

# THE ROCKEFELLER FOUNDATION'S GLOBAL VACCINATION INITIATIVE

## LEARNINGS FROM THE VACCINATION ACTION NETWORK'S FIRST YEAR



The Rockefeller Foundation's Global Vaccination Initiative (GVI) is a 2-year, 55 million USD investment to support country-led efforts to vaccinate the most at-risk populations in Africa, Asia, Latin America and the Caribbean. The Vaccination Action Network (VAN) is an integral component of GVI's investment. As GVI's measurement, evaluation, and learning partner, Mathematica conducted key informant interviews with 20 VAN members, action project implementing partners, and GVI grantees from March to April 2023 to understand successes, challenges, and the impact made by VAN in its first year of implementation. This brief shares key findings from that assessment.

### WHAT IS THE VACCINATION ACTION NETWORK (VAN)?

The Vaccination Action Network (VAN), is a 7.4 million USD locally-led, peer-to-peer learning initiative designed to engage public health decision-makers across sub-Saharan Africa and bolster their efforts to strengthen health systems while scaling up Covid-19 vaccine demand strategies. VAN supports member countries—including Kenya, Malawi, Tanzania, Uganda, Zambia, and Zimbabwe—to identify COVID-19 vaccine demand challenges in inter- and intra-country meetings and co-create action projects that address them through VAN's implementing partners. VAN was launched in 2022 with support from Dalberg Advisors, Sabin Vaccine Institute, Amref Health Africa, and The Rockefeller Foundation.



### HOW VAN MEMBERS PUT PEER LEARNING INTO PRACTICE

- **Co-location of vaccine service delivery and demand creation, which is known as the “three-pronged approach”** of deploying small teams of (1) information providers (awareness), (2) vaccinators (access), and (3) data collectors – (monitoring) to places where community members regularly gather.
- **Use of tailored messages and materials developed based on information gathered through Community Feedback Mechanisms**, focus group discussions, and co-creation workshops.
- **Shift towards integrating Covid vaccines into essential health care services.**
- **Shift from facility-based to community-based outreach**, e.g., expanded use of door-to-door and other interpersonal approaches
- **Use of trusted messengers to co-create and disseminate messages**, especially youth influencers, religious leaders, and political leaders
- **Adoption of bottom-up approaches** in activity microplanning
- **Adaptation of educational materials into local languages**
- **Use of Covid survivors as vaccination champions**

## VAN'S VALUE TO MEMBERS



The ability to share information and exchange with peers facing similar challenges in a variety of national and subnational contexts.



The relationships developed through the network, especially as the network enables members to expand their social and professional networks.



The opportunity to cross-pollinate ideas and co-create solutions in lieu of prescriptive approaches proposed by external actors or international organizations.



Members' ability to propose topics of interest through popular vote, with topics constantly changing in line with country member interests and priorities.

## SUCCESSFUL DEMAND GENERATION APPROACHES: LEARNINGS FROM IMPLEMENTATION

### CO-LOCATION WITH COMMUNITY ACTIVITIES

Implementing partners across countries have found that the co-location of vaccine services with community outreach and demand creation activities has resulted in higher rates of vaccine uptake.

### CHOOSING THE RIGHT TRUSTED MESSENGERS

Trusted messengers are critical to shaping community perceptions about vaccines and vaccination. These influencers vary significantly by country, region, district, and subpopulation and therefore, trusted messengers need to be context specific.

### BECOMING EMBEDDED IN THE COMMUNITY

Implementing partners capitalize on relationships built with community structures through other public health interventions as well as previous collaborations with subnational health offices to enhance their sustainability prospects from the very beginning of their inception.

### PROVIDER-INITIATED SERVICES

Mobile vaccination campaigns, including house-to-house visits and outreaches conducted during regular community events, have reportedly helped increase the reach of implementing partners' work.

“ Individually, being a manager, seriously I have gained some knowledge and experience through the exposure that this network has [offered]. I will start with the great experience I had in [the] Nairobi [inter-country VAN meeting]. I learned a lot. **One of the areas that I capitalized on and that I have implemented down here is the “three-pronged” strategy. Wherever we are going, we should be (1) creating demand, we are (2) taking services to them at the same time, and (3) we are also taking care of the data [recording who is accepting the vaccine].** And seriously, this has been my slogan. So, in all the activities we are carrying out in [district], we are sure to follow this three-pronged strategy. And this is something I have gained from VAN. Before, when we used to do these interventions in [district], we would create demand a day before the vaccinators would go on the ground and vaccinate. Or we would ask people to travel to their nearest vaccination center, and they may or may not go. But if you go there with the service as well as data tools... **when we started implementing this network, we were at 5% or 6% coverage of our target population in the district and as of now we have doubled that. This is one of the lessons I have learned that I have brought to the Health Management Team here in [district] and also advocated saying, let's please make sure we are supporting these pillars in all of our activities: (1) social mobilize, (2) vaccinate, and (3) collect data.** ”

- VAN Member

## VAN'S CONTRIBUTIONS BY THE NUMBERS

**70%**

of VAN members report having applied lessons, tools, or approaches learned from VAN in their day-to-day work

**86**

Vaccination leaders engaged across the network's member countries

**23**

Inter- and intra-country sessions conducted







**10**

Interventions implemented

**3,000+**

Health care workers equipped with tools, trainings, or behavioral approaches in VAN countries

## LEARNINGS ON WHAT DID NOT WORK FOR DEMAND GENERATION

-  Vaccine stockouts resulted in missed opportunities for vaccination after some community mobilization events.
-  Mobilizing young people in local youth centers did not produce the intended results; youth should be involved in the intervention design process.
-  Outreach in public schools is a challenge as partners are required to obtain parental consent, resulting in lower uptake than planned.
-  Views are mixed on the effectiveness of social media messaging.
-  Radio messaging may be less effective in regions with a high proportion of agro-pastoralist communities, who may not own or use radios.
-  Without clear guidance on message content, cascading messages from national to subnational messengers may not be an effective strategy as the core message may get diluted as it is disseminated to lower levels of the system.

## CHALLENGES AFFECTING DEMAND GENERATION

- Continued de-prioritization of Covid and low risk perception
- Lack of sufficient human resources
- Funding constraints in local governments
- Insufficient technological capacity among health care workers to use digital data collection tools, resulting in backlog and underreporting of vaccines administered
- Vaccine supply
- Cold chain issues
- Building trust among hard-to-reach groups
- Bureaucracy
- Context-specific challenges, such as the aftermath of Cyclone Freddy in Malawi or the legacy of the former Tanzanian president's anti-vaccination stance

## START, REEVALUATE, CONTINUE: IMPLICATIONS FOR VAN'S FUTURE

*With over one year of the network's implementation complete, VAN is currently evolving to adjust to country priorities in the current state of the Covid-19 pandemic, which the World Health Organization recently announced has ended its acute phase. As part of its assessment, Mathematica asked VAN members for their feedback on how to make the network even more responsive to their needs now and into the future as it adjusts to this context. Their recommendations are outlined below.*

### **Start:** Recommendations for VAN's next phase

- Provide problem-solving support through a dedicated network management mechanism such as a designated Project Management Office
- Support in-country reflection and planning prior to cross-country sessions to facilitate experience sharing
- Consider coordinating learning visits to priority districts to observe ideas in practice
- Expand the reach of VAN to new regions and countries on the continent
- Expand the reach of VAN to include perspectives from different levels of engagement and new or underrepresented areas of expertise
- Develop summarized action points post-meeting
- Share resources for continued learning outside of sessions
- Establish an advisory group or steering committee to encourage member leadership

### **Reevaluate:** Areas for improvement

- Ramp up use of VAN's M&E plan
- Streamline communications between the Secretariat and implementing partners to bring about more operational efficiencies
- Balance emphasis on demand-side barriers with supply-side realities
- Reconsider the network's exclusive focus on Covid-19

### **Continue:** Aspects of the network to maintain into the future

- Maintain culture of member-centricity
- Continue fostering connection between members through WhatsApp and in-person convenings
- Build member capacity in a variety of relevant domains



Photo credit: *A Retrospective Report: Peer-learning for COVID-19 vaccination uptake, May 2023*