

IMPLEMENTATION STRATEGIES TO ACCELERATE COMMUNITY COVID-19 VACCINATION RATES:

**Experiences and Lessons
learned from USAID's support
in Côte d'Ivoire**



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ACKNOWLEDGEMENTS

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CONTEXT

The Côte d'Ivoire Ministry of Health reported the country's first case of coronavirus disease (COVID-19) on 11 March 2020. By March 2021, when the vaccine became widely available, over 32,000 cases had been detected ([Our World in Data](#)). Also in March 2021, the Ivorian government, in collaboration with its partners, launched a nationwide vaccination campaign to reach 70% vaccination coverage by September 2023 in alignment with WHO's global targets. Over time, vaccination objectives and priorities have shifted from mass vaccination to a focus on high-priority populations—and now, in 2023, to full integration into the primary health care system.

Throughout all stages of the COVID-19 response, a key partner in this ambitious work has been the United States Agency for International Development (USAID). Via the American Rescue Plan Act and the Global Vaccine Access (Global VAX) initiative, USAID has allocated over \$30 million USD to strengthen cold chain supply and logistics, increase vaccine confidence and demand, and improve the accessibility of vaccination sites in Côte d'Ivoire.

As of May 2023, 63.4% of Côte d'Ivoire's eligible population is fully vaccinated against COVID-19 (13 million people aged 12 and over out of nearly 21 million). This represents a 51% increase since December 2021. Overall, 14.5 million people (70% of the target population) have received at least one vaccine dose.

Côte d'Ivoire's successes are the result of coordinated initiatives led by the Ministry of Health, Public Hygiene and Universal Health Coverage (MSHP-CMU) and supported by USAID implementing partners (Table 1).

Table 1: USAID-funded Implementing Partners in Côte d'Ivoire

Partner/Project	Technical area of support
Management Sciences for Health (MSH)/MTaPS (The Medicines, Technologies, and Pharmaceutical Services Program)	Capacity building and support of government structures, primarily campaign planning, monitoring and coordination of vaccine deployment, biomedical waste management, and the provision of vaccine services through mobile teams.
Johns Hopkins Center for Communication Programs/Breakthrough ACTION project	Supporting communications efforts for social and behavioral change for demand creation, combating misinformation and rumors, and building vaccine confidence in the general population and those at high risk of severe COVID-19 complications .
UNICEF	Support for the planning, organization, and coordination of activities; vaccine supply and logistics; and support of teams for coordination, supervision, vaccine offerings, and integration with routine vaccination.
JSI/Data.Fi	Support for capacity-building in data management and reporting and transmission of database data to the national level.
Africa One Health University Network (AFROHUN)	Support for mobilization and delivery of vaccine services in academic settings.

Overall, USAID's support has contributed to the acquisition of 12.1 million vaccine doses (donated by the U.S. Government), improved data management and capacity building, well-organized and supported immunization campaigns, stronger communication and information campaigns, and overall coordination of Cote d'Ivoire's successful response.

On behalf of the USAID Mission in Côte d'Ivoire, Knowledge SUCCESS and Breakthrough ACTION conducted a desk review and interviewed key implementing partners to inform this case study and share insights from Côte d'Ivoire's COVID-19 experience with the broader public health community. This ensures that the lessons and recommendations from Côte d'Ivoire's implementation experience are used to inform and strengthen future public health emergency responses.

IMPLEMENTATION DETAILS

COORDINATION AND PARTNERSHIPS

Since its inception, the Global VAX initiative has been characterized by strong and consistent coordination among partners. Even before COVID-19 vaccines were available, USAID and its partners established the National Risk Communication and Community Engagement Technical Working Group (RCCE TWG) on messaging and planning. In 2022, Côte d'Ivoire's Ministry of Health, Public Hygiene and Universal Health Coverage (MSHP-CMU) created a COVID-19 Task Force, composed of various implementing partners:

- Government communications department
- Regional health directors (RDs)
- Departmental health directors (DDs)
- Technical advisors and technical and financial partners (USAID, WHO, UNICEF, AFROHUN, Breakthrough ACTION, MTaPs, and non-governmental organizations [NGOs] including VillageReach)
- Midwifery associations
- CDC Africa
- Defense and security focal points
- Ministry of National Education
- Ministry of Technical Training and Apprenticeship
- Ministry of Women, Family and Children

The Task Force aimed to bring together decision makers, researchers, high-level managers, and program coordinators to reflect, discuss realities, and seek solutions in the fight against COVID-19. The Task Force met every week to take stock of the COVID-19 situation in the country, analyze results, learn about new guidelines, and make recommendations to the government for decision-making and adaptive management.

“The results we have today are the results of all the partners and the national side.”

« Les résultats que nous avons aujourd'hui, ce sont les résultats de tous les partenaires et de la partie nationale. »

**Dr. Kone Hamidou, Coordination Department, Expanded Vaccination (DCPEV)
Côte d'Ivoire**

Collaboration through this coordination mechanism has led to rapid mobilization and pooling of resources for a more coherent approach. In particular, MTaPs—through funding from USAID—developed operational guidelines for vaccine deployment at regional and district levels, supporting coordination efforts to administer vaccines in all 133 health districts.

This collaborative approach among implementing partners, government, and other stakeholders has contributed to more streamlined crisis management, resource allocation, and rapid mobilization of services to enable large-scale campaigns. All stakeholders have remained flexible, adapting their strategies and activities to effectively respond to new needs and priorities as they arise. For example, all partners have adapted their respective work plans to maximize and support several rounds of national immunization campaigns. This harmonization is due largely to coordination mechanisms, such as the Task Force, as well as existing coordination efforts, such as the RCCE TWG.

The RCCE TWG, funded by USAID, is a technical communications body under the leadership of the Ministry of Health's communications department. The group existed prior to the pandemic and allowed for a rapid, coordinated COVID-19 response. During the response, the RCCE TWG worked with the COVID-19 Task Force to coordinate and monitor communications activities as various interventions were implemented.

Unlike previous emergency responses, where communication activities were coordinated by an ad hoc entity that was not sustained past the emergency—such as the Ebola communication sub-commission from 2014 to 2016—COVID-19 vaccination efforts were supported by the national and permanent nature of the RCCE TWG. This supports sustainability, as the group has acquired the experience and expertise to coordinate communications activities that they can later apply to future public health emergencies.

IMPROVED VACCINE ACQUISITION AND MANAGEMENT

The Global VAX initiative has contributed to the substantial strengthening of vaccine supplies, increased logistics and cold chain capacity, strengthened human resources for demand-driven immunization, accelerated service delivery, and boosted confidence and demand for vaccines. COVID-19 vaccines require very large cold rooms with temperatures ranging from -20 to -50°C. This was a challenge for many African countries, and Côte d'Ivoire was no exception. Prior to the pandemic, the country had only one cold room and nine vaccine depots—enormous challenges to the rapid distribution of vaccines. USAID has made strong investments to strengthen Côte d'Ivoire's health system, building its capacity to preserve and maintain vaccines safely and supporting the distribution of vaccines from the central level to remote areas. USAID has provided key equipment, including ultra-cold chain (4 units), temperature monitors, solar panels to power cold rooms, refrigerators, coolers, more than 1,000 motorcycles and other vehicles to transport vaccines, and airlift support to move vaccines from the U.S. to Abidjan, and from Abidjan to major cities such as Bouaké, Korhogo, Man, Daloa, and San-Pédro.

IMPROVED VACCINE ACQUISITION AND MANAGEMENT

Côte d'Ivoire initiated its COVID-19 vaccination strategy through the use of fixed sites where vaccines were consistently offered. For example, since December 2021, a joint MTaPs-VillageReach initiative has supported the government's COVID-19 immunization activities through the vaccinodrome strategy (a fixed vaccination site in Yopougon-East), which has resulted in the immunization of nearly 100,000 people. The collaborative initiative deployed 35 outreach teams, including six Mobile Medical Units (MMUs) that administered 129,626 doses in Abidjan.



Vaccinodrome fixed site located in Abidjan, Yopougon in the Sport Complex BAE. VillageReach

While the vaccinodrome approach can reach large numbers of people, it does require them to travel and actively seek vaccination. Over time, the Task Force recommended expanding to other approaches, such as door-to-door campaigns at homes and workplaces and even mobile vaccination trucks, in an effort to meet community members where they were. Aside from these efforts, the government also implemented monthly intensification campaigns. Each campaign lasted 10 days each between October and December 2022. During this three-month timeframe, a total of 4.3 million COVID-19 vaccines were administered. These three campaigns resulted in a 13% increase in fully vaccinated eligible individuals across Côte d'Ivoire.

While vaccination strategies shifted according to need, so did the focus populations. Initial efforts focused on security forces, teachers, and health workers. Shortly after, people with comorbidities and those over the age of 50 were prioritized. The list was then expanded to include people aged 18 and over, adolescents aged 12–17, and eventually pregnant and nursing women as well.

Reaching adolescents:

The Ministry of Health worked in partnership with the Department of Education and the Institution of Social Work and Child Protection for Schools. With the support of the government, implementing partners facilitated informative sessions about COVID-19 vaccination among department leadership, school authorities, and social workers prior to vaccination campaigns. Over a period of just 10 months, 20% of adolescents 12 and up were vaccinated.

Reaching pregnant and nursing women:

Pregnant and breastfeeding women were approved as a priority audience in January 2023. This population is being reached through routine care at antenatal clinics and other primary health care settings. Partners are training midwives and leading demand-creation strategies, such as nationwide radio messaging. As of February 2023, a total of 222,180 pregnant and breastfeeding women had received a COVID-19 vaccine.

"Good to Know" graphics shared on the Côte d'Ivoire Ministry of Health's social media platforms to address COVID-19 vaccination hesitancy, Breakthrough ACTION

BON à SAVOIR

Est-ce que si je me fais vacciner, je peux avoir un enfant après ?

Oui la vaccination contre la COVID-19 n'entraîne ni infertilité, ni stérilité.

La preuve, j'ai fait le vaccin et je porte maintenant une grossesse.

N'aie pas peur, fais-toi vacciner !

Pour plus d'informations, appelez gratuitement la ligne 143



Community members have been key to building vaccine acceptance. These include political, religious, and community leaders; chiefs; school officials; students; and youth. Partners led sensitization activities on the importance of COVID-19 vaccination among different influential actors, encouraging them to lead by example. Their messages were spread through national media, public announcements, and social media postings.

For example, a network of 160 partner radio stations disseminated looped messages and produced interactive programs to raise awareness. These programs featured influential personalities, including traditional and religious leaders who had preached in places of worship and encouraged their communities to be vaccinated. For example, Breakthrough ACTION convened Muslim, Catholic, and Evangelical leaders to present shared messaging about the importance of the vaccine across different faith groups. One core strategy has been partnering with the Religious Alliance for Integral Health and the Promotion of Humanity (ARSIP) and its extensive networks across many denominations to carry out community engagement activities at places of worship.

USAID and its partners also succeeded in engaging several private transport companies between Abidjan and other major cities to support vaccine promotion. They highlighted the leaders of these companies as “champions of vaccination” and placed them at the center of a major communications strategy targeting bus travelers. This approach was successfully tested in 2022 and was repeated in 2023, capitalizing on travel during the Easter holiday (known locally as Paquinou). The “Paquinou, c’est Vaxinou” campaign took advantage of the high season of road travel and family visits to share the message that COVID-19 vaccination was important to keep families safe.



Mrs. Konate holding a vaccination card.
Breakthrough ACTION.

A partnership was established with four bus companies, which shared campaign messages on buses during the travel season, and mobile vaccination centers were set up at bus stops. Over 80,000 Ivorians were reached with vaccination messages during April 2022 and 1,600 were vaccinated.

"I came to get vaccinated before leaving for Paquinou, and I'm asking anyone who hasn't yet had the vaccine to come and get vaccinated."

« Je suis venue me faire vacciner avant de partir à Paquinou, je demande à tous ceux qui n'ont pas encore fait le vaccin de venir se faire vacciner. »

- Mrs. Konate, passenger

USAID implementing partners also supported community dialogues and planning sessions so that people could define for themselves the barriers they faced, potential solutions, and actions that would allow them to better participate in promoting the vaccine and reducing structural and attitudinal barriers around being vaccinated. Partners also engaged the private sector; in particular, USAID provided technical and financial support to private firms with large numbers of employees to organize immunization activities in the workplace. Finally, USAID implementing partners also supported the Professional Network of Science Journalists to develop media content incorporating vaccine messages to improve public perception.

A focus on low-performing districts.

The focus on underperforming districts has resulted in intensified mobilization activities by community and religious leaders, as well as a strengthening and reorganization of mobilization and immunization teams. Supervision has also been strengthened, as well-performing health districts have offered support to poorer-performing districts. Approaches in low-performance districts included:

- Intensified communication activities, including community involvement
- Reorganized vaccination stations and door-to-door campaigns to reach priority populations
- Updated micro-plans (i.e., at the district and facility level) to include areas with less coverage
- Outreach supervision visits by national and regional stakeholders to support districts experiencing logistics issues
- Daily meetings with the Ministry of Health to review results and support real-time problem resolution
- Increased and redistributed vaccination workers

STRENGTHENED COMMUNICATION AND INFORMATION MANAGEMENT

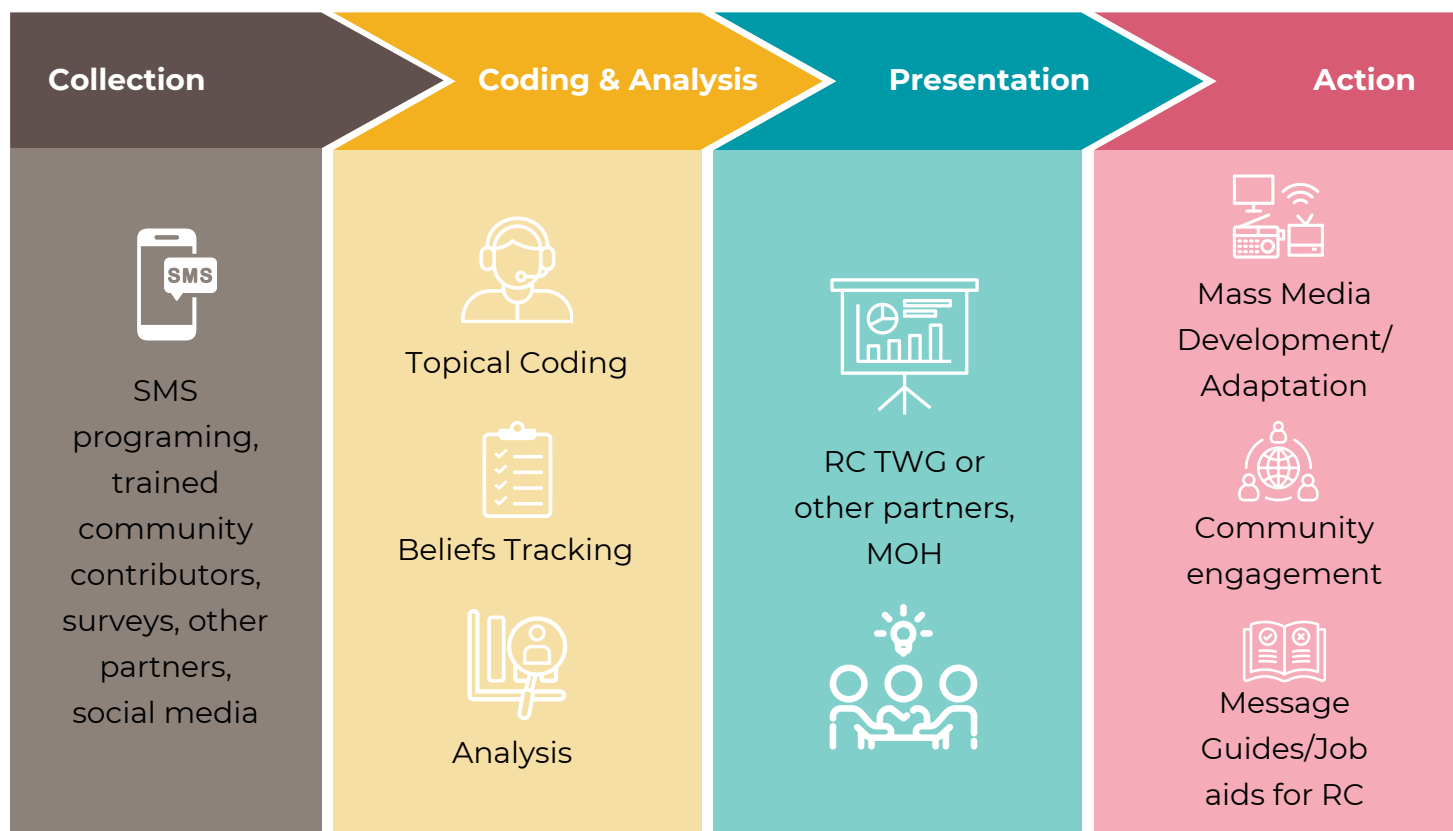
One of the Task Force's objectives was to provide technical advice to facilitate decision-making for coherent, unified public messaging. Several initiatives have helped support consistent communication and information sharing during Côte d'Ivoire's vaccination efforts. The creation and dissemination of clear, well-targeted messages (through radio and TV spots, social media posts, public poster campaigns, etc.) formed the basis of the communications strategy. Vaccination promotion took place in less traditional spaces, as well as expected ones. Places of worship and train stations particularly helped inform people about the pandemic and its effects and combat the spread of misinformation, which has facilitated vaccine acceptance and supported response efforts. These efforts were complemented by behavioral science-based solutions that encouraged youth vaccination (targeting students and parents) and robust engagement and information-sharing strategies with various influential stakeholders (e.g., meetings with health and education stakeholders, as well as education and health trade unions and associations).

The successful development and iterative adaptation of a public information campaign during a public health emergency relies on a clear understanding of rumors and misinformation in the community and the ability to combat them in real time. USAID leveraged Côte d'Ivoire's national rumor management system, which was established before the pandemic with the support of Breakthrough ACTION. In 2019, the Breakthrough ACTION Côte d'Ivoire team and the government, through the RCCE TWG, envisioned a set of processes and people that would address the need to track and respond to rumors during public health events. The plan would consistently integrate feedback from strategic rumor sources and be undergirded by research activities to allow for depth and data triangulation. This system, initially supported by USAID through the Global Health Security Agenda (GHS), was launched in Abidjan and Bouaké on March 1, 2020. It began with a cohort of 20 trained community key informants and national hotline operators and a plan to systematically collect, document, analyze, synthesize, and report out to partners on public health-related rumors. While the system was developed before COVID-19, it was rapidly repurposed at the pandemic's onset just weeks later. Over time, the project trained 130 key informants covering 113 districts and added software-assisted social listening on Facebook, Twitter, and other platforms. This set of processes became collectively known as the rumor management system (RMS)—and alternatively, as its online social listening functions expanded, as the infodemic[1] management system.

Côte d'Ivoire's RMS design specifies the processes and stakeholders involved in each step (Figure 1). Data from social listening, key informants, surveys, hotline callers, and SMS messages was aggregated to create a sample of circulating rumors. The sample rumors are analyzed and classified by theme, then the RCCE TWG shares the rumor analysis briefs with partners to ensure that findings inform ongoing public messaging.

[1] WHO defines an infodemic as “too much information including false or misleading information in digital and physical environments during a disease outbreak”

Figure 1. Rumor management key functions and information flows, adapted from Breakthrough ACTION Côte d'Ivoire's "Advancing Real-Time Infodemic Management in Côte d'Ivoire: An overview of the national rumor management system"



Rumor management in action:

An analysis of almost 300 rumors gathered in February 2023 pointed to misinformation about the effect of the COVID-19 vaccine on pregnant women. Myths about infertility, pregnancy complications, and negative effects on infants were common. These findings led to an intensified media campaign to counteract misinformation. Responsive messaging was disseminated through the Ministry of Health's Facebook page, scientific journalist channels, and daily press briefings by the Ministry of Health. The results from this rumor monitoring also informed other activities, such as a collaboration with the Association of Midwives to ensure that health workers were trained to respond to concerns about fertility and maternal and infant health.



CAPACITY STRENGTHENING AND SUSTAINABILITY

USAID's support has contributed to a stronger COVID-19 management system and strengthened capacity among various stakeholders. For example:

- Efforts to strengthen the cold chain and vaccine distribution promoted sufficient vaccine availability at health facilities and led to increased storage capacity not only for COVID-19 vaccines, but also other routine vaccines.

- Breakthrough ACTION supported efforts to diversify the communication channels used to reach communities with essential information by facilitating message design and production workshops among communications focal points. Breakthrough ACTION also conducted capacity-strengthening workshops for journalists and similar sessions for community action officers and the Departmental Health Directorates' (DDS) Community Action Groups on mobilization and community engagement mechanisms.

- Data.Fi and UNICEF trained district and regional immunization data managers on COVID-19 data in DHIS2 (District Health Information Software Version 2). This training was extended to district and regional immunization data managers and the Coordinator of the Expanded Program on Immunization (CPEV) to ensure the effective use of these tools in DHIS2.

- Breakthrough ACTION expanded the RMS through the integration of additional call centers/hotlines. It also facilitated capacity-strengthening workshops with hotline staff to help manage the influx of vaccine-related rumors and contribute to collecting and analyzing the most common questions, misperceptions, and myths around the COVID-19 vaccine.

Spotlight on MTaPs's capacity-strengthening efforts

MTaPs led a series of training-the-trainer workshops on COVID-19 infection prevention and control that cascaded down to 1,254 healthcare workers in 20 regions and led to the evaluation of 39 health facilities using the WHO scorecard for infection prevention and control guidelines. MTaPs also provided support to improve waste management in 17 Regional Hospital Centers (RHCs) and one university teaching hospital. In addition, MTaPS provided support to the Directorate of the National Vaccination Program (DCPEV) to organize supervision visits to staff involved in vaccination efforts in Côte d'Ivoire's 33 health regions. The project also trained over 60 supervisors at the central and regional levels to supervise those involved in administering vaccinations.



INTEGRATION

In May 2023, the U.S. Government ended the COVID-19 public health emergency. At the same time, UNICEF, WHO, and USAID shared new guidance for countries about the integration of COVID-19 vaccination into primary health care systems. A strengthened, integrated system should, in theory, be able to continue to provide COVID-19 vaccination while also leveraging the lessons learned and resources mobilized during the pandemic to strengthen the health system overall. In addition, many countries noted significant backslides in routine immunization and preventive health behaviors during the pandemic. Côte d'Ivoire was no exception. The country's Expanded Program on Immunization (EPI) data shows that the number of zero-dose children (children who did not receive the first dose of pentavalent vaccine at six weeks of age) had increased from 4,642 in 2019 to 43,807 in 2022.

"USAID's investment in COVID-19 vaccination strengthens Côte d'Ivoire's health system as a whole and makes it more robust in the long run."

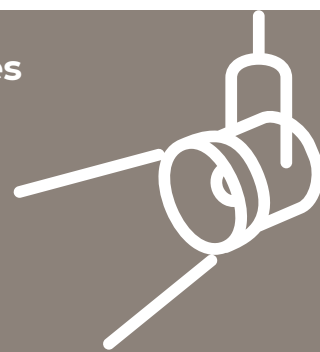
« L'investissement de l'USAID dans la vaccination COVID-19 renforce le système de santé de la Côte d'Ivoire dans son ensemble, et le rend plus robuste à long terme. »

- Dr. EPA Kouacou, UNICEF Côte d'Ivoire

Côte d'Ivoire began integrating COVID-19 vaccination activities into other health programs long before official integration guidance was issued. The first integrated activity took place in June 2021, with the integration of polio and COVID-19 immunization activities. Polio provided an opportunity to embed COVID-19 into existing vaccination campaigns and door-to-door outreach events. This resulted in the administration of 2.9 million oral polio vaccine doses and 1.3 million COVID-19 vaccine doses. These polio vaccines, which had been expected to expire during the year, were saved thanks to this integration initiative. Additional integrated activities were rolled out between December 2022 and March 2023, adding COVID-19 to routine immunization services under the EPI. In a single month, a total of 660,465 vaccines, including Polio 1, Polio 3, IPV, Penta 1, Penta 3, Measles, HPV1, and HPV2 were administered, representing a 10% increase from 2021. In addition, 2.6 million doses of COVID-19 vaccine were administered. Finally, the integration of COVID-19 vaccination into routine antenatal consultations has recently begun, and partners are fully supporting the government in advancing strategies to accelerate this integration—from training antenatal care providers, to addressing specific perceptions and attitudinal barriers, to vaccination during pregnancy.

Spotlight on ARSIP's community-based integration activities

Throughout 2023, the Religious Alliance for Integral Health and the Promotion of Humanity (ARSIP) and four of its local NGO partners have been involved in community-based activities to support COVID-19 and routine immunization integration. These organizations had previously collaborated on COVID-19 activities; however, the new approach represents a move towards greater localization and sustainability of long-term vaccine promotion by ensuring that local organizations that are best positioned to promote community-level vaccine uptake are directly supported to lead these activities. ARSIP is leading advocacy, cross-denomination capacity building, and strategic vaccine promotion activities with leaders across its umbrella network of faith-based organizations, while four local NGO partners (Esse, Espoir Plus, RSB, and Lumiere Action) are leading the implementation of community outreach strategies for COVID-19 vaccine and routine immunization promotion in line with district-level plans in four priority low-coverage districts. Breakthrough ACTION has provided training and ongoing support to these new subrecipients, who are already contributing substantially to the reach of localized community engagement strategies.



Thanks to the technical and financial support of USAID and its partners, WHO, and the Ministry of Health, Côte d'Ivoire has adopted an operational plan for the integration of COVID-19 vaccination during 2023–2024. Led by the Ministry of Health, this plan defines a shared vision for post-pandemic routine vaccination and COVID-19 vaccine integration. It outlines a set of priority strategies and approaches for the country moving forward and serves as a roadmap for all partners to support these priorities in a complementary manner.

Data management

Prior to the COVID-19 pandemic, each month service sites sent health data from various databases to the district for entry into the District Health Information Software Version 2 (DHIS2). The Global VAXinitiative enabled the configuration of the EPI COVID-19 module—a dashboard for monitoring COVID-19 vaccination data—into the DHIS2. USAID partner Data.Fi configured the COVID-19 vaccine data entry form and dashboard into the national DHIS2 system. This system has been in place since 2022, but simply building a system does not ensure its efficient use. Data.Fi provided supervision visits to assist the CPEV in using this vaccine dashboard, supported the creation of user guides for the vaccination data collection tools, and helped to ensure data quality through monthly data monitoring meetings. These activities not only strengthened a data-informed COVID response, but have increased the capacity of Côte d'Ivoire's electronic health system to manage other health challenges and future emergencies.



CONCLUSIONS AND LESSONS LEARNED

The Government of Côte d'Ivoire, with the support of USAID, other donors, and implementing partners, has provided essential leadership to manage the COVID-19 pandemic despite challenges. Success has been achieved at all levels: management and coordination, communication and information management, data management, capacity and health system strengthening, and more.

With the efforts of all stakeholders, USAID support has contributed to the complete immunization of 64.3% of the target population, or 13 million people. In addition, the resources that have been invested in pandemic management can and should now be used to further strengthen the health system and prepare for future emergencies. Specific lessons learned include the following:

- The government's strong political commitment has made it possible to mobilize resources, obtain vaccines quickly, and mobilize health system actors and populations. The government's gratitude for and public congratulations to the leadership of the Ministry of Health and frontline health workers was a source of great motivation and encouragement.

- The early establishment of a dedicated Task Force at the Ministry level has made it possible to effectively coordinate all facets of the COVID-19 vaccine rollout. The organization of daily meetings with all district and regional-level directors and leadership provided a regular venue for feedback, transparent and two-way communication, and shared decision-making, and has been critical to the success of the decentralized vaccination strategy.

- Coordination of the vaccine rollout should extend beyond the Ministry of Health. In Côte d'Ivoire, the close involvement of the Ministry of National Education and Literacy (through the DMOSS, the PNSSU-SAJ, and the COGES[1]) greatly supported the vaccination of students ages 12 and over and educational staff (teachers, administration, and education inspectors).

- The country's mature, expanded infodemic management system has made it possible to address, in real time, concerns and misinformation circulating in the community. It is important that national actors proactively use this data, as well as other data from studies and surveys, for decision-making and adaptive management.

- The direct involvement of traditional chiefs, religious and community leaders, youth groups, the private sector, schools, universities, and decentralized administration (departmental directors, sub-prefects, etc.) is essential in promoting vaccination.

■ Local actors are key to changing the norms around vaccination and to fighting misinformation. Their needs and networks need to be considered individually and collectively in planning and implementing strategies to address vaccine barriers. Careful planning is required to give these influential actors the appropriate tools and skills to fight misinformation. Do not assume that they are already champions and advocates; they may have their own misgivings that need to be addressed before they can promote the vaccine to others.

■ Leveraging large gatherings such as holiday travel and cultural, sports, and festive events, has made it possible to reach people where they are and vaccinate large groups. These successful mass approaches are strengthened further by in-person mobilization strategies, supported by the convenience of pop-up vaccination sites.

■ The integration of immunization data into DHIS2 has improved data quality and encouraged the involvement of health workers, who no longer consider COVID-19 vaccine management as additional work.

[1] Mutual Aid and School Social Works Department (DMOSS); National School and University Health Program–Adolescent and Youth Health (PNSSU-SAJ); Health Management Committee (COGES)



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