



Reaching High-Priority Populations with COVID-19 Vaccination

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

Knowledge
SUCCESS

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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, 23 COVID-19 vaccination program professionals representing USAID implementing partners from 12 sub-Saharan African countries gathered in Somone, Senegal, from April 25-27, 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 (Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, DRC, Guinea, Madagascar, Mali, Mauritania, Niger, Senegal)



High Priority Populations (HPP)

The [WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines](#) was updated in March 2023 and defines the high priority populations as older adults, health workers, immunocompromised persons, adults with comorbidities, and pregnant persons.

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 shared WHO and USAID guidance on high priority populations and conducted a survey asking participants which priority population(s) they would like to focus on during the cohort. During the workshop, participants were grouped, based on the level of interest, in one of four groups:

- Health workers
- Pregnant women
- Older adults, adults with comorbidities, and immunocompromised persons, including people with diabetes, cardiac conditions, and persons living with HIV (PLHIV)
- Other vulnerable groups

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

Population	“How” factors
Older adults	<ul style="list-style-type: none"> ● Engage political and religious leaders who can act as ambassadors. Travel to places of worship to raise awareness. ● Partner with non traditional groups such as pension homes, diabetes centers, and other commonly visited sites for older adults. ● Collaborate with local community agents who are well-known and respected in community; knowledge of local language and customs is important. ● Focus on face-to-face interactions work best for this audience; Facilitate interpersonal communication with target groups to answer questions. ● Use an integrated supply/demand approach: coupling communication with the service offer. ● Identify the most convenient place to meet (eg – sites where the older adults already go, such as retirement/pension offices in Madagascar.
Comorbidities/immuno compromised (often overlap with older adults)	<ul style="list-style-type: none"> ● Engage religious leaders and use prayer days to set-up vaccination sites. ● Collaborate with associations that work with PLHIV. Strengthen technical approaches, formative supervision and use of peers for referral. ● Nominate CFTs to coordinate with health centers (Côte d’Ivoire). ● Use already scheduled meetings to review data monitoring.

Pregnant women	<ul style="list-style-type: none"> ● Collaborate with midwifery associations and hold community meetings. ● Use prenatal health visits as an opportunity to counsel about vaccination. ● Improve health worker capacity to monitor data.
Health workers	<ul style="list-style-type: none"> ● Vaccinate high-ranking health workers first and make it very public/visible to set an example. ● Use “Cafes Scientifiques” and “Situation rooms.” ● Implement financial incentives to help increase vaccination rates (e.g. USAID Owod project).
Other (general population, youth, essential workers/businesses)	<ul style="list-style-type: none"> ● During home visits for other health areas accompanied by mobile vaccination teams, in collaboration with the Ministries of Women and Youth. ● Orient community and religious leaders who are well-respected in the community to take advantage of pilgrimages and raise awareness. ● Organize focus groups with youth to discuss vaccination and counsel them. ● Use the school and church as a gateway to reach young people and parents. ● Companies: implement a mandate for employees to reach 80% vaccination. ● Send mobile vaccination teams to fields during harvest times to reach women working (Cameroon) and do nightly vaccination clinics if needed (Senegal). ● Make use of social influencers on social networks (myth-busting). ● Use door-to-door strategy to recruit respected people from the community to raise awareness, (used in Mali). ● Involve the population early to sensitize them to forthcoming vaccination programs and respond to their concerns at the outset to boost the vaccination rate.

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, including the low attendance of pregnant women at antenatal care, the rumor that the COVID-19 vaccine causes infertility, the limited decision making power of many women in households over vaccine-related decisions, and the poor quality of data systems for tracking vaccines and vulnerable populations.

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. In areas where there are not official data collection tools yet, use Excel. ● Provide stipend to data collection managers for data entry. ● Integrate data tracking and monitoring into regular meetings with health agent teams. ● Provide tools to disaggregate data by target population. ● Weekly track and trace lists from existing HIV/TB and other programs for monitoring HPPs.

Gaining support from and building trust in government	<ul style="list-style-type: none"> ● Collaborate with trusted influencers such as religious and community leaders to increase vaccine acceptance. ● Advocate for and strengthen the messages disseminated from government and other top-down authoritative bodies about COVID-19 risks and the vaccine.
Low risk perception	<ul style="list-style-type: none"> ● Highlight the number of deaths per day instead of cases, if cases are low. ● Provide true examples of people who suffered from COVID-19 to demonstrate that it is real and not a myth. ● Provide accurate and timely information about the safety and efficacy of the vaccine. ● Strengthen communication between decision-makers, health workers, and the media in order to explain to the population the need to continue vaccination. Target specific populations and focus more on benefits of being vaccinated instead of risks of getting COVID-19. ● Provide picture brochures to pregnant women during ANC visits explaining the advantages of the COVID-19 vaccine for the health of mother and child.
Reaching pregnant women	<ul style="list-style-type: none"> ● Addressing the problem of humanizing care through provider training targeted at the needs of pregnant women. ● Production of a special image box for pregnant women with comparative images on the advantages of being vaccinated and the negative consequences if the person is not vaccinated. ● Establishment of a collaboration with the matrons to refer pregnant women to the health center or organize a vaccination session. ● Coordination with midwives association for training sessions and outreach to pregnant women. ● Increased support for antenatal care in general: sending sms to remind the woman to do the prenatal consultation, and integrate COVID-19 vaccination in that visit.
Integration	<ul style="list-style-type: none"> ● Integrate COVID vaccine into antenatal care and childbirth clinics. ● Integrate with primary healthcare and routine vaccination campaigns (e.g. combine COVID-19 with polio, tuberculosis and other campaigns, combine with malaria care). ● Work with midwives associations to prepare them to

	<p>address concerns about the vaccine and COVID-19 risks.</p> <ul style="list-style-type: none"> ● Engage with other ministries such as the Ministry of Women's Affairs, Ministry of Youth and Sports, etc.
Vaccine hesitancy	<ul style="list-style-type: none"> ● Provide accurate information about the vaccine and its side-effects. ● Health education campaigns to address myths and misconceptions. ● Involve community and religious leaders in vaccine education efforts. Provide messaging to religious leaders to integrate with their religious texts and sermons. ● Use journalists and bloggers to spread information and facts about the vaccine. ● Highlight the number of persons vaccinated in the general population to demonstrate overall vaccine safety.
Vaccine shelf life	<ul style="list-style-type: none"> ● Advocate for the single-dose vaccine.
Hard-to-reach areas and areas with security concerns; reaching displaced persons	<ul style="list-style-type: none"> ● Provide the vaccine at public places where specific populations gather (e.g. older adults at pension homes). ● Engage health workers in door-to-door home visits with the vaccine. ● Consider using the Johnson & Johnson/single dose vaccine as it may be more suitable for hard-to-reach places and nomadic groups. ● Organize awareness-raising caravans that use SBC to spread messages about the vaccine and COVID-19 risks. ● Use mobile clinic teams to create an integrated service package and implement in hard-to-reach areas. ● Work with village chiefs and other local leaders in certain areas who can manage myths and spread accurate information about the vaccine. ● Work with indigenous people. ● For those without contact information/phones, use local health responders to look for, monitor, and communicate with them. ● Conduct outreach to leaders/influencers in the refugee camps or homes for PLHIV. ● Work with those living in the refugee camps. ● Use mobile “vacinodromes” strategies or advanced strategies.

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:

- International (political) commitment and coordination of efforts
- Communication between countries to help each other prepare and share successes
- Involvement of all stakeholders (political commitment, community part) from other sectors (Ministry), scientific community
- Good coordination of immunization interventions
- Availability of financial and logistical resources (vaccines, inputs, cold chains, etc.)
- An appropriate communication strategy (communication, advocacy, awareness, social mobilization)
- Strong and structured coordination at the country level, including the partners who must contribute
- Stronger involvement of civil society whose contribution is significant in

- risk communication and community engagement
- Offer vaccines on site during community activities to promote vaccines
- Accountability, governance, government financial management, corruption (embezzlement)
- Documentation of best practices.

Participants then ranked these success factors using Mentimeter, which allows for anonymous real-time voting and populates results on a shared screen. The participants came to consensus that two factors were the most important:

- Implication of all stakeholders (political, community groups, coordinating bodies such as those of the ministry, and the scientific community),
- Adapted communication strategy that includes communication, advocacy, awareness-raising and social mobilization.

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. Many commitment statements focused on the first steps participants would take to implement a new strategy to reach high priority populations, while several others focused on integration. Several participants committed to contacting each other to learn more about the successes shared during the workshop and to document the results of the workshop and their successes to date. A few specific examples are included below:

- I commit to discuss with my team the implementation of a provisional data collection tool with the health districts supported by our project in order to collect data on high priority populations (pregnant women and people living with comorbidity) by June 1, 2023.
- I commit to providing technical and financial support for the validation of the national plan for the transition to routine vaccination against COVID-19 by July 2023.
- I pledge to work with the association of midwives to strengthen the vaccination of pregnant women by June 2023.
- I am committed to involving associations of people living with diabetes and hypertension in our community dialogue activities in our COVID-19 intervention zones.
- I commit to approach the malaria program to see the possibility of integrating vaccination into the ongoing distribution of bednets by May 20, 2023.
- I agree to share the results of this workshop with the other USAID NGO partners for the support of the response and the COVID-19 vaccination for a reorientation of our interventions by June 2023.
- I commit to writing, within the next six weeks, in collaboration with my fellow technical advisors in charge of immunization, a success story

describing our experience as well as the lessons learned on our support to the COVID-19 immunization in the three regions where our project intervenes.

Overarching Participant Feedback

The facilitators asked participants to complete a survey to get their feedback on the workshop (16 of 23 participants completed the survey). Based on the survey and daily reflections from the participants, the workshop was very beneficial to the participants, with 100% of surveyed respondents stating it met their expectations and 100% stating they learned something from the workshop that they will apply in their programs or share with someone else. When asked what participants would change about the workshop, the most common response was to add more time for additional discussion and sharing. Key feedback included that the discussion provided new strategies for reaching high priority populations, as well as an appreciation for the new knowledge management approaches learned through the workshop (e.g. Troika consulting, 1-2-4 appreciative inquiry). Participants also highly valued the opportunity to learn from colleagues in other countries and plan to continue those relationships.



“The methodology and the richness of the exchanges allow me to reinforce the actions of my project with the mission and the USAID PIs and also to make new commitments to the project.”

“I learned about the integration of COVID-19 vaccination into chronic disease consultations.”

“About all we have expanded our networks. The methods used were truly innovative.”

“The different methodologies were really innovative.”

“The best workshop in my life to date.”

“I learned “The Café Scientifique Approach. And how to approach seniors where they are (e.g. at pension payment).”

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