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# Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake

## INTERIM QUICK START GUIDE

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For technical support and questions or  
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## INTERIM QUICK START GUIDE

# Demand Creation and Advocacy for COVID-19 Vaccine Acceptance and Uptake

COVID-19 is one of the greatest public health challenges the world has ever faced. After being declared a global pandemic by the World Health Organization (WHO) in *March 2020*, governments everywhere mobilized resources to rapidly scale-up social and behavior change (SBC) programs to promote adoption of key protective behaviors, such as regular handwashing, maintaining physical distance, and the wearing of face masks. Now, as the introduction of effective vaccines is on the horizon, it is time to quickly expand SBC programs to address public acceptance of and generate demand for these critical public health tools.

## WHY THIS QUICK START GUIDE?

This quick start guide was developed to support FHI 360 programs and their partners to design and implement demand creation and advocacy activities as part of national COVID-19 vaccine introduction efforts. This guide draws primarily on FHI 360's experience designing and implementing SBC programs to promote uptake of health products and services, including vaccination services, but also borrows from other global tools, including those developed by the WHO and UNICEF.

This resource can be used by SBC practitioners as a step-by-step guide to take them from defining and understanding local SBC needs to implementing and adjusting activities to respond to changing conditions. Importantly, this resource is intended as a living document where additional design and implementation tools will be added (or removed), and adaptations made to ensure the guide and its component parts remain current and useful.

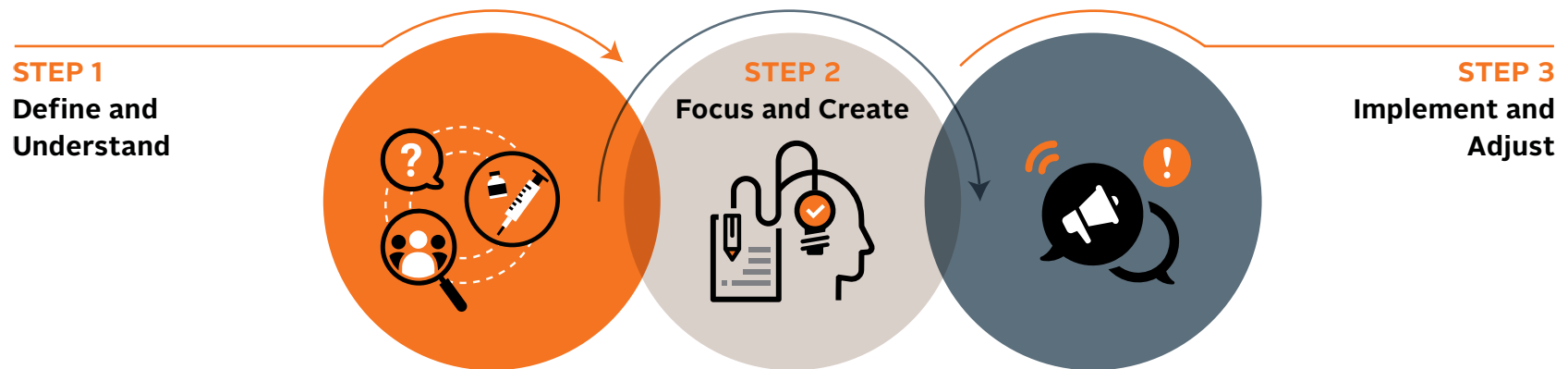


### GLOBAL BOOSTERS

Much is known about what influences people to accept or reject vaccination and what programs can do to support individuals and communities to accept and uptake new vaccines. This guide includes several “global booster” sidebars that summarize this global knowledge and evidence to allow COVID-19 vaccine demand creation and advocacy programs to build from what's known and more rapidly design and deploy their own demand creation and advocacy efforts.

## THE 3-STEP DESIGN PROCESS

Demand creation and advocacy activities for the COVID-19 vaccine must be two seemingly disparate things at once: evidence-based and quickly assembled. At FHI 360, we believe it is possible to do both by melding tried-and-true approaches and new, efficient techniques into a streamlined three-step process. This process is presented in the figure below and described in greater detail in the following sections, including specific tasks to complete under each step.



### DEFINE AND UNDERSTAND

- Define vaccine characteristics, delivery channels, existing perceptions (if available), target groups and vaccine rollout plan
- Understand healthcare provider, influencer, and audience segment needs, attitudes, and perceptions
- Determine existing levels of trust and historical experiences with vaccines

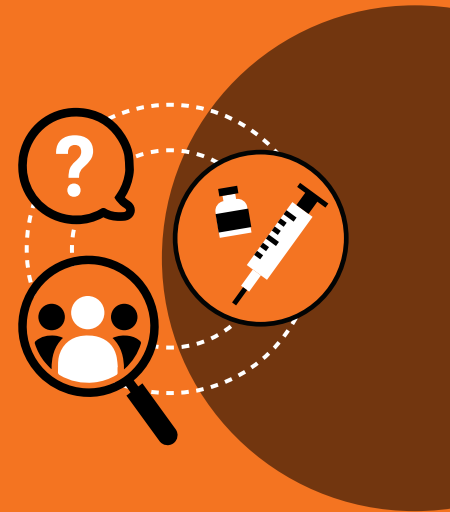
### FOCUS AND CREATE

- Establish demand creation and advocacy strategic framework (outlining priorities, key messages for each audience segment, etc.) and implementation plan
- Develop crisis communication plan
- Create or adapt tools and materials, healthcare provider job aids, and training packages to support implementation of demand creation and advocacy activities

### IMPLEMENT AND ADJUST

- Conduct demand creation and advocacy activities according to plan
- Monitor activities and audience and media reactions to adjust messaging and implementation plan
- Respond to media queries and emerging concerns

**STEP 1**  
**DEFINE AND UNDERSTAND**



## STEP 1

# DEFINE AND UNDERSTAND

To Define and Understand, programs support the Ministry of Health (MOH) and other key stakeholders to collect information about the vaccine to be introduced, the national rollout plan and target groups, and when, where, and how the vaccine will be made available. The MOH will also be supported to conduct rapid assessments with key audiences, including healthcare providers, key influencers (i.e. cultural leaders, religious leaders, elders, etc.), and priority audience segments, to better understand their needs, attitudes, perceptions, and beliefs related to the COVID-19 vaccine. This information will be used to understand local barriers and facilitators to COVID-19 vaccine use, as well as adapt global audience segments.



### What

Collect information to define all aspects of the vaccine—from how it works to how it will be rolled out. Conduct rapid assessments to understand healthcare provider, key influencer, and audience segment needs, attitudes, perceptions and beliefs.



**Timing and duration:** Up to six months prior to introduction



### Specific tasks to complete

**TASK 1.1:** If not already formed, establish a demand creation and advocacy task force within the national body coordinating introduction of the COVID-19 vaccine. This task force should include representatives from the MOH, other relevant ministries and key in-country stakeholders who will be involved in demand creation and advocacy for the vaccine.

**TASK 1.2:** Collect and collate information about the COVID-19 vaccine

- Clarify and document how the vaccine is administered, type of vaccine, how it works in the body, how the vaccine was developed, tested, and approved, what is known about contraindications and false contraindications.
- List side effects associated with the vaccine and how frequently they occur.



**TASK 1.3:** Document the Government's rollout plan

- Describe how the vaccine will be introduced, including plans to train healthcare providers.
- Confirm priority populations for the vaccine and the justification for any phased introduction.
- Map key stakeholders and existing COVID-19 vaccine demand creation and advocacy programs to contribute to coordination.



**GLOBAL BOOSTERS - Known top actors influencing vaccine acceptance and uptake**

A review of the global literature provides insights into some of the factors that will strongly influence public acceptance and uptake of the COVID-19 vaccine. Being aware of these factors may help to inform the questions developed under **TASK 1.4** to understand local audience needs, attitudes, perceptions, and beliefs.

Factors which strongly influence vaccine acceptance and uptake include:

**Contextual**

- Historical experience (good or bad) with previous vaccine introductions
- Religion, cultural, gender, or socio-economic norms

**Structural**

- Distance to, travel conditions to reach, and general access to vaccination services
- Quality of care due to poor health staff motivation, performance, and attitudes
- Delivery systems (lack of resources or strong logistic systems to prevent stock outs, missed opportunities to promote vaccine uptake)
- False contraindications (particularly for sick children, older children, under-weight)
- Failures to offer vaccine at every opportunity (e.g., not screening, refusal to vaccinate due to false contraindications, etc.)
- Unreliability of service provision (e.g., healthcare provider absent, vaccine not available at time of request)



## Attitudes/Knowledge/Norms

- Lack of knowledge about the vaccine (what illnesses it prevents, where it is available, how it works)
- Beliefs that the risks posed by vaccine (e.g., side effects) are greater than the benefit
- Beliefs about rumors/misinformation
- Perceived risk of the vaccine-preventable disease
- Perceived effectiveness of the vaccine

Adapted from:

- Favin, M., Steinglass, R., Fields, R., Banerjee, K., & Sawhney, M. (2012). *Why children are not vaccinated: a review of the grey literature*. *International Health*, 4(4), 229-238. doi/10.1016/j.inhe.2012.07.004
- MacDonald, N. E. (2015). *Vaccine hesitancy: Definition, scope and determinants*. *Vaccine*, 33(34), 4161-4164. doi:10.1016/j.vaccine.2015.04.036
- Marti, M., de Cola, M., MacDonald, N., Dumolard, L., & Duclos, P. (2017). *Assessments of global drivers of vaccine hesitancy in 2014—Looking beyond safety concerns*. *PLOS ONE*, 12(3), e0172310. doi:10.1371/journal.pone.0172310



**TASK 1.4:** Adapt and apply FHI 360's rapid audience assessment data collection tool with key audiences, including healthcare providers, key influencers (i.e., cultural leaders, religious leaders, elders, etc.), and audience segments to better understand their needs, attitudes, perceptions, and beliefs related to the COVID-19 vaccine.

- For healthcare providers, gather information and insights to understand their concerns, information needs, and material and training needs to promote the vaccine with their clients.
- For key influencers, gather information and insights to understand their attitudes, perceptions, beliefs, concerns, and information needs.
- For audience segments, gather information and insights to understand their attitudes, perceptions, beliefs, concerns, and information needs.








**TASK 1.5:** Analyze the insights and findings from the rapid audience assessments to identify key themes and information needs and to localize audience segments and develop audience profiles for each.



### GLOBAL BOOSTERS - Potential audience segments

Building on existing work, the potential audience segments and their barriers and facilitators of COVID-19 vaccine acceptance and uptake are outlined below. These audience segments may be useful in **TASK 1.5** when determining how target populations for the COVID-19 vaccine might be segmented to ensure demand creation and advocacy activities are appropriately tailored to the unique attitudes, needs, and beliefs of each.

Potential audience segments	Potential barriers to acceptance and uptake	Potential facilitators to acceptance and uptake
 <b>The “easy sells”</b>	<ul style="list-style-type: none"> <li>Lack awareness of COVID-19 vaccine availability and schedule</li> </ul>	<ul style="list-style-type: none"> <li>High trust in healthcare providers</li> <li>Agree with or do not question vaccines</li> </ul>
 <b>The “poorly reached”</b>	<ul style="list-style-type: none"> <li>Limited or difficult access to vaccination services due to physical distance, cost, or low health literacy</li> <li>High perception of inconvenience (time, cost, quality of services) to access vaccination services</li> </ul>	<ul style="list-style-type: none"> <li>Interest in vaccine information from healthcare providers</li> </ul>
 <b>The “unconcerned”</b>	<ul style="list-style-type: none"> <li>Low perceived threat (risk and severity) of COVID-19</li> <li>Consider vaccination a lower priority</li> </ul>	<ul style="list-style-type: none"> <li>Interest in vaccine information from healthcare providers</li> </ul>

Potential audience segments	Potential barriers to acceptance and uptake	Potential facilitators to acceptance and uptake
 <b>The “hesitant”</b>	<ul style="list-style-type: none"> <li>• High concerns about safety</li> <li>• Low belief in vaccine effectiveness</li> <li>• Low trust in institutions promoting vaccines</li> </ul>	<ul style="list-style-type: none"> <li>• Desire a trustworthy healthcare provider</li> </ul>
 <b>The “active resisters”</b>	<ul style="list-style-type: none"> <li>• Strong personal, cultural, or religious anti-vaccine beliefs</li> </ul>	



In addition to these audience segments, most global evidence confirms that healthcare providers and social care workers (such as community volunteers, village health workers, and social workers) are critical audiences to reach to address any attitudes and beliefs that may hinder their ability and motivation to effectively promote and administer COVID-19 vaccines. As a result, most demand creation and advocacy strategies should include healthcare providers and social care workers as important target audiences to reach, not only to reduce missed opportunities to promote the COVID-19 vaccine, but also to ensure they too accept and uptake the vaccine when it is offered to them.

Adapted from:

- Loynes, H., & Londo, C. (2013). *Preventable Vaccine Hesitancy*. Presentation, Michigan, USA.
- French, J., Deshpande, S., Evans, W., & Obregon, R. (2020). *Key Guidelines in Developing a Pre-Emptive COVID-19 Vaccination Uptake Promotion Strategy*. *International Journal Of Environmental Research And Public Health*, 17(16), 5893. doi:10.3390/ijerph17165893
- Fournet, N., Mollema, L., Ruijs, W., Harmsen, I., Keck, F., & Durand, J. et al. (2018). *Under-vaccinated groups in Europe and their beliefs, attitudes and reasons for non-vaccination; two systematic reviews*. *BMC Public Health*, 18(1). doi:10.1186/s12889-018-5103-8



**STEP 2**  
**FOCUS AND CREATE**



## STEP 2

# FOCUS AND CREATE

To Focus and Create, programs support the MOH to develop a demand creation and advocacy strategic framework and implementation plan to focus COVID-19 vaccine demand creation and advocacy activities. Following the development of the strategic framework and implementation plan, the MOH is supported to co-design with healthcare providers, key influencers, and priority audiences the tools and materials needed to implement activities.



### What

Develop a demand creation and advocacy strategic framework and implementation plan to focus activities; adapt or create communication products, tools, and materials used to deliver activities.



### Timing and duration

Up to three to four months prior to introduction



### Specific tasks to complete

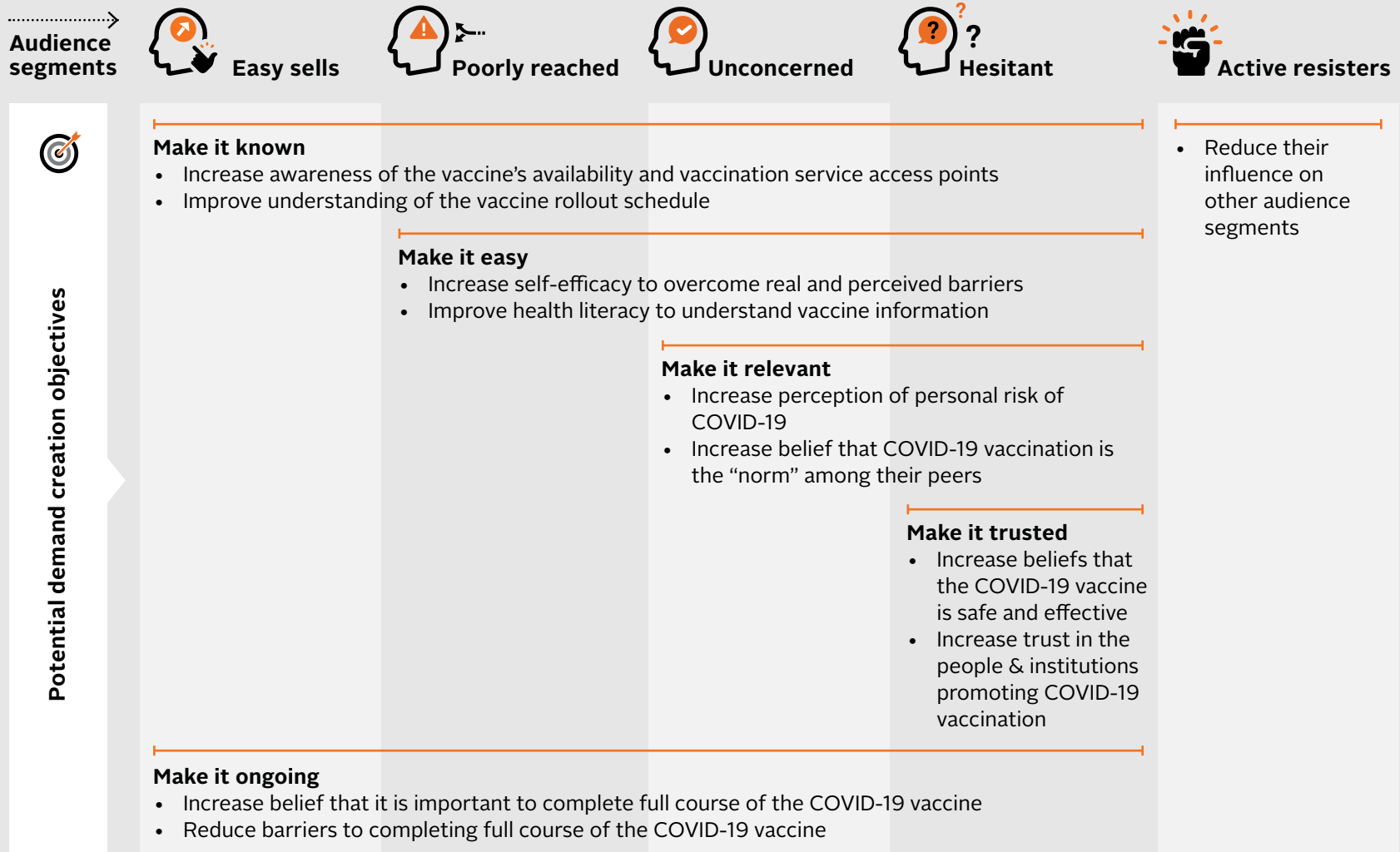
**TASK 2.1:** Apply results of the rapid audience assessments to produce a COVID-19 vaccine demand creation and advocacy strategic framework. The strategic framework should outline key barriers, demand creation and advocacy objectives, channels and approaches, and key messages for each audience segment. It should also describe how approaches will be layered to create a 360-degree communication effect that engages audiences through multiple channels to achieve saturation.



## GLOBAL BOOSTERS - Potential demand creation objectives and techniques to achieve them

Reflecting on the barriers outlined above, potential demand creation objectives are outlined below for each audience segment. These objectives will be helpful in **TASK 2.1** when defining objectives in the strategic framework to focus demand creation activities for each audience segment. These potential objectives are additive, meaning that the objectives for

the selected audience segment would also include those indicated for any audience segments to its left in the table. For example, the objectives indicated for the “Unconcerned” (i.e., make it relevant) would be in addition to the objectives indicated for the “Poorly Reached” (i.e., make it easy) and “Easy Sells” (i.e., make it known).



→  
Audience segments



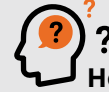
Easy sells



Poorly reached



Unconcerned



Hesitant



Active resisters



Promising techniques to achieve demand creation objectives

- Provide information about the vaccine (i.e., how it works, schedule, safety, benefits)
- Advise on where immunization services can be found
- Brand or create special signage for COVID-19 vaccination service access points

- Advise on how to overcome any real or perceived barriers to accessing immunization services
- Provide practical support to access immunization services (e.g., transportation, outreach services, vouchers, etc.)

- Provide information about consequences of non-vaccination
- Present stories of similar people who have experienced consequences of non-vaccination

- Present communication from a credible source in favor of vaccination
- Provide an opportunity to identify and compare pros and cons of vaccination
- Offer incentives to uptake vaccination services

- Monitor harmful opinions and their reach
- Adjust messaging to counter harmful opinions circulating beyond this audience segment

- Provide prompts or cues, such as SMS reminders
- Support individuals to set and commit to a plan to complete vaccination schedule
- Offer incentives for completion of vaccination schedule
- Provide comparisons highlighting high levels of vaccination uptake among neighbors and surrounding communities





**TASK 2.2:** Adapt or create tools to be used by healthcare providers, key influencers, and other activity implementers. These tools might include talking point reference sheets for cultural and religious leaders, job aids for healthcare providers, frequently asked question guides for national COVID-19 telephone hotline operators, etc.

**TASK 2.3:** Engage audiences to adapt or co-create communication products tailored to each audience segment. These communication products may include mass media assets (e.g., television and radio spots), print media (e.g., billboards, leaflets, newspaper announcements, etc.), and social media assets (e.g., Facebook and Twitter ads, shareable infographics and videos), etc. Engaging audiences in a co-creation process is one way to ensure that demand creation and advocacy approaches are culturally relevant and may also result in more effective messaging and approaches to push back against the myths and misinformation circulating about COVID-19 and the vaccine in local communities.

**TASK 2.4:** Adapt or develop training materials and supportive supervision tools for healthcare providers, key influencers, and other activity implementers. Training and supportive supervision will help to ensure that demand creation and advocacy activities are implemented with fidelity and contribute to the objectives of the demand creation and advocacy strategic framework.

**TASK 2.5:** Prepare a media engagement plan and support materials, such as frequently asked questions, credible resource persons contact list, etc.

**TASK 2.6:** Develop a detailed implementation plan that aligns with the demand creation and advocacy strategic framework (developed in Task 2.1). This plan will ensure that demand creation and advocacy activities are appropriately coordinated across in-country COVID-19 vaccine partners.

**TASK 2.7:** Develop a contingency plan to guide crisis response. This plan will ensure any crisis that arise during the rollout of the COVID-19 vaccine is appropriately managed and its impact on the broader program mitigated.



**STEP 3**  
**IMPLEMENT AND ADJUST**



## STEP 3

# IMPLEMENT AND ADJUST

To Implement and Adjust, programs support the MOH to implement the activities indicated in their demand creation and advocacy plan. The MOH is supported to train and orient healthcare providers, key influencers, and other activity implementers to use the implementation tools and job aids, and train journalists on how to report accurately on the COVID-19 vaccine. Throughout implementation, programs support the MOH to coordinate implementing partners and other relevant stakeholders to ensure the quality of activities and monitor fidelity to the demand creation and advocacy implementation plan. Routine feedback loops and mechanisms for monitoring public discourse are also launched to facilitate rapid response to misinformation.



### What

Implement demand creation and advocacy activities and monitor changes in public awareness and discourse to adjust demand creation and advocacy activities.



### Timing and duration

Starting up to three months prior to introduction



### Specific tasks to complete

**TASK 3.1:** Train and equip healthcare providers to use job aids and other materials to counsel clients on the COVID-19 vaccine and launch supportive supervision activities to ensure quality.

**TASK 3.2:** Orient and equip key influencers and other activity implementers to the materials, implementation tools, and job aids design for COVID-vaccine demand creation and advocacy and launch supportive supervision activities to ensure quality.



**TASK 3.3:** Establish coordination mechanisms to engage and keep informed key national- and sub-national influencers and journalists. This might include use of WhatsApp or other relevant digital platforms to speed the sharing of information.

**TASK 3.4:** Designate and train media spokespersons and implement the media engagement plan, training editors and journalists to report accurately on the COVID-19 vaccine.

**TASK 3.5:** Implement the demand creation and advocacy implementation plan. Establish mechanisms and tools for implementing partners to document and report progress to the COVID-19 Vaccine Demand Creation and Advocacy Task Force.

**TASK 3.6:** Conduct periodic social listening of both traditional and social media to determine public discourse around the COVID-19 vaccine.

**TASK 3.7:** Conduct rapid surveys with healthcare providers and key influencers to know what questions are often asked and what information is being shared by clients and community members about the COVID-19 vaccine.

**TASK 3.8:** Apply the information gathered through social listening exercises and rapid surveys with healthcare providers and key influencers to revise key messages, materials, implementation tools, and job aids to reflect emerging needs.

## KEY CONSIDERATIONS FOR COVID-19 VACCINE DEMAND CREATION AND ADVOCACY

In applying this quick start guide, it is helpful to keep in mind a few key considerations to ensure the credibility and impact of COVID-19 vaccine demand creation and advocacy activities.



**Acknowledge and respond to concerns about side effects.** When asked, programs should be transparent about potential side effects, being sure to contextualize them and help audiences understand that most will be rare and of limited duration. This does not mean programs need to put side effects at the center of their demand creation efforts, but honesty when confronted by audiences about these concerns will help maintain the credibility of program messages and its messengers.



**Be honest and transparent about who will be “first in line” to receive the vaccine.** In most countries, there will not be a sufficient supply of COVID-19 vaccine to serve the entire population immediately. As a result, countries will develop a phased introduction plan that prioritizes populations by risk and need. It is important for programs to be upfront with audiences about who will be eligible for the COVID-19 vaccine in each phase and why. It is also important for programs to communicate to audiences prioritized in later phases, that their time too will come to receive the vaccine.



**Appeal to emotions since data alone will not be enough.**<sup>1</sup> Even among those who understand and accept the science behind each COVID-19 vaccine, emotional messaging will be a better motivator of uptake than data alone. Consider linking vaccination to larger personal or societal values, such as caring for your neighbors or protecting those you love.

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<sup>1</sup> Chou, W., & Budenz, A. (2020). *Considering Emotion in COVID-19 Vaccine Communication: Addressing Vaccine Hesitancy and Fostering Vaccine Confidence*. *Health Communication, 35*(14), 1718-1722. <https://doi.org/10.1080/10410236.2020.1838096>



**Counter misinformation with accurate, easy-to-understand information delivered through trusted sources and channels.**<sup>2</sup> Avoid repeating misinformation without context (which is commonly done through “myth versus fact” communication formats) since research shows it only reinforces beliefs in that misinformation.<sup>3</sup> Instead, when countering misinformation, provide correct information that is tailored to the concern and explain why the related misinformation is inaccurate or harmful.



**Emphasize the need to keep practicing COVID-19 protective behaviors.**<sup>4</sup> The phased introduction of the vaccine means that many people will not receive it for some time. During that time, they need to continue practicing protective behaviors to reduce their risk of developing COVID-19.

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2 Lehman, T. (2020). Five ways to keep COVID-19 messaging relevant this fall [Blog]. Retrieved 1 December 2020, from <https://degrees.fhi360.org/2020/10/five-ways-to-keep-covid-19-messaging-relevant-this-fall/>.

3 Pluviano, S., Watt, C., Ragazzini, G., & Della Sala, S. (2019). Parents' beliefs in misinformation about vaccines are strengthened by pro-vaccine campaigns. *Cognitive Processing, 20*(3), 325-331. <https://doi.org/10.1007/s10339-019-00919-w>

4 Lehman, T. (2020). Five ways to keep COVID-19 messaging relevant this fall [Blog]. Retrieved 1 December 2020, from <https://degrees.fhi360.org/2020/10/five-ways-to-keep-covid-19-messaging-relevant-this-fall/>.

## OTHER RESOURCES

New resources are being developed and disseminated regularly to support countries as they prepare to launch COVID-19 vaccine demand creation and advocacy programs. Below is a partial list of resources available at the time of the publication of this quick start guide.

**1. Behavioural considerations for acceptance and uptake of COVID-19 vaccines.**

WHO Technical Advisory Group on Behavioural Insights and Sciences for Health

Available at: <https://apps.who.int/iris/bitstream/handle/10665/337335/9789240016927-eng.pdf?sequence=1&isAllowed=y>

**2. Key Guidelines in Developing a Pre-Emptive COVID-19 Vaccination Uptake Promotion Strategy.**

French, J., Deshpande, S., Evans, W., & Obregon, R.

Available at: <https://www.mdpi.com/1660-4601/17/16/5893/pdf>

**3. Vaccine Safety Communication Library** (pre-dates COVID-19, but still an excellent resource)

WHO Regional Office for Europe

Available at: <https://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/vaccine-safety-communication-library>

**4. COVID-19 vaccine country readiness and delivery (up-to-date information about the vaccine introduction and links to infographics to support vaccine communication)**

World Health Organization

Available at: <https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery>

**5. Let's flatten the infodemic curve (practical tips to identify and respond to vaccine misinformation)**

World Health Organization

Available at: <https://www.who.int/news-room/spotlight/let-s-flatten-the-infodemic-curve>

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VACCINE ACCEPTANCE AND UPTAKE



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