Lessons from Ebola Vaccine Deployment Acceptance & Compliance Programme for consideration for the COVID-19 Vaccine Roll out

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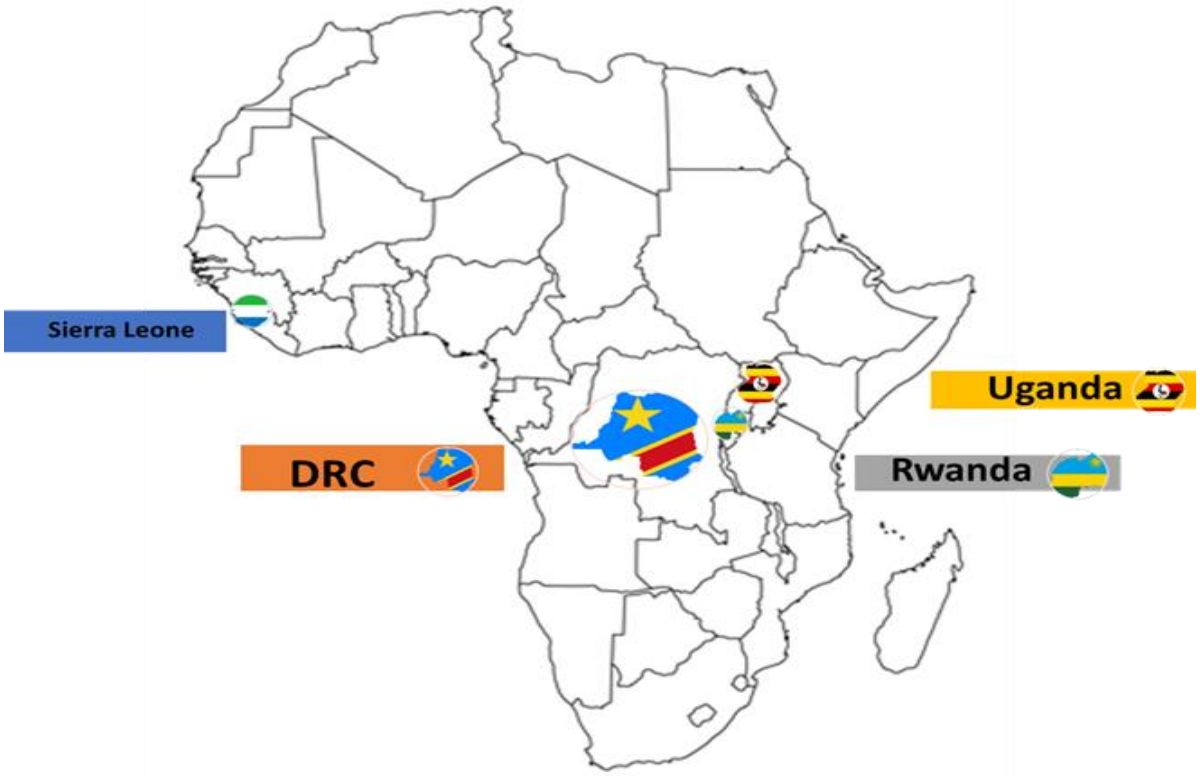
Geographical Reach



What were the dilemmas @ that time-

- During an outbreak- how do you ensure community participation and engagement.
- That the right vaccine volunteer/participant/community member receives the right dose of vaccine at the right time
- Safety and efficacy of the vaccine.
- How do you build capacity of frontline health workers during a pandemic while respecting SOPs for disease/infection prevention.
- How can countries prepare demand side aspects for vaccine deployment in a much more comprehensive manner.

Why EBODAC?

- Developing and implementing a Community Engagement Strategy
- Developing and implementing identification tools (To ensure that the right vaccine volunteer/participant/community member receives the right dose of vaccine at the right time)
- Implementing Mobile Technology-To ensure widespread reach in rural settings and that vaccine volunteers remain engaged throughout the vaccination period and attend clinic visits,
- Piloting a Mobile Training and Support Service -provides **training via cell phones** to remotely-located Community Health Workers (CHW), the backbone of the healthcare system at the household level.

Why EBODAC?

- Developing a Gap Analysis Tool for Ebola vaccine deployment-an evidence-based Gap Analysis Tool to **enable governments to assess their own readiness**, from a demand-side perspective, to deploy a licensed Ebola vaccine in an emergency or non-emergency setting.

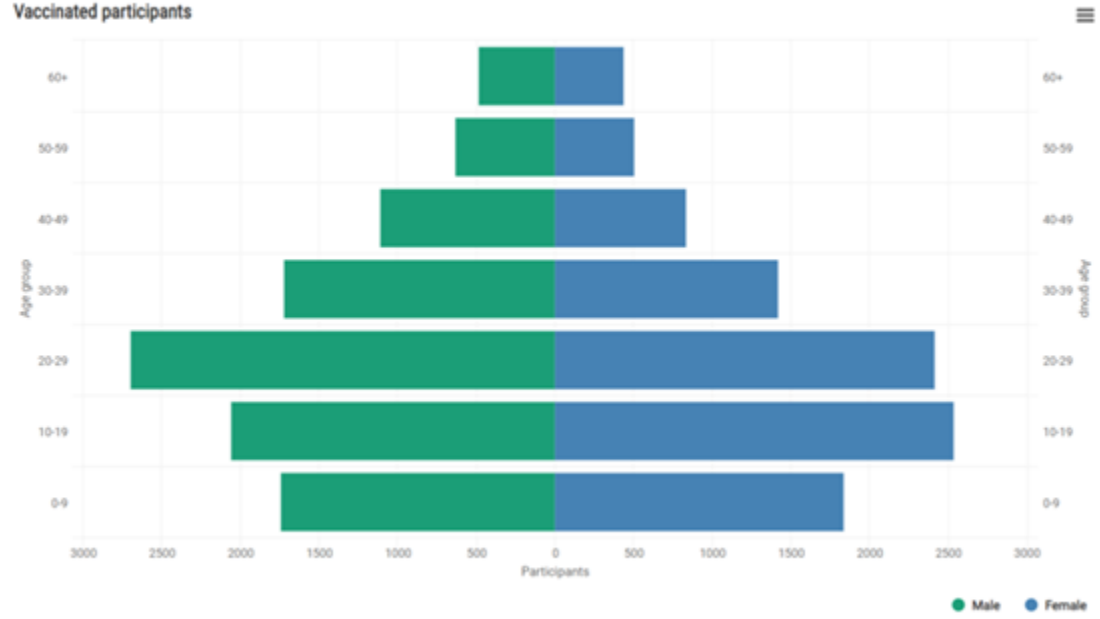
- Sharing learnings-To ensure -EBODAC is producing resources based on the project's **lessons learned**, to support others working in the fields of communication, community engagement and enabling technologies related to Ebola vaccine clinical trials and potential deployment. These resources are available online at *www.ebovac.org/ebodac*.

Vaccination- Sierra Leone

STAGE	COHORT	Number of Vaccinated Participants per Site			TOTAL VACCINATED PARTICIPANTS	Completed Participants	Discontinued Participants	Participants Retention Rate (%) per Cohort
		KAMBIA 1	KAMBIA 2	ROKUPR				
EBL3001 Stage 1	Adult	43	0	0	43	28	15	65.12
EBL3001 Stage 2	Adults	190	122	89	401	281	120	70.07
	Adolescents (12 to 17 years)	64	64	64	192	176	16	91.67
	Paediatric (4 to 11 years)	64	64	64	192	178	14	92.71
	Infants (1 to 3 years)	65	64	63	192	183	9	95.31
EBL2005 Infants Study	Infants (4 to 11 months)	**55**	0	0	**55**	54	1	98.18
Total		**481**	**314**	**280**	**1075**	**900**	**175**	**83.7**

Vaccination- DRC

Age pyramid



Frequency table

Age group	Participants	%
0-9	3573	17.5%
10-19	4594	22.5%
20-29	5115	25.0%
30-39	3136	15.4%
40-49	1946	9.5%
50-59	1139	5.6%
60+	920	4.5%

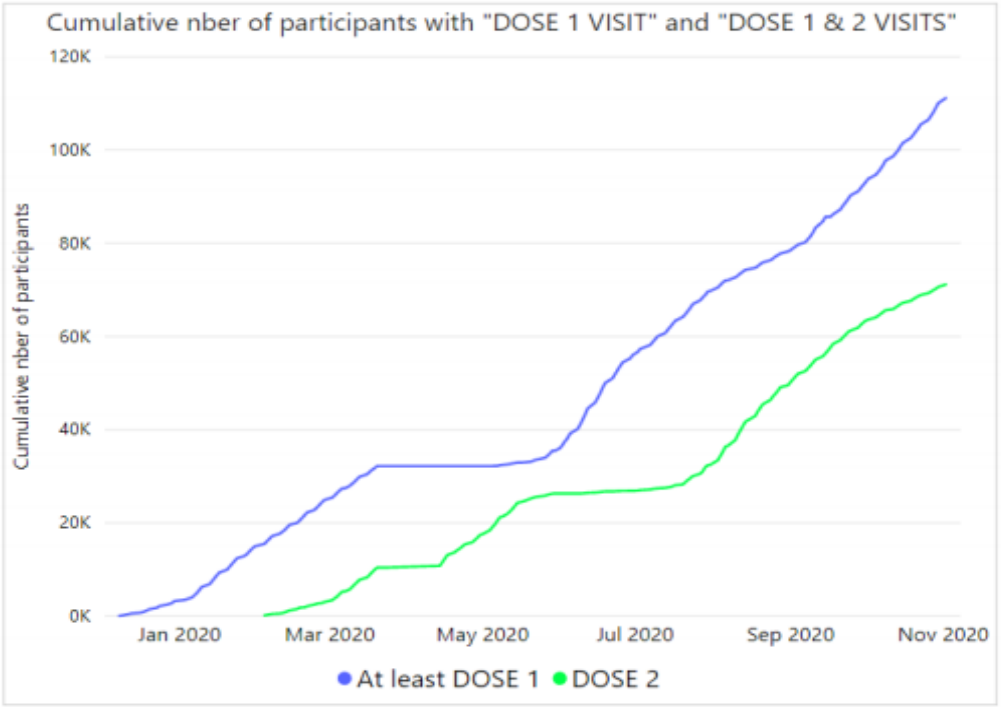
Vaccination - Rwanda

UMURINZI

DOSE 1 VISIT
DOSE 1 & 2 VISITS

111119
participants with AT LEAST DOSE 1

71141
participants with BOTH DOSE 1 & 2



GENDER	# of participants	% of participants
FEMALE	60151	54.13%
MALE	50968	45.87%
Total	**111119**	**100.00%**

AGE-GROUPS	# of participants	% of participants
[2 - 5]	11141	10.03%
[6 - 11]	18833	16.95%
[12 - 17]	18782	16.90%
[18 & above]	62363	56.12%
Total	**111119**	**100.00%**

SITE OF FIRST VACCINATION	# of participants	% of participants
BYAHI HC	6259	5.63%
CYANZARWE HP	6321	5.69%
GACUBA II HC	7101	6.39%
GIHUNDWE HC	12680	11.41%
ISLAMIC HC	20532	18.48%
KIGUFI HC	14820	13.34%
LA CORNICHE	1248	1.12%
MOB_KANOMBE	872	0.78%
MT CYANGUGU HC	5086	4.58%
NKANKA HC	2685	2.42%
NKOMBO HC	12570	11.31%
POIDS LOURDS	11549	10.39%
RUGERERO TC	9396	8.46%
Total	**111119**	**100.00%**

Why the refusal of vaccination?

- Belief that Ebola vaccination results in death
- Belief that the vaccine causes Ebola and it is a means to purposefully spread Ebola and
- exterminate the population
- Belief that there are two different kinds of vaccine and the one given to the
- community is not effective
- Concerns about negative vaccine effects for those with pre-existing health conditions
- Some concerns about immediate side effects though not as prevalent as fear of long-term side
- effects
- Concerns about experimental status of the vaccine and doubts about vaccine effectiveness

Lessons Learnt- Communication

To address the concerns around vaccination and mistrust, it is recommended to:

- Explain the importance of the vaccine and why it might help to achieve greater coverage
- Speak openly about vaccine side effects and let the community ask questions
- Talk about other routine vaccines (cholera, polio, TB, etc.) that are already known.
- Make sure health care workers understand how the vaccine functions and trust it
- Work with community leaders and influencers groups.
- Reinforce immunization teams with detailed information and answers (it is critical important so they can be able to answer questions in the immediate)

Lessons Learnt- RCCE

- Remote Training vs physical/workshops
- Listening vs messaging -experiential communication- what people know or are experiencing
- Participant compliance/retention
- Virtual community vs physical community
- Barrier analysis vs surveys- age specific
- Social science as an ongoing process and not an entry to communication and community engagement
- Social and political analysis to define effective roles for authorities
- Media engagement strategy

Lessons Learnt- Technology

- What are the key critical data variables that enhance technology use that have to be collected from day 1
- Technology (integrated data management- unique identification + automated messaging engagements + biometrics)
- Green line to address community concerns and SAEs- call centre
- Scheduling of vaccination programmes/scheduling of participants
- Technology for cold chain monitoring and management.
- Private sector engagement for technology usage

Lessons Learnt- Cross cutting themes

- Understanding the context specific safeguarding issues
- Social accountability as integral to RCCE
- Addressing gender barriers to access- power and influence of men over family decisions- how do we deliberately include engagement of both young and adult men in the RCCE.
- Cross border coordination especially where commercial and trading centers exist

Key principles in planning for acceptance and uptake

- **Secure high level political support** .Identify and engage key stakeholders, influencers and champions at all levels. Involve them from the start
- **Use behavioral and social data for planning, monitoring and evaluation**. Guide planning,targeting of strategies, and later iterations
- **Establish social listening and rumour tracking processes**, and be prepared to respond in a timely and effective manner to misinformation
- **Communicate in a clear and timely manner**. Work through trusted channels with quality and tailored content to build trust and avoid any communication gaps
- **Engage with communities for involvement in planning**, to gather and harness feedback
- **Build capacity**. Identify needs early and ensure that they are included in training curricula for health workers, community influencers and mobilizers.
- **Integrate with broader technical plans**. Coordinate with a broad range of partners and stakeholders, where possible using existing mechanisms or groups.

Resources/Tools

- Digital comprehensive demand side gaps analysis- automated- produces gaps and generation of work plan- Nov 2020
- Practical Training guide for vaccine deployment- Nov 2020
- Handbook on lessons learnt on communication and community engagement during outbreak setting.- Feb 2017
- Rapid assessment tool for demand side planning- used this in DRC for Ebola vaccine deployment- fragile/complex situations – Mar 2020
- Evaluation report on the Ebola vaccine RCCE- Nov 2020
- Report on Attitudes and perception, 3 districts in Uganda on Ebola vaccine- Nov 2020
- Barrier Analysis – vaccine acceptance in selected communities in Kenya- 2020
- Field level RCCE strategy for vaccine acceptance & compliance- Mar 2020

Lessons Learnt- Conclusion

- No vaccine trial/study/campaign/roll out
without
Community Engagement
from Day 1

Peter Piot

Community Engagement, Communications and Technology in Ebola Clinical Trials symposium
Dakar, Senegal

21 February 2017

Lessons Learnt- Conclusion

It is not only about putting community

engagement at the forefront of our vaccination programmes,

but primarily having the community driving vaccination process.