

# The Critical Role of Community Health Workers in COVID-19 Vaccine Roll Out

## Background

Africa CDC being a continental public health institution has been working with AU Member states and partners in strengthening the capacity and capability of Africa's public health institutions to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes.

Since the emergence of COVID 19 in December 2019, various public health response measures have been implemented to control the pandemic. Among measures taken by the Africa CDC was the launch of [PACT](#) initiative to accelerate COVID 19 testing. Key to the initiative is the engagement of Community Health Workers (CHWs) in risk communication and community engagement (RCCE), surveillance activities for early case identification, contact tracing and in facilitating referrals for testing and continuum of care.

As of 31 May 2021, Through PACT support, **over 17154 CHWs** have been trained and locally deployed in 24 AU Member states. The PACT supported CHWs visited more than **2,568,654 households** for community engagement activities, active case search and contact tracing, **identified 1,618,601 Contacts, 710,167 COVID 19 suspect cases** based on the standard case definition and facilitated referrals for **553053 (78%)** suspect cases for testing. These efforts were crucial for early identification and isolation of cases in limiting further transmission.

Generally, CHWs are critical to the health systems in low- and middle-income countries, delivering a range of preventive, promotive, and curative services at the community level with a 1:10 return on investment. As COVID-19 has overwhelmed communities worldwide, CHWs have played a pivotal role in the response – educating communities on disease prevention measures like hand-washing and use of personal PPE, identifying and reporting disease symptoms, and monitoring contacts and suspected cases.

With many health facilities stretched thin, CHWs have simultaneously been at the forefront of continuing to deliver essential health services to communities. A recent review of government data

in Kenya and Uganda revealed up to 35% declines in the number of people who sought facility-based care and treatments for common childhood diseases such as malaria, diarrhea, and pneumonia due to COVID-19.<sup>1</sup> In contrast, an analysis of twenty-seven districts in Kenya, Malawi, Mali, and Uganda during the COVID-19 outbreak found that CHWs that were protected with PPE in the early stage of the pandemic and prepared and supported in line with [WHO CHW guidelines](#) and the [UNICEF/USAID CHW AIM tool](#) were able to maintain delivery of essential health services at scale in the communities they serve.<sup>2</sup>

## CHWs Can Increase Immunization Coverage

As countries begin COVID-19 vaccination roll out, CHWs will be an integral part of the infrastructure needed to reach all people. Evidence shows that CHWs can have a significant impact on vaccine uptake – capturing real time data on immunization status, referring when there are gaps, and working closely with the appropriate health facilities to target defaulters and close coverage gaps. They can also focus on messaging and behavior change to counter barriers to complete immunization coverage, including any lack of information about what vaccinations are needed and on what schedule, the actual process to get vaccinated, and managing side effects such as fevers.

Studies from countries throughout Africa have demonstrated that CHWs are essential for reaching communities for vaccination. An analysis of research on Rwanda’s national vaccination program showed that local ownership, including roles for CHWs that include vaccine education, community mobilization, data collection on immunization status, and identification of households missing vaccine appointments, was critical to the near universal vaccination coverage rate in the country (98%).<sup>3</sup> In a recent partnership with Gavi, Living Goods-

supported CHWs identified approximately 130,000 under and unvaccinated children in Kenya and Uganda. Of the children identified, 85% received the needed vaccination after CHW referral. In Kenya, Lwala Community Alliance supported CHWs with digital tools to register children under 5, track their immunization status, and deliver prompts for follow-up with households who missed vaccine appointments, resulting in 95% immunization coverage in the communities in which these CHWs worked – 67% higher than the regional average.<sup>4</sup> The evidence is clear: strengthening CHW programs can increase immunization coverage.

Evidence on the effectiveness of CHWs in administering vaccines continues to emerge. Some countries allow CHWs to give vaccine injections (e.g., Malawi, Ethiopia). Research also shows that CHWs can effectively administer intramuscular medicines. A study of a family planning program in Zambia in which CHWs administered an injectable contraceptive (DMPA) found that it was safe, acceptable, feasible, and facilitated high rates of vaccine uptake in hard-to-reach areas.<sup>5</sup> Another study compared the provision of DMPA by CHWs vs. health units in Uganda and showed no difference in the safety, acceptability, quality, or continuation to the second injection for clients.<sup>6</sup> These studies indicate a potential for CHWs to play a role in COVID vaccine administration, allowing countries to expand the workforce to reach more people.

<sup>1</sup> <https://livinggoods.org/wp-content/uploads/2021/02/Living-Goods-2020-YE-Report.pdf>

<sup>2</sup> <https://rebrand.ly/service-continuity>

<sup>3</sup> <https://pdfs.semanticscholar.org/16e0/c01ed7370dddb6bec585041d51ee7a2fa3c9.pdf>

<sup>4</sup> <https://www.dimagi.com/case-studies/lwala-community-alliance/>

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/25276547/>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/18038058/>

## CHWs Roles in COVID 19 Vaccine Roll Out.

CHWs have a critical role to play in reaching all people with the COVID-19 vaccine, as outlined in the [WHO/UNICEF Implementation support guide: The Role of Community Health Workers in COVID-19 Vaccination](#) that was jointly developed with the [Community Health Impact Coalition](#). These roles include:

- **Planning:** Utilizing knowledge and community consultations to inform national and sub-national vaccine delivery planning processes.
- **Connecting:** Identifying vulnerable populations who are outside of the reach of health facilities and connecting them to immunization centers or facilitating community-based immunizations.
- **Demand Generation:** Generating demand for vaccines by overcoming vaccine hesitancy through building trust with communities, providing accurate information, and encouraging vaccine uptake.
- **Tracking and Reporting:** Tracking vaccine delivery in communities, monitoring for and reporting adverse events following immunizations, and identifying individuals who have missed scheduled immunizations.
- **Expanding the Health Workforce:** Providing vaccinations when appropriately trained, equipped, and adequately supervised.

### Tips for minimum actions for community engagement during COVID-19 vaccine delivery:

- **Assess and collect:** Many countries have conducted RCCE assessments or rapid community assessments for COVID-19 RCCE work. If data is available, countries could analyse this first to find out if there is enough information or whether there is information gap. In cases where there is social data gap, conduct community mapping to identify the social profile of the community, including the knowledge, perceptions, and practices of communities about both COVID-19 and the vaccine; the main communication patterns and channels and language(s) used to share information within the community; religion, cultural traditions, and practices; key influencers; the target population for phased vaccine rollout, including numbers of health workers, social workers, and persons who are higher risk (e.g. elderly and those with comorbidities). Work with health facilities, social workforce, community volunteers, and civil society to collect data. Use rapid qualitative and/or quantitative assessments to learn how communities think and feel, what are the main barriers they face along the Journey to Health to uptake immunization services. With your team, analyse and assess the situation.
- **Coordinate:** Use existing coordination mechanisms in communities to mobilize communities for vaccination. Local CBOs, fathers and mothers' groups, schools, management of old age homes, youth groups and FBOs could be engaged in social mobilization. Coordinate among partners under the leadership of government mechanisms to 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.
- **Define:** Define and prioritize your key objectives, based on the previous bottleneck analysis. Review them regularly to ensure they are responding to your priorities as the COVID-19 response and the vaccine availability and protocols evolve.

- **Identify key audiences and influencers:** Identify target audiences and key influencers. These include community leaders, religious leaders, local celebrities, teachers, local women and youth groups, local NGOs, CBOs, and FBOs and health workers, volunteers, and people who have real- life experience with COVID-19 (those who have had COVID-19 or their family members have contracted the virus). Match audiences and influencers with channels and partners that reach them.
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- **Advocacy at local level:** Communicate with and provide orientation to local level influencers, such as community leaders, religious leaders, local celebrities about COVID-19 vaccine and get their support for creating an enabling environment for vaccine introduction. Work with local media to promote positive messaging around COVID-19 vaccine. Advocate with local governments to garner support for vaccinators and health workers. Advocacy with organizations who manage the old age homes in certain contexts will also need to be done to get their support for getting access to the elderly population.
- **Develop a community action plan:** Based on the available social data and social profile, develop an action plan. The community plan could be part of the overall micro-plan. It will be important to engage communities in planning social mobilization and communication activities. The national and sub-national plan can be adapted to fit the local context. Communication and community engagement approaches, messages and materials should be tailored to reflect audience perceptions and knowledge at the local level.
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- **Implement 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 in the team/organizations) and budget according to the resources. Ensure 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/sectors. Make sure to respond to rumours and misinformation with evidence-based guidance so that all rumours can be effectively refuted. Adapt materials, information, methodologies, and vaccination strategies based on feedback from communities and evolving perceptions/concerns. In many countries the feedback mechanism may already be in place-which can be leveraged for the COVID vaccine introduction also.

- **Monitor:** Develop a monitoring plan to evaluate how well the objectives of the COVID-19 vaccine introduction plan are being fulfilled. Monitor if activities are being implemented according to the plan. Monitoring indicators could be included in the programme monitoring framework and assessed through rapid convenience surveys. Measure the impact of the communication activities by inserting questions in post evaluation surveys of vaccine

It's time to grow our primary health workforce to end the pandemic. Once the pandemic has ended, these health workers can continue serving their communities. Now is the moment to realize the possibility of a health worker within reach of everyone, everywhere.

## Recommendations

To effectively carry out the above important functions, CHWs must be part of a supportive health system that ensures that they are trained, equipped, digitally empowered, supervised, and compensated. Africa CDC and our partners call on governments to implement the following recommendations in line with Assembly decision by the AU Heads of states and Governments on the 2 Million CHW Initiative **Assembly/AU/Dec.649 (XXIX)** and the developed WHO guideline<sup>7</sup>.

- **Recognition** of CHWs as essential to every step of the vaccination process, including recruitment, education, tracking and administration.
- **Investment** in vaccine delivery must include investments in training, remunerating, equipping, and supervising CHWs in country vaccine delivery plans.
- Country **planning** units convene EPI units, CH directorates, COVID-19 planning teams, and partners to integrate CHWs into National Deployment and Vaccination Plans, including counting and prioritizing CHWs and frontline workers in the application of COVID-19 vaccines.
- **Align** other COVID-19 funding from domestic resources or donors to scale up at least 100,000 CHWs for COVID-19 response who can then be integrated into the routine public health system.
- Country MOHs convene CH directorates and public health institutions to begin developing an **“integration plan”** that (1) identifies how emergency response CHWs can be integrated into the formal health workforce and (2) how CHWs can be integrated into disease surveillance networks to prevent the next pandemic
- Governments to make a **long-lasting public commitments** to prioritize, increasingly invest in and uplift this crucial workforce that creates health, wealth, jobs, and security for everyone, everywhere.

<sup>7</sup> <https://www.who.int/publications/i/item/WHO-2019-nCoV-NDVP-CHWs-role-2021.1> WHO/UNICEF implementation support guide, The role of community health workers in COVID-19 vaccination



*Planning meeting for PACT CHWs in Nigeria*



*PACT CHW in the middle creating awareness among farmers in Bayo LGA. Borno state*



*Health education and contacts monitoring by PACT CHWs in Zimbabwe*



*PACT CHW Supportive supervision visit by Africa CDC and AFENET team in Chitungwiza District, Zimbabwe*



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