively, with good governance structures and accountability mechanisms in place.
- **Health System Strengthening:** It facilitates the support partners can offer and helps fill gaps in healthcare provision, while also improving guidance and measuring implementation success. This requires investment in health infrastructure, trained health workers, and medical supplies and equipment.
- **Integration:** Integrating emergency preparedness within existing healthcare systems will be crucial to ensure sustainability and avoid additional burden during crises. Building on previous successful models like HIV, immunization, and primary healthcare (PHC) will not only save resources but also help in ensuring long-term success.

- **Communication, Advocacy, and Messaging:** To address rumors, myths, and misconceptions surrounding health emergencies, a robust communication strategy with a message bank and sustained social and behavior change messaging will be necessary. Utilize trusted influencers and provide them with clear messaging on why individuals should get vaccinated.
- **Data Management and Documentation:** Use of data to inform planning and decision-making, ensuring that resources are allocated efficiently to areas that need them the most.
- **Global Health Security Agenda:** A coordinated response will be necessary to ensure that resources are utilized efficiently and that the emergency response is effective.
- **Effective and Equitable Supply Chain:** Ensure proper storage and maintenance of vaccines, including cold chain storage, and a distribution plan that can reach even the most remote areas, with a clear map of implementing partners available in each region.
- **Funding Mechanisms and Technical Support:** Should be established before the emergency to remove barriers to accessing and obtaining vaccines.
- **Community Engagement:** Engagement of religious leaders and members of the community with authority and respect to manage myths and misconceptions and show public support
- **Strong Partnerships:** Partner with public and private institutions that can strengthen the response and increase public commitment.

Participants then ranked these success factors using Mentimeter, which allows for anonymous real-time voting and populates results on a shared screen. There was much discussion about what the top factor should be, with some considering political will, others mentioning the Global Health Security Agenda, and still others noting integration.

The participants came to consensus that the **Global Health Security Agenda is an overarching/umbrella success factor that, if in place, helps ensure achievement of all other factors.**

Action Planning: Commitment Statements

To wrap up the workshop, the USAID Implementing Partners developed individual commitment statements expressing practical and realistic immediate action steps that they will strive to take in order to reach high priority populations with the COVID-19 vaccines. A summary of the commitment statements is included below:

- Several commitment statements related to documenting successful approaches with HPPs. An illustrative example of this type of commitment was to document steps that organizations can take to work with ministries to integrate COVID vaccination into routine immunization.

- Many commitment statements focused on implementing a specific approach that they learned about in the workshop, such as “Meet with my team to implement community feedback mechanism,” “Conduct a survey on myths and misconceptions to customize the messaging,” or “Organize meetings with my team to review data collection platforms that I learned about.”
- Some commitment statements were broader like “Refocus on vaccinating HPPs.”
- Finally, at least a few participants committed to replicating a similar workshop in their country or to share the insights from this workshop with others in their country.

Overarching Participant Feedback

The facilitators asked participants to complete a survey to get their feedback on the workshop (31 of 35 participants completed the survey). Based on the survey and daily reflections from the participants, the workshop was very beneficial to the participants, with 97% of surveyed respondents stating it met their expectations and 94% stating they learned something from the workshop that they will apply in their programs or share with someone else. The remaining 6% responded “maybe.” Key feedback stated benefits of Learning Circles included learning new approaches and essential strategies to reach HPPs from other countries' experiences, networking opportunities, and learning new knowledge management techniques to share knowledge with each other.



“The discussions were very rich and the topics were very relevant for the work that is in place in my country.”

“I feel supported and empowered to refocus on the high priority populations.”

“The teaching techniques allow for full participation.”

“It [Learning Circles] allows people to express themselves in different ways – I am more comfortable talking in smaller circles so it helped me to have a voice.”

“We have had slow progress over the last few months but I now feel encouraged to continue the work and believe we can still make an impact if we adjust our strategies to meet people’s concerns.”

“I learned there isn’t just one solution to a problem. We should keep our minds open to different solutions.”

“A key benefit was understanding the need to deliberately focus on the high priority populations during COVID-19 vaccination programs.”

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