



Wilton Park



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Report

Vaccine literacy: immunisation training for community-based health workers and immunisation professionals

Wednesday 22 July 2020 | WP1811V

In association with:



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In association with association with Ariadne Labs, the Community Health Academy at Last Mile Health and the Sabin Vaccine Institute

Background

The COVID-19 pandemic has made access to routine vaccination services challenging. This has led to a reduction in vaccination rates, threatening health gains achieved over the last decade. A recent [joint report](#) from WHO, UNICEF and GAVI estimates at least 80 million children under one are now at risk of diseases like diphtheria, measles and polio. Community-based health workers and immunisation professionals are critical to reversing the trend of dramatically falling immunisation rates, and will also play a vital role in ensuring acceptance and uptake of new COVID-19 vaccines when they become available.

High-quality training and support for these health workers in the current and post COVID-19 environment will require coordinated investment and action. Such training includes initiatives to support digital platforms and online communities of practice. Innovative approaches for financing and funding mechanisms will be important, as will identifying new sources of investment for training, capacity-building and network support. Governments, donors, implementing partners, private sector, academia, communities and others will need to work together closely to develop strategies that reflect community, district and national-level needs, and to design coordinated communication efforts around routine immunisation and the introduction of COVID-19 vaccine(s). With health systems fragility in many low-and middle-income countries (LMICs) exacerbated by the impact of the COVID-19 pandemic, health workers are working in an environment of uncertainty and lack of clarity around the nature of the virus and lack of trust around the safety and efficacy of future COVID-19 vaccines and therapies. The training and support they receive needs to reflect this new reality for them and the communities in which they work.

This Wilton Park virtual dialogue brought together community-based health workers, immunisation professionals and other health experts with representatives from WHO, Gavi, UNICEF, NGOs, academia and the private sector. The purpose was to better understand the immediate impact of COVID-19 for health workers, its impact on the broader health system, and the importance of coordinating funding and training approaches for strengthening health workforce capacity to prepare for the uptake of COVID-19 vaccines.

Key themes

Key themes that emerged from the dialogue included the following:

- The COVID-19 pandemic is significantly impacting health workers who are working within a context of uncertainty, fear, lack of trust, and lack of clear, reliable, and accessible information about the virus. These challenges are

likely to be intensified by the introduction of COVID-19 vaccines, given concerns and mistrust around potential safety and efficacy.

- A health-systems strengthening approach to health workforce development, rather than the more typical siloed, vertical capacity-building approaches, will be critical to tackle vaccine hesitancy and prepare for the uptake of a COVID-19 vaccine, as well as to improve routine immunisation rates.
- A coordinated approach is needed when designing and implementing high-quality training and supporting communities of practice for effective health workforce development. Both community-based health workers and immunisation professionals need to be equipped with the knowledge and skills to help reverse the decline in the uptake of routine immunisation at the same time as build public confidence in COVID-19 vaccines. Training and support will need to go beyond technical skills and include advocacy, communication, and other essential skills.
- Innovative financing approaches are needed to unlock the funding required to tackle the global vaccine literacy and confidence challenges and to implement large-scale, coordinated training efforts. Approaches may include creating new mechanisms to coordinate investments more effectively, as well as prioritising horizontal not vertical funding (the former being an approach much talked about, but infrequently practised). Engaging with venture philanthropists and family foundations will also be important to help close the funding gaps. Approaches to the private sector might be considered as businesses starts to appreciate the impact of COVID on the economy and the need for a healthy workforce.
- Digital health and quality health data already, and will increasingly, have a vital part to play in overall health systems strengthening, including delivering clear, reliable, locally relevant information to populations, training for health workers and supporting online communities of practice. Access to accurate, real-time data, will be critical for decision-makers in the post-COVID-19 pandemic phase, as well as in prevention or management of future pandemics.
- There are a host of critical challenges which inhibit healthcare workers carrying out their work such as lack of personal protection equipment, lack of resources and restrictions on logistics and movement due to lock down and social distancing requirements. These issues cannot be directly addressed by training, however training and support for advocacy and additional resourcing can help address these on-going challenges.

Executive summary

1. The health workforce- community health workers and immunisation professionals, are the bloodstream of the healthcare system the world over. Their critical role is most keenly felt in low resource settings and hard to reach communities where they can often be the only providers of healthcare. Health workers are the frontline responders in both treating populations and helping maintain vaccination programmes which prevent illnesses in populations. The current COVID-19 pandemic has threatened advances made in public health due to declining vaccination rates during COVID-19 as a result of lockdown measures which have made people fearful of presenting to health services and also due to growing vaccine hesitancy. Additionally, health workers face new challenges caused by COVID-19 and potential vaccines when they are available.
2. Training and capacity strengthening for community health workers and immunisation professionals needs to be optimally equipped to address challenges both directly and indirectly caused by COVID-19 and will be vital to ensure people and communities everywhere are healthy and health gains towards SDGs are not lost.

3. Technical training and capacity strengthening will be required to inform healthcare workers both about new COVID-19 vaccines, as well most up to date information regarding the virus itself along with how to address mis and disinformation regarding both the virus and a vaccine. Vaccine literacy is a fundamental requirement for health workers.
4. Additionally, training and capacity strengthening to support leadership, management, policy and advocacy skills will better equip health workforce to address critical challenges in the system and threats to the safety of health workers brought about by COVID-19 such as lack of PPE and medical supplies.
5. Donors and supporters of training and capacity strengthening are encouraged to coordinate systems approaches to training and capacity strengthening, along with ensuring monitoring and evaluation forms an integral part of such programmes that are being supported.
6. Digital technologies will play an increasingly significant role in supporting training and networks for capacity strengthening.
7. COVID-19 has adversely affected all sectors of society which has correspondingly impacted everyone's lives and livelihoods. It is therefore the responsibility of all sectors to support health workers in combatting the COVID-19 pandemic.

Challenges and solutions

Health workforce development

8. Health workers are likely to be first recipients of new COVID-19 vaccines, at the same time as being expected to play a central role in promoting COVID-19 vaccination to their communities. This places a heavy burden on community-based health workers and immunisation professionals. Given the uncertainty and misinformation surrounding the development and introduction of COVID-19 vaccines, health workers may find themselves advocating for a vaccine that they are anxious about promoting. In addition, they may be viewed suspiciously by community members as potentially acting as government agents (with a hidden agenda), or be seen by their communities as carriers of COVID-19. The situation may be further complicated by lack of understanding about decision-making by governments with regards who will be early recipients of the vaccine (and who will not), and – where countries share borders – why one country is providing one version of a COVID-19 vaccine and another (potentially) a different version.
9. The dual role of 'health service provider' and 'advocate' will need to be reflected in the training that community-based health workers and immunisation professionals receive and the support systems that need to be created around them. Health workers need support and training to build trust in the community, including access to the right communication and support in improving effective communication skills to communicate with different community groups. Understanding how best to develop trust, for example delivering messages in community languages is another critical aspect of training.
10. Training should not be thought of as a 'one-off' event. Ongoing capacity-building, including refresher training, is important to ensure health workers have the most up-to-date information and skills that they need, to give them the confidence to do their work well. It is likely that in many countries, for the foreseeable future, training will take place largely online. Content developers therefore need to consider what it means to deliver online training in areas with low and unreliable connectivity and design their programmes accordingly. Organisations such as the Community Health Academy and UNICEF are already providing high-quality learning resources that can be downloaded and viewed offline or can be delivered as text and voice messages via mobile devices. Support through effective supervision and online communities of practice, such as the Sabin Vaccine Institute's [Boost](#) community and [OpenWHO](#) will

be an important element of a holistic approach to health workforce development, supervision, and support.

11. More comprehensive approaches to monitoring and evaluation are required to ensure training programmes are effective. Typically, evaluation is done via a survey of participants immediately after a training, with little follow-up to ascertain whether and how training has impacted on the quality of service delivery. Thorough evaluation approaches will inquire whether knowledge and skills learned are being applied in day-to-day practice, leading to improved health outcomes generally, as well as increased rates of routine immunisation and uptake of the COVID-19 vaccine.

Digital technology

12. Digital technology has a central role to play in delivering training to large numbers of health workers, as well as making training available where health workers are unable to gather in person. Digital platforms that were created to respond to previous health shocks, such as the Ebola epidemic, are now being repurposed to provide COVID-19 training resources for community-based health workers. For example, a platform used to train 1,800 health workers in Uganda on Ebola response is planned to be used for training 6,000 of Sierra Leone's frontline health workers who are responding to COVID-19.
13. The Community Health Academy is leveraging digital technology to enhance both the reach and quality of training for health workers and health leaders. A core initiative is its [COVID-19 Digital Classroom](#), developed by a consortium of partners, led by the Academy, to provide multimedia training content for community-based health workers and communities globally. The courses and animations are open source and can be delivered via mobile devices for viewing both on and offline. The content is hosted within the COVID-19 library where medically-reviewed multimedia resources, available in multiple languages, are curated into one easily accessible, trusted online space.
14. The Sabine Vaccine Institute's Boost Community is highlighting innovations through the Bright Spots initiative and Sparks initiative.
15. The Sabin Vaccine Institute held a 6-week course that focused on adaptive leadership, looking deeper at understanding adaptive challenges. There needs to be more focus on adaptive work as much as technical focus.
16. The World Health Organization is ensuring health workers are equipped and supported from a health systems perspective, for example, adequate access to technology. However, this and other aspects of health systems still pose huge challenges, including that health workers' salaries are still not adequate in many countries. In some countries, health workers have not received salaries at all. Much more work is needed to address these fundamental challenges through better accountability and management, as well as community support and infrastructure strengthening.

Disruption to routine health service delivery

17. The COVID-19 pandemic has tested already strained public health systems and is exacerbating existing inequities in health systems globally. Investments that were targeted at strengthening health workforce capacity, improving child and maternal health services, increasing immunisation rates and other vital service delivery interventions are in many cases being redirected to respond to the COVID-19 crisis. As a result, routine and basic health care services are not regularly available, and many health facilities are closed. [Recent modelling](#) has projected 1.1 million deaths will be associated with the collapse of health services, due to the pandemic.
18. Addressing systemic issues is therefore going to be vital, not only to prepare countries for a COVID-19 vaccine, but also to ensure the continuity of routine health service deliveries and reversing the rapid decline in routine immunisation. This will

require far greater coordination and collaboration between the global actors engaged in health systems strengthening than the development community is used to engaging in, and it demands an authentic commitment for coordinated investment aligned with countries' priority needs. This will require implementing multi-layered strategies, rather than focussing on specific areas such as digital strategies, or vertical disease-based interventions which although important, can get in the way of investment in whole health system reform.

The COVID-19 'infodemic'

19. In its first few months, the COVID-19 pandemic led to a rapid surge of information globally about the virus: including on what COVID-19 is, how to prevent its spread, virus symptoms and what to do when an individual presented with these symptoms. Alongside the advice from WHO, CDC, and other reputable sources, misleading and inaccurate advice, guidance and other content were also published widely. The glut of information, fuelled by rumours and conspiracy theories, along with changing advice from the experts as more became known about the virus, quickly led to an excess of content that was hard for anyone other than health experts and scientists to navigate successfully. Furthermore, information designed to provide health workers with the knowledge and training they need is often not tailored for those working in low-income settings. This already challenging information landscape was further complicated by competing views about the virus shared publicly by health practitioners across multiple social media platforms. Together with poor leadership and mixed messaging from prominent public figures in many countries, this added to the confusion and increased levels of mistrust, including in the experts. Inevitably, this has resulted in high levels of uncertainty around vaccine safety and provided fertile ground for antivaxxers who quickly began targeting populations globally through coordinated and strategic communication efforts.
20. COVID-19 lockdowns have adversely affected immunisation coverage. Examples from Uganda and Zambia showed that immunisation levels declined dramatically during lock down both due to lack of being able to access services, fear of leaving home to seek services and broader concerns about not wanting immunisations. In Liberia, risk communications studies show people see immunisation as a good intervention for child mortality. However, fears of COVID discouraged people from seeking health services.
21. The combined effect of these information and communication challenges is already contributing to vaccine hesitancy in relation to COVID-19 vaccine candidate/s. Lack of trust about future vaccines links to a range of factors: uncertainty about the virus itself (including, for some, whether it even exists); the speed at which vaccines are being developed; the safety of one COVID-19 vaccine over another; and fears borne from conspiracy theories around sterilisation, surveillance and other adverse factors linked to vaccines. Expectations about who will have access to the vaccine/s, once available, may also create distrust between and within communities and between countries.
22. There is an urgent need to support health workers to address fear in communities. Effective training on how to do this, first requires an understanding of the types of fear. For example, fear of the disease in general, mistrust of the health system and health care workers and fear of vaccinations.
23. Communication strategies need to be nuanced with a blend of high-level global messaging plus contextualised messaging which is carefully structured to meet local needs and support specific local actors, such as community-based health workers and immunisation professionals.
24. In many countries, religious leaders are trusted figures in the community and play powerful roles in advocating the importance of immunisation. Their role in combatting misinformation and promoting the uptake of the COVID-19 vaccine when it becomes

available will be vital. Advocacy and communication strategies therefore also need to engage with religious and other community leaders early in the planning process to ensure that rumour management and engagement tools are locally relevant and reach remote and vulnerable populations.

25. Lessons from polio vaccination strategies and responses to the Ebola crises in West Africa can help inform COVID-19 vaccine communication strategies. For example, the Global Response team at Ariadne Labs is generating and disseminating lessons in vaccine delivery for governments, providers, and the public, based on its previous extensive work on pandemic and epidemic response. The team documented the importance of public communication, trust, education, and demand generation in its previous work on polio, measles and other disease prevention programs, and is currently reviewing examples from former mass vaccination campaigns, as well as speaking with experts in vaccine confidence, to generate lessons and guidance for promoting vaccine literacy for COVID-19 vaccine.

Leadership

26. The response of leaders globally to the pandemic has been mixed, with some leaders not acknowledging that the disease exists, or diminishing the significance of its impact on their populations. Such top-level resistance cannot be easily addressed through typical community mobilisation approaches. In some cases, denial of COVID-19 by leaders may place community-based health workers and immunisation professionals at risk, for example when raising awareness of the virus or promoting uptake of the vaccine when it becomes available. Examples were given during the meeting of countries where health workers are not permitted to record deaths as 'COVID-19 related' but instead have to note other causes, such as hypertension and heart attacks. When such resistance is at the level of national leadership, this filters through to communities, influencing peoples' decision making. This especially applies to constituents who are persuaded that their leaders are making the right choices, thereby exacerbating an already challenging situation.
27. Leadership skills of health workers are also critical to support confidence in health systems and immunisation programmes in communities. Sabin provides programmes supporting skills in adaptive leadership and adaptive change.

PPE and vaccine supplies

28. The lack of personal protective equipment ('PPE') for health workers in many countries is impacting on their ability to protect themselves and provide services safely. In addition to health facilities potentially becoming sites for infection, lack of PPE has increased health workers' fear and anxiety, which in turn has impacted negatively on their mental health.
29. Where PPE has been provided, provisions are often inadequate to meet demand. There has been competition between and within countries for access to PPE, with low income countries being particularly impacted in the early months of the pandemic. The WHO is working with the African Union to support the Africa Centres for Disease Control and Prevention to improve access to vital equipment. This includes creating a marketplace where procurement of PPE can be done on an aggregated basis, thereby increasing the purchasing power for countries across the continent. As part of this effort, the African Union has launched [the Africa Medical Supplies Platform](#) to support sourcing of medical equipment for member states, through partnering with organisations globally, such as WHO, GAVI, UNICEF, and the Bill and Melinda Gates, Rockefeller and Mastercard Foundations.

Supply and demand for COVID-19 vaccines

30. Assessing demand for a COVID-19 vaccine will be a challenging and nuanced exercise; initially supplies are likely to be limited and countries will be forced to make decisions about who has access first (in most countries it is likely to be health

workers and other essential workers). Early planning will depend on the characteristics of the COVID-19 vaccines, including the number of doses needed for the target population. World Vision's gap analysis tool, developed to understand demand for vaccination against Ebola, could be adapted to help understand vaccine demand at a country and community level.

31. There are a range of logistical and equity issues that could impact on supply of and demand for COVID-19 vaccines, in addition to those linked to misinformation and fears about vaccine safety. As noted above, where bordering countries have different vaccines available, populations may perceive the vaccine in a neighbouring country as more trustworthy or effective and migrate to access it, creating challenges to the health system in that country and potentially leading to political conflict. Where vaccines originate from Europe, these may be perceived as being better quality, and lead to fierce competition between and within countries for supplies, thereby disrupting supply chains.

Recommendations of how to improve funding to support training, capacity strengthening and networks

32. There was broad discussion of different funding models which currently support training, capacity strengthening and networks. Funding models that are needed to provide critical support for community health workers are best invested on interventions and resources that are already in use and established, for example, resource libraries. In providing financial support, avoiding duplication of efforts and being mindful of other funding mechanisms and funding programmes, such as GAVI, Global Fund, World Bank, GPI programme etc is important.
33. Last mile funding streams remain difficult to create and maintain. Existing funding mechanism to reach these populations do not currently exist, and a question as to how this can be improved remains.
34. Rapid evolution creates disjointed efforts. Often asking the same people to engage on multiple initiatives and at different levels. Solutions on how to address these challenges still need to be found.

Invest in whole system strengthening

35. Whole systems approaches are more sustainable and will have lasting impact. Investment in systems and systems change, and monitoring and evaluating the impact of these investments, is, however, complicated and time-consuming. Typically, donors want to see rapid changes, with quantifiable metrics such as large numbers of health workers being trained. Funding for long-term sustainable change is rarely a priority, (even though acknowledged as being critical to improve health outcomes); current funding mechanisms are not structured to invest in infrastructure development and institutional and systems outcomes take longer (and may be harder) to measure. Funding mechanisms and metrics need to evolve to support whole system approaches.
36. Whilst efforts are made to tackle this issue (see for example [the Principles of Donor Alignment for Investments in Digital Health](#)), good intentions stall in the face of organisational and structural barriers to change. Leadership and political will at the highest level in donor organisations is required to shift the current thinking which continues to shape fragmented funding models, many of which are failing to deliver long-term results.

Invest in what already works

37. To harness venture philanthropy investments, initiatives need to be able to show proven results based on good levels of transparency and reliable outcome metrics that can be tracked.
38. There is a need to focus more on investing in interventions that can be replicated at

scale. Too often countries are stuck in a pilot culture with innovations that cannot break through at scale and that scale in a sustainable way.

39. Donors should move away from vertical financing and instead use their investments to strengthen what already exists and ensure these investments will have impact for populations through to the last mile.
40. Funders must avoid duplicating efforts. Given the multiple organisations investing in training and health workforce development linked to immunisation and COVID-19 vaccine preparedness, it is more urgent than ever that this funding is coordinated. This does not mean that donors have to pool funds – whilst it may be possible for family foundations and philanthropists to create funding coalitions to maximise the impact of their investments, bilateral donors are constrained by organisational requirements that prevent them from ‘pooling’ or mingling their money. However, they do have a role to play both in ensuring their investments are aligned with existing funding commitments and encouraging their grantees to actively collaborate with the aim of harmonisation training approaches and maximising impact.
41. Tapping into private sector funding and partnerships is critical. Whilst public-private-partnerships are frequently cited as a way to unlock funding, they are hard to establish and take time and commitment to make them work.
42. Existing donors, governments, NGOs and others can help raise awareness of investment needs for training and networks with non-traditional players. Civil Society can also play a role here, stakeholders can for example work with venture capitalist support to create partnerships with Ministries of Health. There are also opportunities to explore the potential of catalytic capital to attract additional long-term funding.
43. GAVI has earmarked \$200 million for immediate response to COVID-19. GAVI is working more flexibly and dynamically in funding, particularly towards those countries who have exited out of GAVI grants. As well as working with new partners and investing in innovative ways to respond to COVID-19, for example, GAVI is working through COVAX to ensure global equitable access to COVID-19 vaccines.
44. The UN Foundation has considered how to leverage individual corporate private sector contributions. There was no mechanism for the WHO to get these contributions, so the UN Foundation worked with WHO to set up the [Solidarity Response Fund](#). To date, the fund has raised \$236 million. Partnering with private sector companies to set up employee giving programmes and commitments from companies has helped raise financing to support different COVID-19 response efforts.

Monitoring and evaluation

45. It was highlighted that lack of funding for monitoring and evaluation (M & E) posed a huge challenge. For example, in absence of data showing how training and capacity strengthening for healthcare workers has translated to improvements in quality and increased uptake of services, along with health benefits, it is hard to inspire confidence among potential donors to invest. M & E needs to be developed at the same time as assessing training needs and how these may be best delivered.
46. The challenge remains that in order to attract corporate and venture capital funding for training platforms, programmes need to show potential for garnering returns while providing access to frontline health workers - so proposals should show how one can support the other.

Conclusion

Communities and populations everywhere, and especially in low and middle income countries depend on community-based health workers and immunisation professionals to keep them healthy and survive the COVID-19 pandemic and not slip backwards in hard

won development gains.

It is therefore critical that community-based health workers and immunisation professionals are supported in their roles. As new vaccines for COVID-19 become available, community-based health workers and immunisation professionals will require additional training and support to ensure COVID-19 vaccines are taken up sufficiently in populations to help end the current pandemic and ensure populations are protected in the future.

Taking a health systems approach to training and capacity strengthening will be critical to supporting community-based health workers and immunisation professionals to meet routine immunisation needs as well as preparing for COVID-19 vaccine roll outs. Integrated training and support which supports leadership, management and advocacy skills will be equally important in enabling health workers to function efficiently and effectively and advocate for their evolving needs and requirements as COVID-19 evolves and as new vaccines are introduced.

To support effective training and networks will require coordinated and sustained funding for a systems-based approach that includes monitoring and evaluation of health impacts. This will be critical to ensuring health workers and immunisation professionals are prepared for the roll out of COVID-19 vaccines and able to address the continuing health needs of their communities.

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