

Vanguard

NIHR Global Health Research Group on Vaccines for vulnerable people in Africa

"The trusted voice": Enhancing health workers' communication and community engagement capacity for a successful malaria vaccine roll-out



Successful immunization campaigns extend far beyond modern technology and up to date logistics management systems. Building community trust in vaccines requires a team of competent, transparent, and empathetic health workers equipped with accurate and relevant information. By empowering health workers to address community concerns and fears, we can foster a culture of trust and confidence in vaccines, paving the way for successful immunization campaigns. Recent findings from the Vanguard research group suggest that this may be crucial in the up-coming roll-out of malaria vaccines.

According to the World Health Organization's (WHO) Malaria Report 2024, there has been a global increase of 11 million malaria cases compared to 2022 (1).

The African region accounts for approximately 94% of cases and 95% of malaria-related deaths in 2023, with children under five years making up 76% of the fatalities. In Uganda, there has been an estimated rise of 1,3 million cases over the past five years (2019-2023) (1).

WHO underscores that malaria vaccines are a critical complement to existing prevention and control measures (2).

Two malaria vaccines have been recommended for rollout in Sub Saharan Africa (SSA): R21/Matrix-M (R21) and RTS,S/AS01 (RTS,S) (3, 4). Uganda plans to introduce a malaria vaccine into its routine immunization schedule by April 2025, targeting children aged six months to five years with four doses for children aged 5 to 24 months.

A 2024 systematic review and meta-analysis on global caregiver hesitancy toward vaccines, including MMR, HPV, influenza, and COVID-19, found that vaccine safety and efficacy are the leading drivers of hesitancy, with a prevalence of 91.4% (5). The review identified five key factors contributing to caregiver hesitancy: (i) religious beliefs, including concerns about vaccine ingredients; (ii) knowledge gaps and lack of awareness; (iii) misinformation spread via social media; (iv) concerns about vaccine safety and efficacy; and (v) insufficient information, leading to confusion and misconceptions.

WHO Malaria Policy Advisory Group Meeting report, 1-3 October 2024, highlights the importance of capacity building of the national health workforce. While the *National Immunization strategy (2024-2028)*⁶ emphasizes the training of health workers on vaccination service delivery focusing on the building skills in information management systems and logistics.

This policy brief draws on preliminary research findings from the *NIHR Global Health Research Group on Vaccines for vulnerable people in Africa project (Vanguard)* whose aim is to identify key social, structural and biological factors that contribute to vaccine uptake and eventually impact in Ugandan communities. Vanguard conducted surveys and interviews in communities in Kampala, Namayingo and Kikuube districts. The brief proposes solutions to address barriers to vaccine acceptance and uptake by focusing on health care workers, strengthening their role in mobilization, communication and community engagement. It highlights key research findings relevant to Ugandan policy makers in Ministry of Health and other implementing partner agencies.

Research findings

The Vanguard team conducted ethnographic studies combined with in-depth interviews, transect walk, community barazas/bimeezas in Koome Island in the formative stage. In Phase 2, the group employed a community survey together with focus group discussions, key informant interviews in communities of Kampala, Namayingo and Kikuube districts.

Key Issues

1. Insufficient community engagement

The health workers are not sufficiently equipped with communication skills to engage the communities about vaccines uptake. Language barrier is another compounding factor that hinders adequate vaccine information. Some health workers cannot articulate key health information in the local languages, and this creates misunderstandings between them and caregivers. Additionally, health education is often delivered in a formal setting, whereas community members prefer informal, interactive discussions that align with their daily social interactions.

2. Health workers' attitudes

The community reported that the attitude of some health workers left them feeling hesitant about the vaccines. This could stem from several factors such as overload and limited expertise in communication and other soft skills. These attitudes do not encourage trust, nor do they build confidence in the vaccine recipients especially in instances where one is met with a rude reception at the health facility. This in turn leaves the recipient or caregiver humiliated.

3. Myths and misconceptions about vaccines

The health workers have limited skills and expertise in risk communication. The caregivers in the community informed the researchers that they hear scary stories and rumours about these vaccines. They mentioned some of the rumours about vaccines causing infertility, conspiracy theories often covered in these myths and misconceptions about vaccines. They felt that the health workers do not actively address these concerns. Rather, they either dismiss the fears or fail to engage in meaningful conversations to put vaccine recipients and

1. *Integrate health education into the vaccination process.*
2. *Increase awareness of all relevant policies and guidelines in the Ministry of Health Community Engagement Framework.*
3. *Provide timely information on upcoming immunizations.*
4. *Co-develop relevant communication strategies with the community.*
5. *Allocate dedicated funding for health worker-community dialogue, leveraging local structures.*



1. Integrate health education into the vaccination process

Equip health workers with accurate and updated information and guide them to credible communication channels regarding expected side effects and how to manage them. To be able to build trust and enable acceptance of the vaccine, there is need to provide health information about the vaccine and address any fears that may arise. When a child receives a vaccine, caregivers should be informed about the specific vaccine and its purpose in preventing disease.

2. Increase awareness of all relevant policies and guidelines in the Ministry of Health Community Engagement Framework

It is essential to increase awareness of all relevant policies and guidelines outlined in the Ministry of Health's Community Engagement Framework. This strengthens community engagement efforts. This framework provides a systematic and policy-driven approach to engagement, enabling health workers to adopt a coordinated and structured methodology. This will ensure that community engagement activities are consistent, effective, and aligned with national health priorities.

3. Provide timely information on upcoming immunizations

Through continued community engagements of the health workers with different sections of the community, health information related to the vaccines is shared easily and more regularly. This should be done ahead of time in preparation for the vaccine roll-out to avoid last minute information sharing that can be rushed and not well delivered. Health officials could engage with school and religious or cultural leaders by organizing health talks with students and community members and/or utilizing market days to reach more caregivers. Additionally, pre-vaccination health assessments should be considered to address concerns about vaccine compatibility and suitability for different individuals.

4. Co-develop relevant communication strategies with the community

Relevant communication strategies should be co-developed with the community members as well as the health workers. This ensures that these strategies are well placed and relevant within that community, they address the cultural and social sensitivities as well as build lasting relationships between the health care workers and the community. This also gives the community members a sense of ownership which ensures acceptance and easy uptake of the vaccine. Community members can advise on which channels and methods are most effective, they can also identify key influential figures like religious and local council leaders, who can easily garner support for the vaccination exercise.

5. Allocate dedicated funding for health worker-community dialogues, leveraging local structures

Leverage existing local structures such as local council committees, village savings schemes, and religious groups within these communities to provide platforms for effective communication and consistent engagement. Funds should be earmarked to support health workers to utilize these structures for mobilization and regularly scheduled dialogues and engagements.

Conclusion

Effective communication by the health workers is an important element in achieving success in vaccine roll-out. It goes a long way in raising awareness, creating and sustaining demand as well as building trust and transparency through opening channels of feedback.

For the malaria vaccine roll-out to be successful, strengthening health workers' capacity to effectively implement the communication strategies developed by government and partners should be prioritized.

Findings from the VAnguard study indicate that effective communication strategies, should be integrated with intense, and deliberate community engagement between the health workers and the community supported by government and implementing partners. This will build trust, equip caregivers with essential communication and other soft skills, avail adequate and accurate information about vaccines, change perceptions about vaccines as well as provide the community members with a platform to express their fears.

References

1. WHO. World malaria report 2024: addressing inequity in the global malaria response. Geneva: World Health Organization; 2024: ReportNo.:924008617X.
2. WHO. Global technical strategy for malaria 2016-2030, 2021 update: World Health Organization 2021
3. Dimala CA, Kika BT, Kadia BM, Blencowe H. Current challenges and proposed solutions to the effective implementation of the RTS, S/AS01 Malaria Vaccine Program in sub-Saharan Africa: A systematic review. PLoS one. 2018;13(12):e0209744.
4. Policy uptake and implementation of the RTS,S/AS01 malaria vaccine in sub-Saharan African countries: status 2 years following the WHO recommendation.
5. Maamor NH, Muhamad NA, Mohd Dali NS, Leman FN, Rosli IA, Tengku Bahrudin Shah TPN, et al. Prevalence of caregiver hesitancy for vaccinations in children and its associated factors: A systematic review and meta-analysis. PLoS One. 2024;19(10):e0302379.

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