DAI global health

CSO workshop participants, Mali

CASE STUDY

Strengthening health security: Building the role of civil society

Beneficiary testimony

Mr Seni Sanogo works for JIGI, a non-governmental organization that has been working at the community level in Mali for 30 years. His role gives him first-hand experience of community concerns and attitudes surrounding COVID-19.

"When I speak to communities, it is clear that many people do not know COVID-19 is a serious and deadly threat. Unlike diseases such as HIV/AIDS, TB or Ebola, people are not yet fully aware of the risks. Some even think it is an invention of the white man. I am clear that we need to reach out, dispel the dangerous rumours being spread and encourage people to protect themselves through vaccination. I am delighted that, working with TDDA, we have been given the training and tools to begin this dialogue."

Mr Seni Sanogo,
JIGI

Context

COVID-19 has laid bare the critical importance of strengthening global health security. It's clear how interconnected our lives have become, with waves of infections in one continent quickly followed elsewhere. We have no alternative but to pull together to save lives around the world.

In Africa, the World Health Organization (WHO) has warned that a third wave of Covid-19 cases is taking hold and is likely to get worse as new and faster-spreading variants drive infections. It believes the highly transmissible Delta variant, first identified in India, was behind the increases in case numbers and deaths in Africa in mid 2021. What's more, we are still learning about the virus. We can expect to see further variants emerge, and face further waves of the pandemic around the world, with potentially devastating consequences.

In response to the urgent needs for vaccines, governments, foundations and donors have invested in COVAX in an effort to prevent COVID's spread and protect vulnerable people everywhere. This international initiative - lead by GAVI, CEPI and WHO[1] - aims to purchase vaccine supplies at an affordable price and provide them to low- and middle-income countries who would otherwise not be able to protect their populations.

Right now, Africa lags behind the rest of the world in COVID-19 vaccination, accounting for just 1.6% of doses administered globally[2]. Tackling deadly diseases in Africa works with five countries in Sub Saharan Africa: Cameroon, Chad, Côte d'Ivoire, Mali and Uganda. All five are part of the COVAX programme. However, there are many challenges in getting the vaccine to the people who most need it. There are supply shortages and disruptions, and operational funding gaps which threaten roll-out plans. Additionally, our countries face a significant and urgent communications challenge: they must raise awareness of the risks from the disease and boost demand for vaccination, if international efforts are to be successful.

Key vaccination challenges

- ### Supply of vaccines is short of target

  COVAX has made a commitment to provide vaccines for 30% of a low- or middle-income country's population. Eligible countries have been asked to prep a National Deployment and Vaccination Plan (NDVP), which includes outlining the people who are most vulnerable. An initial three percent of that at-risk population (e.g. healthcare workers, frontline workers and teachers) was prioritized for the first round of vaccination; the other 27 percent, includes other priority populations, such as the elderly, people with other medical conditions, and refugees. In all of the countries with whom TDDA works, supply has so far fallen well short of these commitments. This makes it all the more important that the doses received are not wasted.

- ### Vaccine programme implementation is underfunded

  Once COVAX shipments are made, it is down to national governments to fund and co-ordinate their own vaccine rollout, with support from WHO, UNICEF and other in-country partners. Our countries face a significant lack of funding for their immunization programmes, including for transport, communication activities and community engagement to ensure that vaccine doses reach priority populations.

- ### Communications challenges in countering misinformation and distrust

  People in our focus countries often lack an awareness about the dangers of COVID-19 and are susceptible to the widespread misinformation and rumours which lead to distrust. There are also issues of trust in government in conflict-affected countries of the Sahel and beyond. These factors all affect vaccine take-up. Without addressing the concerns of communities, there is a real risk that rumours proliferate and vaccine hesitancy increases. The success of national and international efforts to protect people is at stake.

1 *Gavi – The global vaccine alliance; Coalition for Epidemic Preparedness Innovations; World Health Organization*
2 *Coronavirus in Africa: Concern grows over third wave of infections - BBC News, 16 July 2021*

- **Reaching target communities is difficult**

  All five focus countries have experience of introducing vaccines, such as for measles, polio and meningitis. This has, to an extent, helped with their current preparations. These previous immunization programmes often targeted infants, children and women of child-bearing age, however. COVID-19 vaccination programmes need to prioritize different groups of people: the elderly, those who are vulnerable due to underlying health problems, and marginalized groups such as refugees and displaced people. This makes it difficult for governments to identify and connect with eligible populations.

- **More training is needed**

  In all the TDDA countries, health worker training was carried out prior to the arrival of COVID-19 vaccines, for example on injection techniques, storage requirements and communicating with clients. To maximize the effectiveness of nationwide vaccination campaigns they are highly likely to need more people to be trained in community engagement and awareness-raising so that they can successfully reach out to target communities and address vaccine hesitancy.

Communications materials produced following our CSO workshop in Cameroon

A "Whole of Society" approach

Clearly, vaccination rollout is a complex task that needs to be tackled at speed, but with scant resources, health systems often struggle to provide routine care, let alone respond to a complex pandemic. Given that the coverage of health services is limited, community participation is essential. A vital way of effectively and equitably mitigating the impacts of the epidemic is for countries to adopt a "whole of society" approach to health and social protection.

Civil society, according to Joint External Evaluations[3], is so far weakly involved in vaccination plans. Yet recent experience across Africa provides evidence of their potential. There are many civil society organizations (CSOs) who already provide on-the-ground support to their national public health structures, helping to access vulnerable, hard-to-reach communities in remote and/or insecure areas. For example, CSOs are well established in efforts to improve maternal and child health care, WASH[4] and HIV/AIDS related services, where they are often a trusted source of help and advice. However, their potential has yet to be realized in integrated health security in general and with the COVID-19 response in particular. With the right training and tools, many of these same CSOs can play a vital part in engaging communities on COVID-19.

As a health security project, TDDA faces daily challenges on how to respond to the risk of COVID-19 while at the same time building systems to support overall health security structures. From the outset, one of the aims of the programme has been to build the role of CSOs in supporting governments' health security plans and policies. It was clear to us that we needed to incorporate communications around COVID and vaccination into our wider CSO capacity-building agenda.

3 *Conducted by government and external WHO experts*
4 *Water, sanitation and hygiene initiatives*

"As the UK government's flagship health security project, with a local presence in five African countries, we have a unique insight into our countries' readiness for COVID-19 vaccination", says Jeffrey Mecaskey, TDDA's team leader. "By identifying gaps in national plans and pursuing opportunities for collaboration, our work is helping to maximize the positive impact of the UK government's major investment in COVAX and supports the overall global immunization effort. Lives will be saved." *Jeffrey Mecaskey Team Leader, TDDA*

Our actions

Understanding the scale of the challenge

From March to May 2021, TDDA engaged national immunization experts to assess the readiness of each country for COVID-19 vaccination. Our experts were tasked with identifying gaps in national plans and opportunities for collaboration. They reviewed national guidelines for risk communication and community engagement (RCCE) and preparations for addressing vaccine hesitancy, which each country was required to draw up as part of their COVAX application.

They also found that national partners generally welcomed TDDA's involvement and were especially interested in our potential to train and work with CSOs from various sectors.

Engaging national stakeholders

TDDA's in-country teams held meetings with key national stakeholders, including key government ministries, local FCDO[5] teams and relevant CSOs. This enabled us to gather their input to finesse our CSO capacity-building programme proposal at an early stage and, importantly, to secure the buy-in needed to make the initiative a lasting success.

CSO mapping and selection

We conducted mapping exercises in each country, targeting CSOs already working in animal, human and environmental health fields, to determine those most suitable to work on health security and vaccine hesitancy. Based on criteria refined through our early discussions with government ministries, we identified 105 different CSOs across our five focus countries who were prioritized to receive training. We ensured that these organizations were aligned with government priorities and representative of a wide range of sectors, religions, vulnerable groups (such as refugees and displaced people) and regions.

Developing training tools

TDDA developed a training agenda that integrates COVID-19 and broader health security training. We began by creating generic training tools that were then adapted to the specific national contexts. This ensured that each country's CSO capacity-building programme complemented national health policies, health security strategies, health surveillance data, vaccination schedules, plus national COVID-19 RCCE strategies.

Working with skilled facilitators from the fields of routine immunization and the social sciences, we tailored each country-specific training session. TDDA provided guidance on both the content and delivery of the workshops, based on the latest evidence.

Delivering training

Between June and August 2021, we convened week-long sessions across our five focus countries, working with national stakeholders from health-related ministries and directorates. Our training reached key programme leaders and managers from more than 100 CSOs.

The content of these sessions included an overview of health security and health equity, plus the roles and responsibilities of CSOs. More specific to COVID-19 vaccination, the sessions also covered risk communication and community engagement, misinformation and vaccine hesitancy, and interpersonal communication skills and approaches. This module on hesitancy was so effective that in Côte d'Ivoire 12 of the workshop participants asked how they could access vaccines and we mobilzed a medical team to administer the shots they had requested.

5 *Foreign, Commonwealth & Development Office of the UK government*

Daily reporting and evaluation enabled us to refine sessions to maximize their effectiveness and address new rumours and misinformation as soon as they began circulating, so that the CSOs were equipped to counter them when they went out into their communities.

The workshops were designed to be dynamic and highly participatory, to ensure active engagement by the trainees. The success of this approach was reflected in our post-training assessments. In all five countries, we exceeded our target of a 90% pass rate among participating CSO representatives.

Outcomes

By training and strengthening their capacity - in terms of interpersonal communication skills, community discussions, and responding to misinformation - the CSOs are now equipped to engage communities on COVID-19 risks and vaccine hesitancy.

Equally, they have the capability to support their governments' wider health security work and address similar concerns or reluctance in their communities around other diseases such as Ebola and yellow fever.

In many of our focus countries, our initiative has led to a breakthrough in the dynamic between governments and CSOs.

In Chad, for example, our initiative has helped to dispel the mistrust that had previously characterized the relationship between the two parties. Following the workshop, the CSOs organised a network to share lessons and coordinate action on integrated health security. The government's Permanent Secretariat of NGOs and Humanitarian Affairs will now convene quarterly meetings with this new CSO network to better coordinate future preparedness and response activities. We look forward to supporting further the development of this promising new dynamic.

Community dialogue in Uganda, raising public awareness of COVID-19

MALI IN FOCUS[6]

March 31 2021

Mali's vaccination roll out launched

First COVAX **allocation** was intended to cover 3% of frontline workers and at-risk populations

844,480 people

Actual doses **received** by 29 Sep 2021:

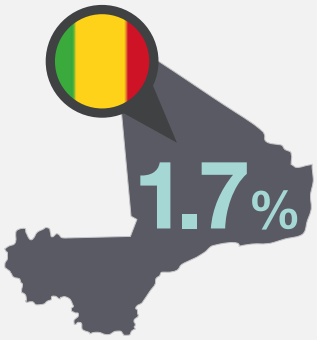
529,200 doses

Actual number **vaccinated** by 29 Sep 2021:

320,958 people

COVAX allocation in **1st distribution**

1.33M doses



of Mali's population is fully vaccinated

As well as vaccine supply shortages, Mali was experiencing a funding shortfall for implementation (including RCCE). Low vaccination rates were attributed to low awareness, apathy to COVID dangers and vaccine hesitancy.

TDDA action in Mali

- Regular meetings between TDDA and the Ministry of Health (MOH), UNICEF and CNIECS during June identified opportunities to support CSOs to help with community engagement around COVID risk and hesitancy. These meetings helped to build a greater appreciation of CSOs' relevance to health security, generating interested in district-level pilots.
- Mali already has an extensive network of CSOs working in animal/human/environmental health. With the help of government partners, TDDA developed a rigorous methodology to select suitable CSOs. In all, 26 organizations were prioritized to receive training. Special focus was given to female-led CSOs.
- TDDA evaluated country tools and materials (June) and adapted its training agenda and materials to reflect this context (July).
- Our training workshop took place from 26-30 July in Bamako. The opening and closing sessions were chaired by the Technical Health Advisor of the Ministry of Health and Social Development, who is the Permanent Secretary of the National One Health platform (NOHP), responsible for coordination across human, animal and environmental health sectors.
- Post-training evaluation showed a 93.75% pass rate among the 30 participants. Assessments also showed strong interest and commitment among CSOs to play a role in health security in support of national plans.

"This workshop is an awakening of consciousness for us"

Workshop participant.

- TDDA will now provide technical and financial assistance to three pilot projects.
- Our workshop identified two major challenges going forward: i) the need for additional resources to enable CSOs to conduct health security activities, and ii) greater integration at both the strategic and operational level. To address these points, we recommended that CSOs are represented on the NOHP technical coordination committee, strengthening formal and informal relationships between the state and CSOs in order to make optimal use of CSO capacity. We stand ready to support a fruitful collaboration in the future.

[6] *Africa CDC Vaccine Dashboard data as of 29 Sep 2021: COVID-19 Vaccination – Africa CDC*

Mr. Seni Sanogo leads the team responsible for communication for social and behavioural change at JIGI[7], a non-governmental, non-profit organization. JIGI already works to improve the living conditions of disadvantaged communities through interventions in the areas of health, water and environment empowering them to take charge of their own health and development.

Mr. Sanogo's role with JIGI gives him a strong understanding of the knowledge levels and concerns felt within the community.

"In general, populations have understood the benefits of being vaccinated against established diseases like measles and tetanus. However, the case of COVID-19 is similar to the early days of HIV/AIDS. We need more awareness-raising to strengthen people's knowledge about the disease", he told us. *"Even those who understand the risks face difficulties because of social conditions and the precariousness of their lives. For them, social distancing is sometimes difficult in places where people gather, such as markets, mosques and on public transport."*

With Mali's first shipment of COVID-19 vaccine already distributed, Mr Sanogo is clear that the time before further supplies become available can be used productively. *"The COVID vaccine programme has encountered resistance from many people because of rumours around both its effectiveness and potential side-effects, as well as confusion around the different types of vaccines and what people see as contradictory information available to them... I anticipate that hesitancy can be overcome, provided the next vaccination campaign is accompanied by skilled and sensitive awareness-raising".*

After attending the TDDA workshop, Mr Sanogo believes the training will make a real difference – both personally and nationally. *"My interpersonal communication skills have been strengthened and I am now confident that I can respond to the anxiety and reluctance of people to adopt a behaviour, such as getting vaccinated against COVID-19"*, he explained. In terms of the bigger picture, he added: *"All the organizations involved in the training already work with state services and communities. With TDDA's assistance, they will act as a more effective interface and relay between the two entities, while playing a valuable role in overall health security in Mali".*

Training certificate awarded by Mali Government and TDDA


L'Afrique contre les épidémies

DAI global health

Certificat de Participation

Décerné à

Séni SANOGO

a réussi le programme de formation en deux sessions de cinq jours en **Renforcement des capacités des Organisations de la Société Civile en Sécurité Sanitaire: concepts, approches et outils**

fourni par TDDA au Mali du 26 au 30 juillet et du 20 au 24 septembre 2021

Dr. Souleymane DIARRA
Coordonnateur Pays DAI-TDDA

Dr. Youma SALL
Le Secrétaire Permanent de la Plate-forme «Une Seule Santé »

TDDA's work in Mali is delivered in partnership with Fondation Mérieux USA through Fondation Mérieux Mali.

[7] *JIGI means Hope in the Bambara language*

What next in our five countries?

Following the workshops, the participants' final COVID-19 RCCE strategies were compiled into one single document for each country, by TDDA's immunization consultant. Subsequent training sessions, which took place in Oct/Nov 2021, supported our CSOs with the early phase of rolling out their strategies, integrating them into existing activities. The focus here was on preparing tools and practical approaches to implementation.

TDDA will also fund pilot projects in selected districts of each focus country, to demonstrate the effectiveness of the strategy. The aim is to increase the ownership of each government so that this approach becomes part of national plans for integrated health security.

TDDA's vision is to then support governments to mobilize funds and efforts from technical and financial partners to support and take forward this plan. Should more funding become available, there are opportunities to build on our work to date, for example by increasing the number of CSOs trained. There is also the potential to carry out operational research to demonstrate the effectiveness of CSOs' involvement, so that this value is even clearer.

What have we learned?

Collective responsibility is needed now more than ever, at both global and national levels. Our work convinces us of this. It will require international solidarity and collaboration if we are to make COVID-19 the last global pandemic. COVAX and the G7's wider support of low- and middle-income countries need to continue to be scaled up. This is not solely a question of altruism; avoiding ongoing disruption and the devastation of lives and livelihoods, and reducing the prospect of COVID-19 variants that can evade current vaccines, is the best interests of all.

At the national level, collective action can also be highly effective in the fight against COVID-19 and in health security in general. Faced with a pandemic, we cannot lose focus on the equally important but often overlooked work of strengthening the systems necessary to deliver protection against this and other diseases. Our pioneering capacity-building initiative is helping to unlock the potential of CSOs to support governments in areas that are sometimes not covered by public services, and with specific, vulnerable and marginalized populations who are often most at risk from epidemics as well as other health threats. By integrating COVID communications training with wider health security training, we are ensuring a lasting legacy that will strengthen health systems now and for the future.

DAI Global Health leads a consortium of partners who work together to deliver the TDDA programme.

Core team

Resource partners

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