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|  | Conducting community engagement  for COVID-19 vaccines | |  |
|  | Interim guidance  31 January 2021 |  |  |
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# **Purpose**

# The purpose of this guidance is to put community engagement at the centre of introduction strategies for COVID-19 vaccines. This document contains tips and discussion topics to be considered in vaccine delivery and demand creation, as well as guiding steps to ensure a safe and community-centred approach when conducting community engagement activities.

# **Audience**

# This document is developed as a guidance tool for health programme managers, health and community workers, community volunteers and social mobilizers, as well as civil society organizations and other stakeholders who are responsible for conducting community engagement activities related to COVID-19 vaccines.

# **Introduction**

# The coronavirus pandemic has affected millions of people across the world and has resulted in many lives being lost. To protect people from COVID-19, vaccines are being developed. Vaccination is a critical intervention to protect populations from COVID-19, especially in combination with key behavioural actions.

The pandemic has exposed the world to several issues related to vaccine uptake. One key issue is dealing with adult vaccination and limited experience in managing it. In addition, vaccine hesitancy has increased steadily in over 90% of countries since 2014 *(1).* Given the potential to undermine vaccination coverage, all countries must take steps to understand the extent and nature of hesitancy and to start promoting approved COVID-19 vaccines.

Too much conflicting information on vaccines, misinformation and disinformation have the potential to impact people’s attitudes, beliefs, knowledge and intention to accept vaccination. Digital platforms can also be means to circulate rumours, which may also go beyond the digital space – in traditional media and in communities, from one person to another. Feedback from communities consistently shows that due to the influence of misinformation, disinformation and rumours, many community groups across the globe believe a cure either already exists or they rely on herbal remedies and other unproven treatments. The differences among vaccines, cures and treatments are still unclear for many people.

There is growing evidence of vaccine delays or refusals due to a lack of trust in the importance, safety and effectiveness of vaccines, alongside persistent access issues *(2).* Community trust is key to ensuring vaccine uptake and buy-in. To build trust, it is key to understand how communities perceive the disease and their main questions, doubts and fears around vaccines, generally, and towards COVID-19 vaccines, more specifically. Previous experience of epidemics and communities’ risk perception about the disease can also influence vaccine uptake. Lack of trust in service providers, past negative experience of vaccination and poor quality of services may also affect the decision to accept a new vaccine in certain contexts.

WHO recommends that each country should develop a strategy to increase acceptance and demand for vaccination *(3).* The strategy will need to have a robust community engagement component that addresses trust and acceptance, including vaccine demand, and responds to questions around prioritization criteria of the vaccine delivery, such as who is going to get vaccinated first and why. This will need to be tailored to specific contexts to address needs of different populations. A combination of interventions based on evidence from behavioural and social science research will need to be implemented, which will include community engagement; mass, community, and social media campaigns; and health care professional and community worker trainings.

When done appropriately, community engagement increases the likelihood that communities lead on issues that affect them, use services, and build resilience. Community engagement expands the influence of local actors, facilitates the access to and understanding of information, enables and promotes the right to provide feedback on the received services, and builds on existing local capacities *(4).* In this case, community engagement is expected to support the buy-in and uptake from communities and individuals of COVID-19 vaccines. Community engagement also plays a crucial role in promoting vaccine safety and addressing possible adverse events following immunization (AEFI).

Vaccination is a critical intervention to protect populations from this coronavirus. However, due to vaccine manufacturing constraints, the COVID-19 vaccines will be introduced in phases. Certain populations will be prioritized based on risk, such as health workers, older people, and others at risk of more severe disease. National governments will prioritize populations based on global technical guidance. It is important to manage public expectations and explain why these populations are being prioritized. Communities will have to be engaged and use culturally and language inclusive approaches to disseminate key messages and to maintain public trust.

Community engagement should be ongoing throughout the COVID-19 response – and specific activities related to COVID-19 vaccine introduction, such as collecting, analysing, and acting on feedback, perception, and beliefs, should be integrated into country strategies and plans. Similarly, the subnational level government department responsible for leading and facilitating microplan development should ensure that community engagement is well integrated in the plans. All plans should account for disenfranchised groups, such as those living in conflict or post-conflict settings and within refugee and migrant populations.

For community engagement plans to be successful, the response should also ensure a well-coordinated approach that enlists the support of community mobilizers from community- and faith-based organizations; humanitarian organizations, such as National Red Cross and Red Crescent Societies; and others from civil society. In addition, it will be important to coordinate with the Risk Communication and Community Engagement (RCCE) mechanisms established in countries for COVID-19 and use existing platforms to reach communities and strengthen local actors and community networks on RCCE and advocate for a consistent integration of community engagement principles in all vaccine delivery plans *(5).*

# **Tips and discussion points for service providers, health and community workers, volunteers and community networks**

Confusion and rumours often spread during pandemics. People may receive conflicting information from media, friends, family, community leaders, online and digital platforms, and other sources. Along with confusion about the disease itself, there has been misinformation about the COVID-19 vaccines in social and mainstream media.

In the case of COVID-19 vaccines, involving service providers as a critical audience, as both recipient and advocate of vaccines, will be important. In many communities, health workers are the only people available and able to engage and inform people and address their concerns. Community engagement should be an important component of health services planning and delivery, particularly in microplans.

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## What happens when people have too much information?

* **Mistrust:** People may mistrust health recommendations and government authorities. They may resist and deny that COVID-19 is real. People may not trust and accept the new vaccines immediately, as they may have heard negative information.
* **Misunderstanding the disease and vaccine:** Misunderstandings about the disease and reliability of vaccines can lead people to hesitate and refuse vaccination. Similarly, people may have misunderstandings about key behaviours to follow to prevent coronavirus infection.
* **Stigma and discrimination:** Communities may stigmatize or discriminate against certain groups. There could be stigma around health workers and certain social groups. Social stigma and discriminatory behaviours may increase due to misinformation, which may lead people to refuse help and reject information from health workers and community volunteers. Health personnel, patients and health care providers and their family members are at particularly high risk of experiencing attacks due to the belief that they have become vectors of contagion *(6).*
* **Vaccine hesitancy:** People may fear the side-effects of COVID-19 vaccines. This is especially true since there is uncertainty about the disease and vaccines. Field staff, volunteers and community members can facilitate trust with communities and community leaders, playing an important role in providing accurate and timely health information. They can facilitate community-led solutions that address fears and perceptions and build trust in COVID-19 vaccines. Two-way dialogue is critical for these activities.

## Tips for community engagement during COVID-19 vaccine introduction?

* **Define:** Define and prioritize your key objectives and review them regularly to ensure they are responding to your priorities as the COVID-19 response evolves and vaccine availability and protocols evolve.
* **Coordinate:** Use existing coordination mechanisms to sensitize communities about the phased introduction, plans for prioritization, effects of the vaccines, and experiences of those who are vaccinated. Examples of such entities include local community- and faith-based organizations; fathers and mothers’ groups; schools; management of old age homes; and youth groups. In addition, it is essential to coordinate among partners under the leadership of national and subnational governments to avoid duplication, fill gaps and make the best use of resources. Develop and maintain an up-to-date contact list of all partners and their focal points and of local level actors.
* **Assess and collect:** If data from RCCE assessments or rapid community assessments are available, countries should analyse these first to find out if there is enough information or whether there is an information gap. In cases where there is a social data gap, work with health facilities, social workforce, community volunteers and civil society to conduct community mapping to identify:
  + social profile of the community, including the knowledge, perceptions and practices of communities about COVID-19 and the vaccines;
  + main communication patterns, channels and language(s) used to share information within the community;
  + religion, cultural traditions and practices;
  + key audiences and influencers; and
  + target populations for phased vaccine rollout, including numbers of health workers, social workers and persons who are at higher risk (e.g. older people and those with comorbidities).
* **Advocacy at local level:** Communicate with and provide orientation to local level influencers, such as community leaders, religious leaders and local celebrities about COVID-19 vaccines, and get their support for creating an enabling environment for vaccine introduction. Work with local media to promote positive messaging around COVID-19 vaccines. Advocate with local governments to garner support for vaccinators and health workers. Advocacy with organizations that manage homes for older people will also need to be done to get their support for getting access to older people.
* **Develop a community action plan:** Based on the available social data and profile, develop an action plan. The community plan could be part of the overall microplan. It will be important to engage communities in planning social mobilization and communication activities. The national and subnational plans can be adapted to fit the local context. Messages and materials should be tailored to reflect audience perceptions and knowledge at the local level.
* **Implement, monitor and evaluate, and adapt:** Implement the community action plan with relevant partners to engage with identified audiences and community. This should include capacity building and ensuring participation and accountability mechanisms. Make sure to identify human, material and financial resource needs. Define staff and partners who will do the work (number of people required) and budget accordingly. Establish an adapted monitoring and evaluation framework, ensuring strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential, and mechanisms should be defined before starting implementation.
* **Feedback mechanism:** Set up and implement a feedback and rumour tracking system to closely monitor community feedback, concerns, perceptions and misinformation and report to relevant technical partners and sectors. Make sure to respond to rumours and misinformation with evidence-based guidance. Adapt materials, information, methodologies and vaccination strategies based on feedback from communities and evolving perceptions and concerns.



# **Practical tips**

This section provides information that can be shared with those who are responsible for conducting community engagement activities. It is intended as guidance and should be adapted. The information will also need to be regularly updated according to how the situation evolves concerning vaccine availability and prioritization *(7).*

* **Step 1: How to engage** – simple tips for interacting with communities.
* **Step 2: Ask the right questions** – guidance for community discussions on COVID-19 vaccines.
* **Step 3: What to say** – knowledge to share with communities and frequently asked questions that can guide your discussion.

## Step 1: How to engage

Community engagement is more successful when it is done within the community. Work with community and social mobilizers to meet with the community. Train community leaders and community and social mobilizers from civil society organizations, teachers, health workers and local groups to disseminate information and communicate with communities about the COVID-19 vaccines. Existing approaches and platforms being used for RCCE could also be leveraged for the vaccine introduction.

**Ways to engage:**

* Radio, SMS messages, posters, billboards, face-to-face visits and community meetings.

In some contexts, communities may be informed through media, service providers and other means, without being present at a community event. While in other contexts, frontline workers, health and community workers, civil society representatives and others may interact directly with communities.

When interacting directly with the community, explain who you are, which organization you work with, and what you do in the community. The steps include:

* Introduce yourself and show empathy by explaining that you understand that people are worried about COVID-19 and have questions about the vaccines being introduced. Give reassurance that you are there to help people understand the disease and the vaccines. Listen first to what they have to say about COVID-19 and the vaccines before sharing what you know. There will be a need to collect information from available social data to better understand the community and its concerns, so that activities and information can be adapted to meet their needs.
* Provide information to communities and families about the vaccine, its benefits, who is eligible at that time and where it is available. Encourage eligible populations to get vaccinated.
* Explain that the vaccine is not going to be available to everyone in the early stages and people should continue to follow proven protective behaviours.

**Encourage awareness and action:**

Information disseminated to communities should be simple and clear, and in local languages. Messages should be adapted to the context, and practical advice should be given that can be put into action. For example:

* Who is eligible for COVID-19 vaccines: health workers, social and community workers, older people and people with co-morbidities are eligible for getting vaccinated in the initial phase (may vary according to country’s decisions).
* Benefit: vaccines protect people from COVID-19.
* Safety: vaccines are safe and have gone through trials based on vaccine manufacturing protocols.
* Affordability: vaccines are likely to be available free of charge in lower middle-income countries.
* Behaviours to adopt: preventive, behavioural measures must still be followed.
* Information they can share with friends and family: where and when to access vaccination services; what to do in case someone has symptoms of coronavirus infection.
* Information that addresses myths and misconceptions in the community: it is safe to receive COVID-19 vaccines; COVID-19 is real and has infected many people and taken many lives; anyone can get infected with coronavirus; it does not discriminate based on race, age or geography.

**Engage and listen:**

* First, listen to understand their concerns and questions. Ask people what they already know, and what they want and need to know about the disease and COVID-19 vaccines.
* Involve them in designing and delivering communication and community engagement activities.
* Explain a few, clear and simple messages to the community (including families, caregivers and local leaders) in the language they prefer, and avoid using technical terms.
* Make sure everybody has understood this information accurately. Ask questions to determine levels of understanding.
* Get peers and community leaders to talk. People are more likely to pay attention to information from people they already know and trust, and who they feel are concerned about their well-being.

## Step 2: Ask the right questions

Begin by learning more about people’s concerns and what questions they have. Make sure to answer questions. Guiding questions for starting a dialogue with people and communities include:

* What have you heard about the COVID-19 vaccines?
* What information would you like to know about COVID-19 vaccines?
* Do you have any concerns regarding the COVID-19 vaccines? If so, what are your concerns?
* Do you trust health workers and vaccinators? If not, why?

## Step 3: What to say

Make sure to update this part of the document based on new questions, misunderstandings and new information on the vaccines.

* COVID-19 vaccines, their benefit, what to do in case of mild side-effects, and what to do in case of severe side-effects.
* Eligible population for the vaccines: health workers, social workers, older people above age 65 and people with comorbidities, such as high blood pressure, diabetes and respiratory issues. The final decision on who is going to be eligible for vaccines will depend upon national governments. The category of social workers may be defined by individual countries.
* Importance of following positive behaviours to prevent coronavirus infection.

# **Reaching eligible populations with communication**

## Health workers

Health workers include doctors, nurses, vaccinators, community health workers, and health facility in-charge staff. Health workers will be the recipients of vaccine and a source of information for the general population. Health workers are at risk of infection as they come in direct contact with COVID-19 patients.

* Health workers can be reached through ministry of health structures and private health service providers.
* Health workers can also be reached through medical associations, nursing councils, and other professional associations.
* As communicators, health workers will be provided training on interpersonal communication, and they can use the frequently asked questions and factsheets as reference when disseminating messages to the general population.
* Content of the training could include: COVID-19 vaccines, possible side-effects, and what to do in case of side-effects; importance of using masks, hand washing, and maintaining physical distancing of at least 1 metre from others when going for vaccination.

## Social care workers

National governments may prioritize social care workers, depending on the availability of vaccines. Social care workers may include the police force, traffic police, teachers, caretakers and cleaners, bus drivers, and others who are in the frontline of the COVID-19 response. Social mobilizers, such as community volunteers who are responsible for reaching families and communities with key messages on the vaccines, are also at risk of coming into direct contact with infected people and will need to be prioritized for vaccination.

* Social workers, such as police, teachers and cleaners, will receive communication messages. Government structures can be used to reach these people.
* Social mobilizers need to be trained on how to keep themselves safe from infection when they do face-to-face communication at the community level, and on the communication methods and messaging around COVID-19 and the vaccines.
* Social mobilizers can be reached through civil society organizations, faith-based organizations, National Red Cross Societies and health departments in countries.
* Content of the training could include: COVID-19 vaccines, possible side-effects, and what to do in case of side-effects; who will be prioritized for vaccine rollout and why; importance of using masks, hand washing, and maintaining physical distancing of at least 1 metre from others when going for vaccination.

## Older people above age 65

Evidence from global data shows that death rates among people above 65 have been high. To prevent mortality from the disease, older people will need to be prioritized for vaccination.

* In some countries, organized homes for older people can be found, and these can be accessed by working with city councils and municipalities.
* Orientation to the department looking after social welfare will be helpful to connect with the management of homes for older people.
* Religious leaders can be another channel of communication to reach older people, as they are more likely to visit places of worship.
* Mobilizing fathers’ and mothers’ groups, where they exist, will be another way of reaching older people.
* Social mobilizers can canvass within communities to reach older people.

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## People with comorbidities

Evidence from global data shows that death rates among people with comorbidities have been high. To prevent mortality from the disease, these people will need to be prioritized for vaccination.

* Reaching this category of people with specific communication will be a challenge.
* Messages emphasizing the need to have these people vaccinated will need to be disseminated through mass, social and community media, including interpersonal communication through social mobilizers.
* When vaccinators conduct the vaccination session, they also need to reinforce that people with comorbidities should present their health prescription, consult them and be vaccinated as per their advice.
* Community volunteers and social mobilizers can be mobilized to explain key messages to this population.

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WHO and UNICEF continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO and UNICEF will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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