

Exemplars in COVID-19 Response

Transferable lessons for COVID-19 from past vaccination campaigns

Introduction

In response to the COVID-19 pandemic, Exemplars in Global Health (EGH) has worked with a broad range of partners to identify and study emerging best practices in order to document, evaluate, and share learnings to improve global outbreak response capabilities. This document reflects high-level findings from research on vaccine readiness done in partnership with the UK Public Health Rapid Support Team at LSHTM. The project aimed to document drivers of success from the previous introduction and scale-up of three vaccines (meningitis A, yellow fever, and Ebola) to inform best practices for the delivery of COVID-19 vaccines.

This document provides a high-level overview of key lessons learned and recommendations identified and is not meant to be comprehensive. To learn more, read the full manuscript from the study [linked here](#) or contact Becky Bartlein (Becky.Bartlein@gatesventures.com).

Key Recommendations

1. Prioritize the availability of **operational funds** to support community engagement and social mobilization well **in advance of vaccination activities** (or each round of vaccination activities)
2. Develop a **community engagement strategy** that emphasizes the principles of community involvement, co-development, and iterative adaptation
3. Engage **local, trusted health workers** (including CHWs) to support vaccination activities, ensuring a continued connection between communities and the vaccination campaign
4. Develop rapid processes to **recruit and manage an expanded vaccination workforce** for the response; balance with need to maintain existing services (i.e., routine immunization)
5. Evaluate and **refine training strategies** to ensure vaccination teams are well equipped to conduct vaccination activities; identify alternatives to remote training when possible
6. Provide vaccination teams with **guidance on the management of multi-dose vaccine vials**, including which population groups should be offered leftover vaccine doses when the vial cannot be stored
7. Ensure **national ownership, access, and capacity to analyze vaccination campaign data**, including the use of electronic data collection systems
8. Work with technical leads across the outbreak response to **streamline the collection, aggregation, and analysis of different indicators** to support coordinated vaccination campaign monitoring
9. Bring together response pillar lead and routine health program leads to discuss **opportunities to integrate health services** during vaccine campaigns

Summary of Findings

PLANNING & COORDINATION

- **Engaging early with diverse stakeholders:** Ministries of Health collaboration with other government departments (e.g., Ministries of Education, Finance, Transport) was considered crucial
- **Establishing strong coordination mechanisms:** Incident management systems (IMS) that delineate the roles and responsibilities of government departments and partner organizations can prevent duplication of response efforts and reduce competition and fragmentation

TARGET GROUPS & DELIVERY STRATEGIES

- **Addressing community perceptions:** Vaccinating adults requires a shift in community perception of vaccination; inclusion of adults of reproductive age was associated with concerns that vaccines affected fertility, and younger males were frequently described as being indifferent to disease threats

TARGET GROUPS & DELIVERY STRATEGIES (CONTINUED)

- **Tailoring delivery strategies:** Engaging with community leaders to map social groups and identify when, where, and how vaccination teams can reach sub-groups
- **Integrating vaccination campaigns:** Integration with other key services was viewed positively, though there can be coordination challenges and potential negative spillover effects of vaccine hesitancy

LOGISTICS & SUPPLY

- **Assessing storage and supply chain capacity:** Assessments were necessary before each campaign, as capacity changes quickly at the facility level, affecting product viability; during clinical trials, mock-up shipments of MenAfriVac were sent to each country to test supply chains
- **Determining optimal (de)centralization of storage depots:** Subnational vaccine storage hubs can enable rapid movement of supplies during campaigns; for vaccines requiring ultra-cold chain infrastructure, centralized depots with reliable access to electricity may be most effective, but can lead to delays in distributing widely

VACCINATION TEAMS

- **Recruiting local health workers:** Established links in the community and fluency in local languages are key to a successful campaign; recruit new graduates and recently retired health staff when needed to supplement workforce
- **Delivering effective training:** Training quality can deteriorate at lower levels of cascade or training-of-trainers model; remote trainings and limited capacity in-person trainings can create additional barriers

COMMUNITY ENGAGEMENT & SOCIAL MOBILIZATION

- **Addressing the public with consistent messaging:** It was important to have a clear strategy for engaging with communities, with consistent messaging around the disease, the vaccine, the vaccination target groups, and adverse events following immunization
- **Timing community engagement:** Community engagement should precede campaigns by a minimum of 1-2 months to allow for sufficient time for social mobilization; reconnecting with communities at the end of a campaign is also essential for building trust for future vaccines
- **Monitoring community acceptance:** Continuous engagement with communities is key to monitoring how acceptance evolves, responding to concerns, and explaining rationale for targeting specific groups

VACCINE MONITORING & SAFETY SURVEILLANCE

- **Boosting community confidence through effective monitoring:** Linking a person to vaccination, subsequent adverse events, and any breakthrough infections is an important aspect of vaccination campaign monitoring and can increase community confidence
- **Experiencing data issues:** Parallel systems and limited standardization in data collection can hamper analysis and operational use of vaccine coverage, efficacy, and safety data

VACCINE CONFIDENCE

- **Responding swiftly to vaccine concerns:** Swift, transparent, and trusted responses are needed to address vaccine concerns; rumors spread by health professionals were best responded to by other health professionals
- **Dispelling rumors through enlisting influencers and third parties:** Political, religious, and traditional leaders or heads of social groups play an important role in counteracting negative rumors; National Immunization Technical Advisory Groups (NITAGs) can dispel rumors by providing independent, evidence-based information on the disease and vaccination campaign

Read the full pre-print from the study [linked here](#) or contact **Becky Bartlein** (Becky.Bartlein@gatesventures.com).