



## EVENT SUMMARY

# COVID-19 VACCINATION: THE DEMAND SIDE

On the margins of the 76<sup>th</sup> session of the United Nations General Assembly high-level week.

Convened by World Vision  
September 20, 2021

# Background

Globally there are as many as 1.2 billion excess doses purchased by wealthy countries that could be shared with low and middle income countries in a responsible and timely way through COVAX or other efficient established mechanisms. However, initial findings from a World Bank assessment of national deployment and vaccination plans show that the world's poorest countries are at varying degrees of readiness for the massive undertaking. While 85% of countries have developed national vaccination plans and 68% have vaccine safety systems, only 30% have developed processes to train the large number of vaccinators who will be needed for the campaign and only 27% have created social mobilisation and public engagement strategies to encourage people to get vaccinated.



Watch the event at this link:  
<https://youtu.be/XypADKNI0tE>

What has become also increasingly evident in the COVID-19 pandemic is the disconnect between governments and local communities. Most of the National Vaccine Deployment Plans have been prepared without the engagement of Civil Society or key local actors – actions that undermine a co-creation process alongside the citizens to increase the vaccine uptake. Sixty-eight per cent of respondents in a May 2021 survey by World Vision had not even heard of plans for vaccinations in their communities. Nearly half (47%) thought they were not eligible or did not know if they were eligible for a vaccination. When trust in governments is low, it is extremely difficult to sustain required behavioural practices and confidence in the vaccines. A lesson learnt from World Vision's Ebola Response was that trust is better built by frontline partners that can relate to and work with these communities on a daily basis.

It is timely that the UNGA debates on strategies to increase the vaccination deployment readiness and the cooperation between civil society, local partners and national governments to ensure the vaccine uptake. The purpose of this event is to draw global attention, share experiences and galvanise action to accelerate vaccine uptake in low and middle income countries.

This virtual event brought together stakeholders from UN Member States, Agencies, Civil Society, including national level experts and other stakeholders.

# Program overview

## Opening remarks



**Thabani Maphosa**,  
 Managing Director Country  
 Programmes, GAVI



**Tom Davis**, Global Sector Lead  
 for Health & Nutrition, World  
 Vision International

## Panel



**Diane Summers**, Senior  
 Advisor, Communication for  
 Development, UNICEF



**Lisa Menning**, Team Lead on  
 Policy & Communications, World  
 Health Organisation



**Sheetal Sharma Ph.D.**,  
 Chair GAVI Steering  
 Committee



**Dr. Scott Ratzan**,  
 Distinguished Lecturer, City  
 University of New York



**Dan Irvine**, Senior Director  
 Global Health and Nutrition,  
 World Vision International



**Moderator**  
**Jennifer Neelsen**, Global COVID-19  
 Response Director, World Vision  
 International

# Summary

## Opening Remarks

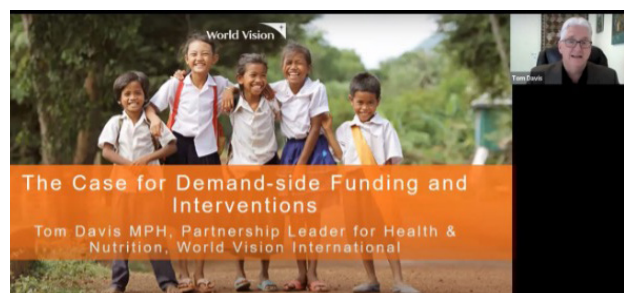
### Thobani Maphosa, Managing Director of Country Programs, GAVI



- GAVI in a fortunate position in raising 10 billion dollars from donors in the COVID response.
- 3 V's in the vaccine world: Vaccine, Vaccinator and Vaccinee (person receiving vaccine)
- There is a legally binding commitment of about 4.5 billion vaccine doses, but have only delivered 280 million dose to participating countries.
- This is the most complex run out of vaccines in history
- Have already started seeing that vaccines can get wasted or logistic issues moving vaccines before they are wasted
- Clear that there are significant challenges on the demand side.
- Questions people ask about vaccines should not be met with frustration or anger. Answers must be made in a timely manner and with transparency
- Social listening facilitates transparency against misinformation and disinformation which leads to vaccine hesitancy
- West Africa vaccine hesitancy: Pandemic was considered a disease of the western world early on. Then COVID spread to India, South Africa, Brazil, people began to react and respond.
- There is a need to work with people and ensure they are well informed on vaccination.
- World Vision does a good job working with faith leaders given past work on Ebola, HIV/AIDS in the past (Channels of Hope program).
- Currently testing a behavioral tool as part of social listening for vaccine uptake.
- Also received applications for early access for COVID vaccine delivery, funding is also going into demand generation.
- "This is a soft issue that requires all hands on deck to solve"
- Thabani concludes statement

### Tom Davis, Global Sector Lead for Health & Nutrition, World Vision International.

- 2021 World Bank assessment on national deployment & vaccine plans (NVDP) : 85% of countries have developed national vaccination plans & 68% have vaccine safety systems but only 30% have developed plans to train the large number of vaccinators.
- Only 27% of countries created social mobilization and public engagement plans to encourage the public to get vaccinated
- Too little involvement of local communities' in NVDP's. Many plans were prepared without civil society or local actors engagement
- In a May 2021 WV study: 68% of respondents had not even heard of vaccination plans for their communities





**Demand-side Tools are Available, but Funding is Scarce**

**Tools for formative research, social listening and rumour monitoring**

- Barrier Analysis
- WHO's Behavioural and Social Drivers (BeSD) tools
- UNICEF's Vaccination Data Observatory
- WHO's Early AI-supported Response with Social Listening (EARS) platform

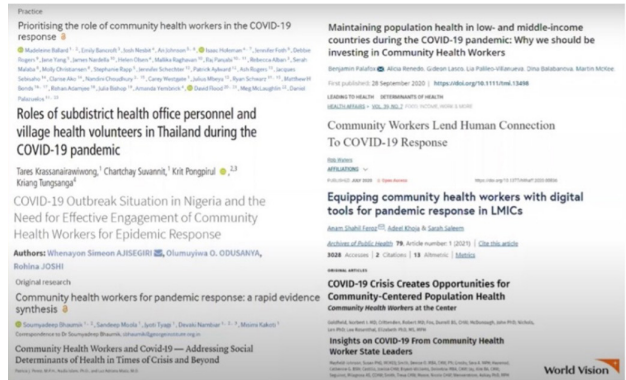
**Evidence-based intervention tools and models**

- the Care Group approach
- Social accountability models such as WV's Citizens Voice and Action
- Channels of Hope and similar models to engage faith leaders
- Models using nudges and peer influence such as NORMalize
- Influencer marketing platforms like Affluence



- 47% of respondents did not know if they were eligible, or thought there were not eligible for vaccination
- Ebola response lessons: Trust is better built with community health workers, faith leaders and other local partners
- There are tools to better understand why people are taking vaccines (or not) and monitoring information, but not often applied to NVDPs and low in funding
- Many INGOs & UN agencies have invested in those tools over the years (examples above: Barrier Analysis, WHO Behavioral & Social Drivers BeSD tools, UNICEF Vaccination Data Observatory, etc.)
- There are also behavioral science tools to promote vaccines examples include:
  - o CARE Group Approach; leverages 2<sup>nd</sup> tier of volunteer community health workers (chosen by the people they serve)
  - o Social accountability such as World Vision Citizen Voice & Action model to hold governments accountable on vaccine commitments
  - o For faith leaders: World Vision Channels of Hope is an example of reaching across the spectrum
- Other examples include:
  - o Innovation for Poverty Action's NORMalize Intervention, which resulted in tripled mask use.
  - o Affluence platform: used to find, recruit and use influencers voices across social media platforms to bring change in immunizations.

- Community health workers help with increasing vaccine acceptance and influencing social norms. Many studies show the role of health workers during the pandemic



- World Vision works with over 184,000 health workers.
- In a study from last year; 98% of health workers were continuing to provide services, even though 74% of workers were in countries that implemented restrictions on movement.
- Community Health Workers (CHW) are highly trusted sources of health information, but they still need training to mobilize and become effective promoters of COVID-19 vaccines.
- Barrier analysis shows that drivers of COVID-19 vaccine acceptance are very broad (faith leaders, health workers, etc.)
- We need to use better tools and devote more funding to the demand side of COVID-19 vaccination plans.
- Donor investments & NVDPs' do not devote enough funding or attention to demand creation
- Tom Davis concludes with quote from current Administrator of USAID, Samantha Powers

"None of us are yet getting the most out of behavioral insights. And we will not get the most out of them, we will not optimize in our programming and in our leadership, if we do not depart in critical ways from business as usual, from the way we're doing things now. ... Behavioral science is much more specific and more concrete than these broad ideas about meeting people where they are, about respecting local culture, about taking note of human behavior and adherence. Behavioral science is new. It is not old. ... It is not what we have been doing all along. ... And so what's so exciting is to imagine behavioral science and the impacts it can make on our work, in doing more work internationally, not just on our programs, but in the way our organizations run themselves."

Samantha Power, Administrator of USAID  
 Excerpt of keynote to launch the United Nation's Behavioural Science Week

## Panel

Dan Irvine introduces panelist **Diane Summers, Communication for Development Senior Advisor, UNICEF**

- Pandemic has revealed the cracks in health systems
  - Countries that worked best, took high impact systems approach (rolling out preventative measures like mask wearing, hand washing, vaccination uptake)
  - Co-Chair of the COVAX Demand Working Group.
  - There needs to be resilient demand generation systems and invest in adequate resources.
  - There are challenges when making these resilient systems
  - Examples of challenges (In India): Inadequate resources and low workforce (many vacant positions). Many of the available staff were not trained on use of social behavioral change interventions.
    - There was also insufficient systems preparedness even after training to support the new knowledge & skills
    - Weak institutional structure was another challenge. Government system structures were inadequate to provide support and development on behavioral insights.
    - Weak communication strategies. Lack of stakeholder analysis, lack of objectives, message designs and rollout plan. Lack of coordination and information sharing between health sectors.
    - Financing: Resources are based on budget, not on real behavior change needs.
  - Positives on what UNICEF has been doing to strengthen countries health systems:
    - Creation of centers of excellence, institutions on research & learning for Social Behavior Change SBC capacities
    - Research & monitoring: use of knowledge management of social media
    - Evidence planning, monitoring & budgeting
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- Strengthening and integrating community engagement. Working with civil society organizations (like World Vision), community leaders, health workers.
  - Social protection needs to be strengthened. Cash transfers and health insurance systems are critical now.
  - Really important that demand side carefully works with improvement of service quality.
  - The private sector can reach deeper in communities better than some governments, making them a key ally.
  - There are 3 core indicators in demand generation systems:
    - Institutional structure; Setting up health information units and ensuring those units/mechanisms are prominent and coordinating across government and external partners.
    - Organizational performance; evidence-based planning feeding into communication strategies. Strategies based on human centered designs. Social listening mechanisms, ensuring budgets are sufficient and available.
    - Human resources: ensure adequate staffing, job descriptions are accurate and capacity building plans.
  - National policy plans & budgets need to be influenced and shifted to go beyond social welfare and health.
  - Diane concludes.

**Lisa Menning, Technical Officer of WHO and Team Lead on Policy & Communications, WHO**



- There is a lack of available supplies in most low income countries for COVID vaccines.
- In recent data, 0.3% of all COVID vaccines have been administered in low income countries
- WHO has been working with partners and experts to develop the Behavior and Social Drivers Framework.
- 4 main drivers/domains that contribute to vaccination uptake:
  - 1) Thinking on how people think & feel. Personal confidence on vaccine safety and benefits
  - 2) Social influences & social processes: Influences of communities, peers and families. Member that affect social behaviors.
  - 3) Accessibility and availability of quality services is a key factor.
  - 4) Experience of health services: Reaching populations in new ways that can respond to their needs.
- Very critical to listen to the community and hear their needs to better understand and prioritize them.
- Important to be careful on how to understand low vaccine uptake reasons (avoid implying blame to the communities)
- Lisa concludes

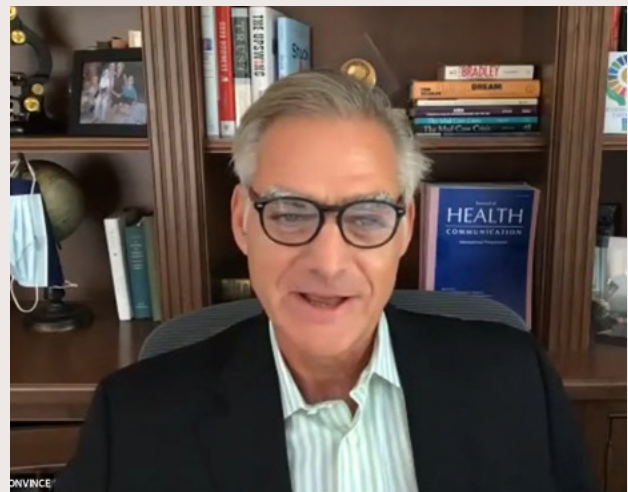
**Sheetal Sharma Ph.D., Chair GAVI Steering Committee**



- Several commitments and measures have not been met, which impacts work at the community level and national level
- Suppliers have also not met their supplies to COVAX.
- Narrative that delays in supply happen should be changing, not acceptable in 2021
- 4 Points on the demand side happening at the country level:
  - 1) Listen to those that we aim to support. Research & tools engagement with partners be done at regional, national levels. Bring in all partners together.
  - 2) Be aware of different level in countries. Capital cities can have high levels of resources, education, etc. than in rural areas. Coverage will mean pockets of coverage in a country
  - 3) Faith based communities: World Vision India was able to successfully engage with faith leaders and health workers to organize vaccine programs.
  - 4) Donated vaccines: Branding on the vaccines can cause confusion. People get different perceptions on the vaccines (fears of fertility or sterility).
- Successful vaccine delivery can take time and bringing in new partners to the table.
- Sheetal concludes

## Scott Ratzan, Distinguished Professor City University of New York

- Even before COVID, it was known that there were challenges in vaccine confidence.
- In July 2020 at the HLPF, had an event with WHO and partners to launch CONVINC (COVID New Vaccine Information Communication Engagement)
- Private sector did not show a concerted effort at the event.
- Got together with private sector partners and worked on getting the idea of vaccination associated with business and employers.
- Vaccine literacy: a term used for framing. It was made to serve as a subset explaining how vaccines work and the process (policy-wise).
- We need transparency on vaccine quality and efficacy.
- People need the knowledge and skills to make the proper decisions on vaccines.
- We still don't have a proper source of information. Misinformation and disinformation has brought concern on vaccine hesitancy.
- Last year, a survey on Nature magazine was published in 19 countries, asking participants if they would receive a vaccine (before COVID vaccines existed). Results were from 54%-88% (average in the 70's)
  - 1 year later, the survey was repeated and more people are willing to take a COVID vaccine.
- People who are vaccine hesitant, were not exactly hesitant.
- Factors for hesitancy include: Didn't have time or access to vaccines, financial resources to get



the vaccine location, waited for someone to say something (employer for example).

- We need to be really careful when labelling people who are vaccine hesitant (just need to figure out how to communicate with them)
- US Council for International Business Foundation, they created the Global COVID-19 Workplace Challenge. 6 things to do at local or global level to help build vaccine literacy.
  - 1) Listen to employee needs and concerns
  - 2) Follow and listen to public health guidance to protect employees, customers and community
  - 3) Promote vaccine literacy based on latest scientific evidence.
  - 4) Encourage vaccine confidence and uptake
  - 5) Advocate for accessible, equitable and timely vaccination of employees
  - 6) Ongoing engagement. Build links with communities, private sector, etc.
- Scott Ratzan concludes

## Dan Irvine, Senior Director Global Health & Nutrition, World Vision International

- World Vision has addressed many vaccination campaigns over the years.
- Childhood immunizations, Polio, Ebola and now COVID-19 vaccination
- It was known there would be diverse challenges on national supply chains (community engagement, demand, storage and distribution, risk communication)
- Demand side challenges are predictable, similar challenges have happened over time.
- Early analysis of NVDPs has highlighted community engagement gaps
- From August- September: World Vision Field offices in 9 countries assessed equity dimensions.
- 6 categories on equity concerns: 1) Inclusion 2) Prioritization 3) Investment 4) Communication 5) Safety 6) Access
- Developed indicators and equity objectives for field teams and based on review of global guidance (WHO SAGE values & 10 Steps for community readiness).
- Derived a rapid checklist with 33 validation points (yes or no outcomes) and recommended offices conduct assessment based on consultation with local NVDP stakeholders
- Highlights: All 9 countries described how all citizens will get access to vaccines once available
  - 8/9 countries NVDP are publicly accessible
  - Research to guide risk communication has been planned in 7/9 countries, but only conducted in 4 so far
  - Most vulnerable population groups have been consulted in 1 of the countries planning processes
  - Only 1 country had adequate budget provision for implementation of community engagement and vaccine hesitancy interventions.
  - Populations in humanitarian circumstances (labelled as high-risk) were included in only 2 countries planning



- Community engagement component in NVDPs was found to be adequate in 3 countries
- Interventions to address vaccine hesitancy were found to be adequate in 5/9 countries.
- Part of concern is that even if NVDPs include policy and intent, budget provisions may not be enough to implement plans.
- 4-5 government recommendations in implementation:
  - 1) Risk Communication Community Engagement (RCCE) strategies need to be strengthened comprehensively within NVDPs and urgency.
  - 2) RCCE including vaccine hesitancy interventions need to be fully & urgently funded to increase vaccine uptake
  - 3) Governments need to coordinate with technical partners to expand critical technical assistance to deliver effective RCCE.
  - 4) NVDP should comprehensively detail in plans the equitable vaccination coverage of populations in humanitarian circumstances, with clear designation of responsibility of who will provide services to those populations.
- Really need to prioritize public sensitization on falsified and substandard vaccines (avoid them).
- Dan Irvine concludes

## Moderated Q&A Section

### Moderator begins Q&A session:

- **“Given what you have shared about the current status of funding and preparation for the demand side of work, do you feel it is adequate at this point in time or are behind in this work?”**
- Thabani Maphosa: We are behind because of the amount of vaccines coming in the upcoming weeks and months, there will most likely be a deluge of vaccines. Unless something is done at the demand side.
- Some recent monitoring work has suggested lifting the cap in the demand side.
- *Moderator to Diane Summers: “Given the current urgency of the vaccine rollout, what specific strengthening interventions would you prioritize?”*
- Diane Summers: Important to also talk about vaccine supply, a bulk of resources went into vaccine research. There was low investment in demand.
- Investing more resources into demand and strengthening systems, reality is that there is a crunch on available funds.
- Need to look at investing in domestic resources into strengthening demand and political will to strengthen demand
- Heads of states play key roles in demand for vaccine (some unfortunately said they will not get vaccinated or take a specific vaccine like AstraZeneca)
- Civil society’s role is to help work in countries to do advocacy and ensure there is good access to vaccines and demand for vaccines.
- There need to be community & social mobilization to access the available vaccines.
- *Moderator to Dan Irvine: “There are significant gaps in NVDP demand side activities and spoke about recommendations, curious if you can share what World Vision is doing in terms of this work”*
- Dan Irvine: World Vision has been investing in social science approach research on the vaccine hesitancy drivers in communities where WV works.
- It is important to listen to what people’s concerns are, barrier analysis has been conducted across countries.
- We have been concerned with most vulnerable communities having their participation and voices heard. From equity perspective, communities need to be informed about what governments are doing, what is happening so they can react and be informed.
- Social accountability: Citizen Voice and Action is a social accountability model where WV helps communities and informs them on their governments commitments, then assess locally to see what is happening.
- World Vision is also communicating with faith leaders to help educate them on COVID and the vaccine so that they can also create demand for vaccination.
- *Moderator to Sheetal Sharma: “You spoke about the equity of vaccine distribution, but I would like to hear how you would characterize the demand side objectives as an equity concern.”*
- Sheetal Sharma: A colleague from Senegal raised an important comment when the vaccine arrival began in Sub-Saharan Africa “We talk about global equity, but what about national equity”.
- In larger denser cities, there will be more vaccine uptake as mentioned earlier.
- Consistent communication: One thing to learn from humanitarian actors is how to act rapidly and flexibly to be precise (ex: booster shots, mixing doses, etc.).
- Equity and demand side can come from various actors, ex: conservation and tourism sector workers getting vaccinated with help from work.
- A few points: Engage different actors, people have a right to demand for better services and how to have consistent communication on the safety of vaccines and how ready are we to go on media channels on vaccine messaging.

- *Moderator asks Scott Ratzan: “Please talk more about what business partners CONVINCED is doing with the Global COVID-19 Workplace Challenge”.*
- Scott Ratzan: We have a big challenge and will not be able to solve this alone or wait for donors and government to step up.
- Created the workplace challenge for governments to do can serve as an attempt to have companies sign on and be active in the challenge, providing the vaccine to employees & customers.
- US Council for International Business is the only US business organization with ECOSOC status. Trying to link with NGO community is a goal.
- *Moderator asks Tom Davis: “Can you share more about where World Vision has been implementing the Barrier Analysis tool and what the partnerships has learned?”*
- Tom Davis: World Vision is conducting Barrier Analysis studies in Bangladesh, Myanmar, DRC, Kenya, India, Tanzania. Internal reports have been done in Sierra Leone, Laos, and in the process of working in South African & West African countries.
- Some reports have been done on different groups in the same countries (ex: Community health workers, adolescents, faith leaders).
- Drivers of vaccine acceptance often vary depending on geographic area and group.
- On cash for vaccines: recognize that there are unpaid volunteer health workers, do not want to drive them away with small payments, which can result in issues.
- 2 tiers of workers are needed: professional, paid, full time work and 2nd tier volunteer work coming from years of service.

#### **Moderator Concluding Statement:**

“Thank you to all of the panelists and we appreciate all of your participation and attention. This has been a great event and very inspirational for myself. I want to end, taking a note from Sheetal's book taking on a note of hope. I am very inspired to hear all of the words that have been spoken today and to see the caliber of people working on this problem. For those of you who are carrying out the good work on COVID-19, I hope and pray you are all encouraged and we would continue to work together and would have fruitful partnerships moving forward in the future to be able to address this and other public health problems. Thank you all for your time and participation, we hope that we have a chance to work together again soon. Feel free to share this recording with others and your experiences.”