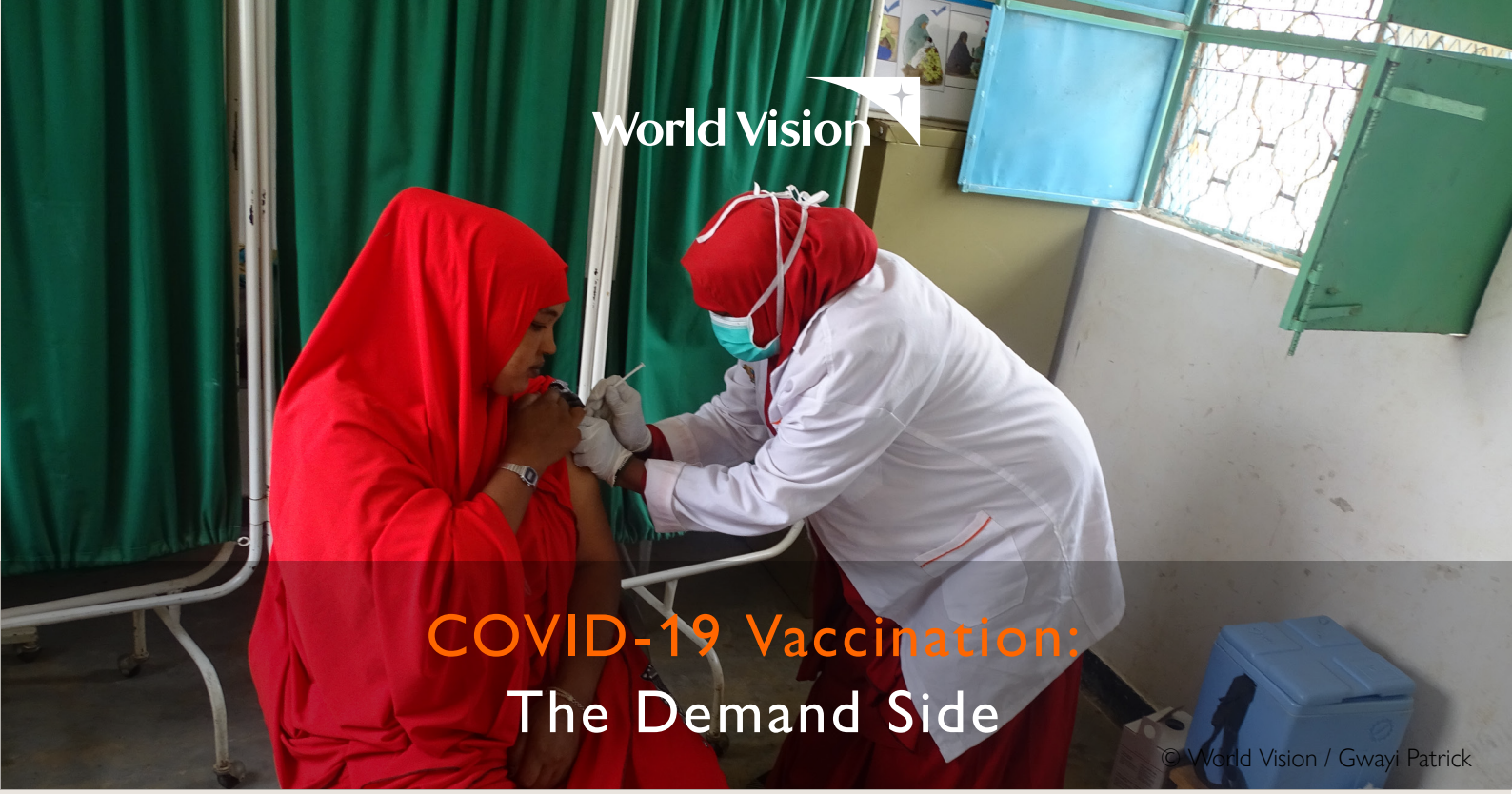


COVID-19 Vaccination: The Demand Side

Learnings from a recent World Vision survey of COVID-19 national vaccine deployment plans (NVDPs) from nine countries facing some of the highest risks from COVID-19 due to their fragile contexts and vulnerable populations.

Surveyed countries: Ecuador, Colombia, Uganda, Syria, Jerusalem/West Bank/Gaza, Sierra Leone, Mauritania, Bangladesh, and Mali

CELEBRATION POINTS

100%

of NVDPs established that all people should access COVID-19 vaccines at no out-of-pocket cost to themselves

89%

of the surveyed countries reported that the vaccines planned for deployment were ones that had been approved by a stringent drug regulatory authority

67%

of all populations were reportedly being proactively informed and educated regarding vaccination

GAPS

Limited planning to address vaccine hesitancy

44% of NVDPs do not establish interventions to address vaccine hesitancy

78% of NVDPs do not have an adequate budget provision for implementation of community engagement and vaccine hesitancy interventions

33% of governments have not ensured adequate formative research on contextual vaccine hesitancy drivers

Unaddressed challenges on how to reach the most vulnerable

67% of NVDPs did not consult the most vulnerable or high-risk groups in their planning

33% of NVDPs do not establish how vaccination will be successfully facilitated for the most vulnerable and hard-to-reach populations

55% of NVDPs do not identify populations in humanitarian circumstances as high risk

44% of governments did not conduct a national vulnerability assessment for the NVDP elaboration

Gaps in coordinating with civil society and communities

22% of NVDPs coordination groups did not include civil society representatives

33% of NVDPs do not establish community engagement and feedback mechanisms

55% of NVDPs do not have an adequate community engagement component

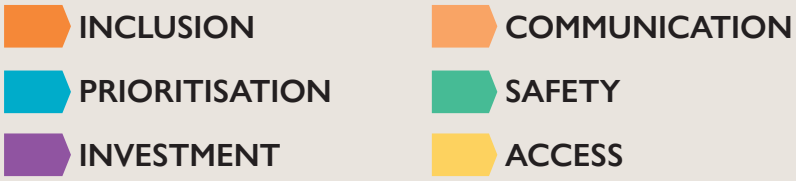
Lack of education on vaccines

67% of governments are not making enough efforts to sensitise on risks of counterfeit or sub-standard vaccines or how to avoid them

Overview

Recognising early on that there would be many equity-related challenges in national COVID-19 vaccine distribution planning, World Vision developed a framework to guide national civil society engagement and assess progress. Working from some core standards, such as the World Health Organization's Strategic Advisory Group of Experts' (SAGE) guidelines, six themes emerged to frame advocacy objectives, indicators, and activities.

Essential elements of a national vaccine deployment plan



To further catalyse the advocacy engagement, a rapid equity checklist, constructed as a simple 'yes' or 'no' assessment, was included with 33 validation points organised along these six themes.

National vaccine deployment plans (NVDPs) from nine countries facing some of the highest risks from COVID-19 due to their fragile contexts and vulnerable populations (i.e. Ecuador, Colombia, Uganda, Syria, Jerusalem/West Bank/Gaza, Sierra Leone, Mauritania, Bangladesh, and Mali) were assessed. Offices completed a rapid equity checklist in an initiative to sample NVDP progress from a civil society, or equity, perspective. The results are partially encouraging but some clear gaps in investment persist.

Table 1. Equity achievements within assessed national vaccine deployment plans

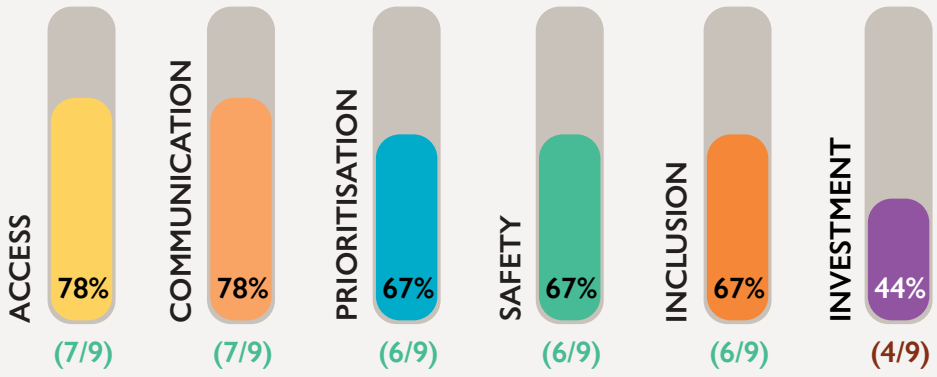
Category	Validation Point	'Yes'
Inclusion	The NVDP clearly establishes how all people will have access to vaccines	100% (9/9)
Access	The NVDP establishes that all people should access their vaccination with no out-of-pocket cost	100% (9/9)
Access	All people have been informed that their vaccination will be free	100% (9/9)
Prioritisation	All phases of target group prioritisation are data driven	89% (8/9)
Prioritisation	The NVDP shows no evidence of discrimination based on age, sex, ethnicity, religion, political affiliation or disability	89% (8/9)
Communication	The NVDP is public access	89% (8/9)
Safety	All front-line health workers administering vaccines are trained in observing, monitoring, documenting, and responding to adverse effects	89% (8/9)
Safety	Vaccine administrators have adequate personal protective equipment (PPE) provision	89% (8/9)
Inclusion	Government response mechanisms are established	78% (7/9)
Investment	Government and partner risk communication strategies address contemporary contextual analysis directly and strategically	78% (7/9)
Safety	All vaccinees are educated on monitoring and reporting adverse effects	78% (7/9)
Safety	Vaccination site safety and risk mitigation protocols are established	78% (7/9)

Table 2. Greatest gaps identified in assessed national vaccine deployment plans

Category	Validation Point	'Yes'
Inclusion	The most vulnerable/high risk groups are consulted in NVDP planning	11% (1/9)
Investment	There is adequate budget provision for implementation of community engagement and vaccine hesitancy interventions	11% (1/9)
Prioritisation	Populations in humanitarian circumstances that have been identified as high risk are included in Phase 1 planning of the NVDP	22% (2/9)
Safety	Public is sensitised on risks of falsified (i.e. counterfeit)/sub-standard vaccines and how to avoid them	22% (2/9)
Investment	The community engagement component of the NVDP is adequate	33% (3/9)
Prioritisation	Government has conducted a national vulnerability assessment	44% (4/9)
Investment	Government has ensured adequate formative research on contextual vaccine hesitancy drivers	44% (4/9)
Safety	Vaccines to be nationally deployed are registered in the country Essential Medicine List	44% (4/9)
Prioritisation	Populations in humanitarian circumstances have been included in vulnerability assessment	56% (5/9)
Prioritisation	Where parallel humanitarian service providers are required for coverage, they have plans in place for delivery	56% (5/9)
Investment	Interventions to address vaccine hesitancy in the NVDP are adequate	56% (5/9)
Safety	Public health response system is established to respond to individual and group adverse effects	56% (5/9)
Access	There is no significant differentiation in the type or quality of vaccines accessible to different population segments	56% (5/9)

Assessment per category suggests that public communication and access standards are fairly well established in the NVDPs, while actual risk communication and community engagement interventions are not adequately funded and implemented:

Table 3. Average positive validation ('yes') of assessed national vaccine deployment plans



Interpretation

There is reason to be encouraged by the positive trends in the NVDPs' development. It appears that global efforts, largely led by the World Health Organization, to standardise best practices in the national NVDP processes, have had a positive impact. The majority of countries assessed are establishing good equity norms in their planning, leading with a policy of free vaccines for all people. Good safety protocols are also outlined. It is very encouraging to note that nearly 90% of NVDPs are accessible to the public.

However, the NVDPs appear to be consistently weak at both the planning and implementation levels where risk communication and community engagement interventions are needed. This suggests that countries may require 1) technical assistance to coordinate and implement risk communication and community engagement activities and 2) dedicated funding for these activities. Community engagement, per the World Health Organization's 10 steps to community readiness, is a critical link to vaccine roll-outs' success. Vaccine hesitancy is not being adequately prioritised and invested, and this gap is well understood globally as a leading barrier to vaccination uptake.

Proactive coordination of vaccination planning for humanitarian populations also appears to be a leading gap. It is understood that in many cases these populations may be served directly by humanitarian actors and through dedicated provisions; however, it is also recommended that a seamless national plan should also identify and assure effective coordination with stakeholders to avoid service gaps to these vulnerable populations.

While most public safety protocols are being well addressed in health system planning, including prioritisation of vaccines approved by a stringent regulatory authority, the significant issue of counterfeit and sub-standard products, including vaccines and treatments, entering markets is not being addressed; yet, increasing cases of these products are being reported, as can be expected. It is very important that health authorities thoroughly sensitise the public regarding these risks.

Recommendations

1. Risk communication and community engagement strategies must be strengthened comprehensively within the NVDPs.
2. Risk communication and community engagement strategies, including vaccine hesitancy interventions, must be fully funded, and urgently, to cultivate effective vaccine uptake once the vaccines are broadly available.
3. Governments should coordinate with technical partners to expand critical technical assistance required to deliver effective risk communication and community engagement activities at scale.
4. NVDPs should detail comprehensive plans for ensuring equitable vaccination coverage of populations in humanitarian circumstances, with clear designation of responsibility.
5. Governments should prioritise public sensitisation regarding risks associated with counterfeit and sub-standard products.

Annexe

I. METHODOLOGY

This evaluation was conducted between 30 August and 9 September 2021 in nine countries where World Vision operates – Ecuador, Colombia, Uganda, Syria, Jerusalem/West Bank/Gaza, Sierra Leone, Mauritania, Bangladesh, and Mali.

The assessment used publicly available NVDPs, evaluated based on 33 questions pertaining to six categories: inclusion, prioritisation, investment, communication, safety, access.

Limitations: The results are not representative of the global situation, but reflect the situations of nine countries facing some of the highest risks from COVID-19 due to their fragile contexts and vulnerable populations.

In order to encourage vaccine uptake, World Vision advocates for the inclusion of demand creation strategies within governments' national vaccine deployment plans and roll-outs to generate confidence in and acceptance of COVID-19 vaccines and abate hesitancy. As part of this, health-care systems and governments must engage with local faith and community leaders to share accurate, evidence-based information and disseminate crucial COVID-19 immunisation event details so people can make informed decisions about their health.
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World Vision is responding to the devastating impact of COVID-19 in more than 70 countries. We have reached 66.1 million people, including 28.9 million children, as part of our strategic objectives to limit the spread of COVID-19, strengthen health systems, support affected children, and collaborate and advocate for vulnerable children through health and nutrition, economic livelihood, child protection, and education interventions.

For more information about World Vision's vaccine response plans, read World Vision's COVID-19 vaccine response capacity statement

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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

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