

VERSION 2.0

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

## QUICK START GUIDE

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

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VERSION 2.0

For technical support and questions or to contribute resources to this guide, please reach out to FHI 360's Social and Behavior Change Division.



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## 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 the World Health Organization (WHO) declared COVID-19 a global pandemic 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 wearing face masks. As effective vaccines are now available, SBC programs must expand quickly to address public acceptance of — and generate demand for — these critical public health tools.

The original quick start guide was released in December 2020. This updated version reflects lessons learned in the application of the original guide and includes additional tools and templates to facilitate its use.

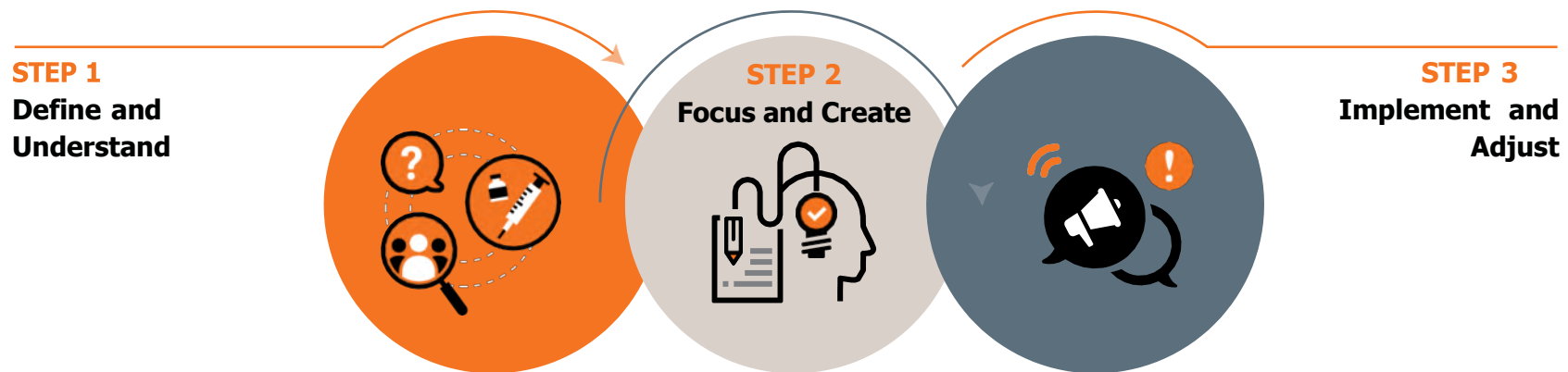
## WHY THIS QUICK START GUIDE?

This quick start guide was developed to support FHI 360 programs and its partners to design and implement demand creation and advocacy activities as part of national COVID-19 vaccine introduction efforts. The 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 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, the guide will be continued to be adapted, and design and implementation tools will be added and updated to ensure the guide and its components remain current and useful.

## THE 3-STEP DESIGN PROCESS

Demand creation and advocacy activities for COVID-19 vaccines 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 in 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 a vaccine rollout plan.
- Understand the needs, attitudes, and perceptions of health care providers, influencers, and segments of the target audience.
- Determine existing levels of trust and historical experiences with vaccines.

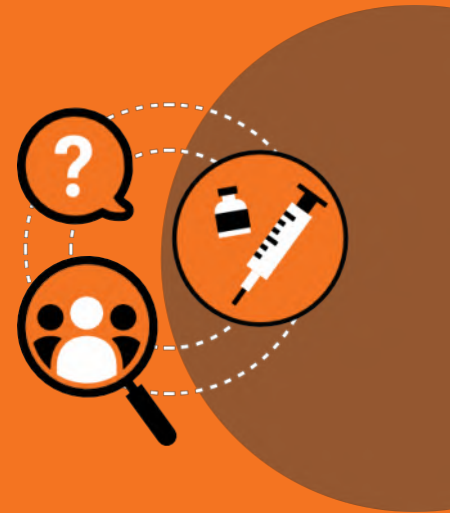
### FOCUS AND CREATE

- Establish a demand creation and advocacy strategy (outlining priorities, key messages for each audience segment, etc.) and implementation plan.
- Develop a crisis communication plan.
- Create or adapt tools and materials, including health care 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 the 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 will support the Ministry of Health (MOH) and other key stakeholders to collect information about the vaccines, the national rollout plan and priority groups, and when, where, and how the vaccines will be made available. The MOH will also be supported to conduct rapid assessments with key audiences, including health care providers, key influencers (e.g., cultural leaders, religious leaders, and elders), and priority audience segments, to better understand their needs, attitudes, perceptions of access, social norms, and beliefs related to the COVID-19 vaccines. This information will be used to understand local barriers and facilitators to COVID-19 vaccine use and adapt SBC strategies to audience segments based on global evidence.



### What

Collect information to define all aspects of the vaccine(s), from how it works to how it will be rolled out. Conduct rapid assessments to understand the needs, attitudes, perceptions, and beliefs of health care providers, key influencers, and audience segments.



### Specific tasks to complete

**TASK 1.1:** Join the demand creation and advocacy task force within the national body coordinating COVID-19 vaccine introduction. This task force typically includes representatives from the MOH, other relevant ministries, and key in-country stakeholders and is critical to coordinating your efforts with other partners.

**TASK 1.2:** Collect and collate any existing information about local perceptions of COVID-19 vaccines using the *Situation Analysis Checklist* available for download [here](#).

- Consult with members of the task force to identify local surveys or other data sources describing how people in the country perceive COVID-19 vaccines.
- Visit websites such as Facebook's [Data for Good](#) and the Johns Hopkins Center for Communication Programs' [COVID Behaviors Dashboard](#) to determine what data are available for your country.



**TASK 1.3:** Review the government's rollout plan.

- Confirm how the vaccines will be introduced, including plans to train health care providers, the priority populations for the vaccines, and how eligibility might be phased.
- Map key stakeholders and existing COVID-19 vaccine demand creation and advocacy programs to contribute to coordination. Determine how your organization can best contribute to these national plans and complement the efforts of other partners.



### GLOBAL BOOSTERS – Known top factors 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 vaccines. Awareness of these factors may inform the questions developed under **TASK 1.4** to help you understand local audience needs, attitudes, perceptions, and beliefs. The Situation Analysis Checklist can guide the collection and organization of data. Factors that strongly influence vaccine acceptance and uptake include:

#### Contextual

- Historical experience (good or bad) with previous vaccine introductions
- Religious, cultural, gender, or socioeconomic norms

#### Structural

- Distance to, travel conditions to reach, and general access to vaccination services
- Quality of care due to poor motivation, performance, and attitudes among health staff
- Delivery systems (lack of resources or strong logistics systems to prevent stock-outs, missed opportunities to promote vaccine uptake)
- False contraindications (particularly for sick, underweight, and older children)
- Failures to offer vaccines at every opportunity (e.g., not screening, refusal to vaccinate due to false contraindications)
- Unreliability of service provision (e.g., health care 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 the vaccine (e.g., side effects, safety) are greater than the benefits
- Beliefs about rumors/misinformation
- Perceived risk and severity of the vaccine-preventable disease
- Perceived effectiveness of the vaccine

Adapted from:

- Favin M, Steinglass R, Fields R, Banerjee, Sawhney M. Why children are not vaccinated: a review of the grey literature. *Int Health*. 2012;4(4):229–38. doi/10.1016/j.inhe.2012.07.004.
- MacDonald NE. Vaccine hesitancy: definition, scope and determinants. *Vaccine*. 2015;33(34):4161–4. doi:10.1016/j.vaccine.2015.04.036.
- Marti M, de Cola M, MacDonald N, Dumolard L, Duclos P. Assessments of global drivers of vaccine hesitancy in 2014—Looking beyond safety concerns. *PLoS ONE*. 2017;12(3):e0172310. doi:10.1371/journal.pone.0172310.



**TASK 1.4:** Adapt and apply FHI 360's *Rapid Audience Assessment Tool* (available for download [here](#)) with key audiences, including health care providers, key influencers (e.g., cultural leaders, religious leaders, elders), and audience segments, to update any information older than three months or to confirm which global findings on needs, attitudes, perceptions, and beliefs related to the COVID-19 vaccine are relevant in your country.

- For health care providers, gather information and insights to update or confirm what is known about their concerns and the information, materials, and training they need to promote the vaccine with their clients and address vaccine concerns.
- For key influencers, gather information and insights to update or confirm what is known about their attitudes, perceptions, beliefs, concerns, and information needs. Determine how they are engaging their communities around the vaccines.
- For audience segments, gather information and insights to update or confirm what is known about 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, adapt global audience segments, and use the *Audience Profile Template* and the *Day in the Life Worksheet* (available for download [here](#)) to develop profiles for each audience segment. While priority groups may be predetermined by national rollout plans, these audience segments and profiles will help you determine how best to engage each audience segment to address their specific barriers to and facilitators of vaccine uptake.



### GLOBAL BOOSTERS – Potential audience segments

Building on existing work, the potential audience segments, and their barriers to 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 vaccines 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 of awareness of COVID-19 vaccines availability and schedule</li> </ul>  | <ul style="list-style-type: none"> <li>High trust in health care 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 health care providers</li> <li>Vaccine services provided close by</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 health care 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 health care 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>  |   |



Most global evidence confirms that in addition to these audience segments, health care providers, faith leaders 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/or administer COVID-19 vaccines. Most demand creation and advocacy strategies should include health care providers and social care workers as important target audiences, not only to reduce missed opportunities to promote COVID-19 vaccines, but also to ensure they too accept the vaccine when it is offered to them.

Adapted from:

- Loynes H, Londo C. Preventable vaccine hesitancy. Presentation, Michigan, USA; 2013.
- French, J, Deshpande, Evans W, Obregon R. Key guidelines in developing a pre-emptive COVID-19 vaccination uptake promotion strategy. *Int J Environ Res Public Health*. 2020;17(16):5893. doi:10.3390/ijerph17165893.
- Fournet N, Mollema L, Ruijs W, Harmse, I, Keck F, Durand J, et al. Under-vaccinated groups in Europe and their beliefs, attitudes, and reasons for non-vaccination; two systematic reviews. *BMC Public Health*. 2018;18(1):196. doi:10.1186/s12889-018-5103-8.



STEP 2  
FOCUS AND CREATE



## STEP 2

# FOCUS AND CREATE

To *Focus and Create*, programs will support the MOH to develop a strategy 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 will be supported to co-design with health care providers, key influencers, and priority audiences the tools and materials needed to implement activities.



### What

Develop a demand creation and advocacy strategy and implementation plan to focus activities; adapt or create communication products, tools, and materials to support implementation.



### Specific tasks to complete

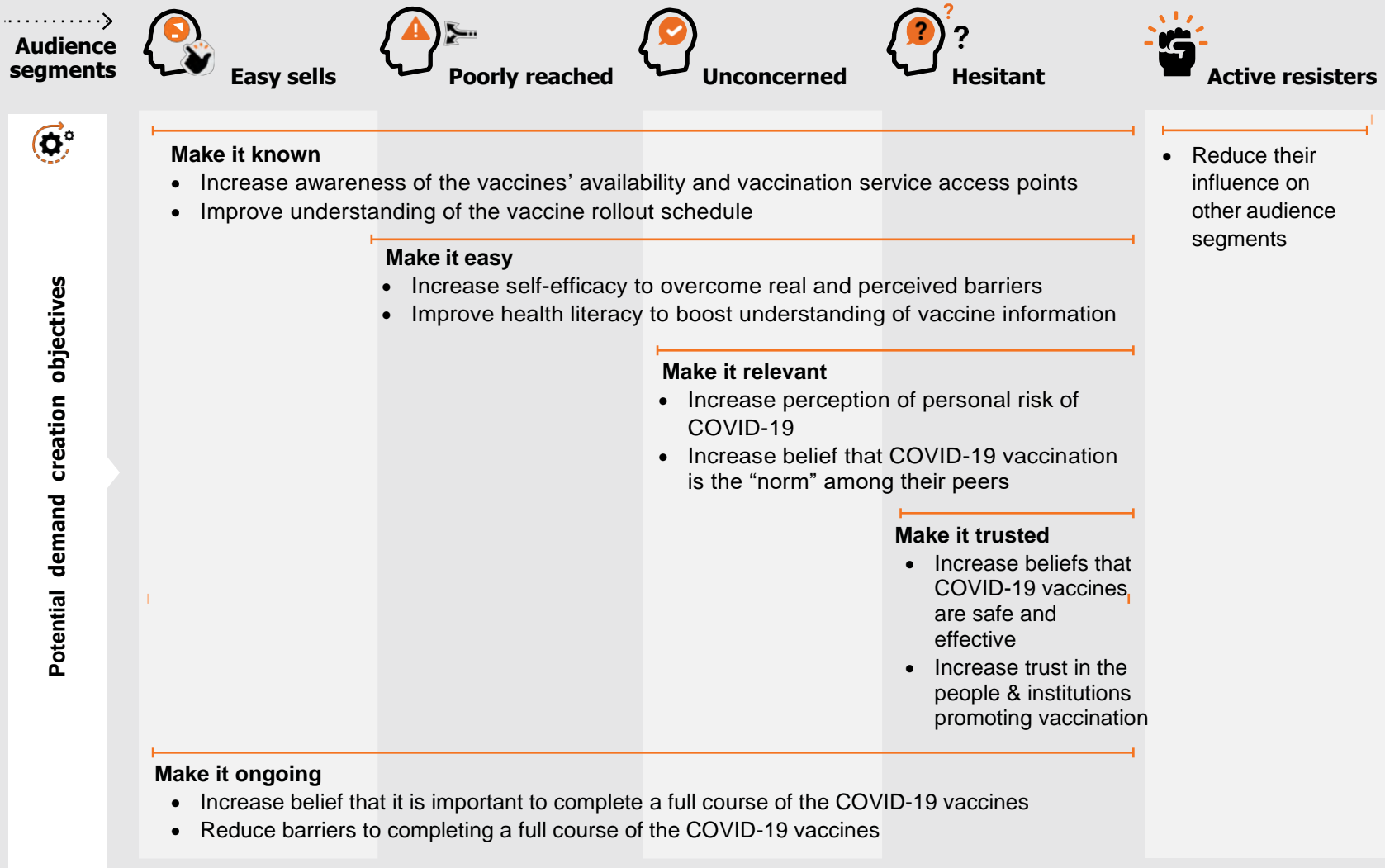
**TASK 2.1:** Apply the results of the rapid audience assessments to produce a COVID-19 vaccine demand creation and advocacy strategy. Use the *Demand Creation and Advocacy Strategy Template* to outline key barriers, demand creation and advocacy objectives, channels and approaches, and key messages for each audience segment. The strategy should also describe how approaches will be layered to create a 360-degree communication effect that engages audiences through multiple channels to achieve saturation. The *Message Framing Template* can help organize, prioritize, and ensure messages are responsive to the issues, questions, and concerns of audiences. The tools are available for download [here](#).



### GLOBAL BOOSTERS – Potential demand creation objectives and techniques for achieving them

Potential demand creation objectives that address common barriers to vaccine acceptance and uptake are outlined below for each audience segment. These objectives will be helpful in **TASK 2.1**, when you define objectives in the strategy to focus demand creation activities for each audience segment. The potential objectives are additive, meaning that the objectives for the selected

audience segment would also include those indicated for the audience segments to its left in the table. For example, the objectives for the “Unconcerned” would include the objectives indicated for the “Poorly reached” (Make it easy) and “Easy sells” (Make it known) as well as “Make it relevant.”



Audience segments →



Easy sells



Poorly reached



Unconcerned



Hesitant



Active resisters



Promising techniques to achieve demand creation objectives

- Provide information about the vaccines (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 points

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

- Provide information about the personal and social benefits of vaccination, including non-health benefits, such as compliance with mandates
- Present stories of similar people who have experienced the benefits of vaccination

- Present communication from a credible source in favor of vaccination
- Provide an opportunity to identify and compare the pros and cons of vaccination
- Offer incentives to uptake of vaccination services, such as compliance with mandates and access to public spaces

- 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 the vaccination schedule
- Offer incentives for completion of the vaccination schedule (e.g., compliance with mandates, access to public spaces, etc.)
- Provide comparisons highlighting high levels of vaccination uptake among neighbors and in surrounding communities



**TASK 2.2:** Adapt or create tools to be used by health care providers, key influencers, and other activity implementers. These tools might include talking point reference sheets for cultural and religious leaders, job aids for health care providers, and frequently asked question guides for national COVID-19 telephone hotline operators. Visit the following clearinghouses to find materials, tools, and other resources to adapt.

- [COVID-19 Communication Network](#)
- [UNICEF IEC eWarehouse](#)
- [Communication Initiative Network](#)

The *Creative Brief Template* (available for download [here](#)) can help guide the development of activities and materials based on the strategy.

**TASK 2.3:** Engage audiences to adapt or co-create SBC products tailored to each audience segment. These products may include mass media assets (e.g., television and radio spots), print media (e.g., billboards, leaflets, and newspaper announcements), and social media assets (e.g., Facebook and Twitter ads, shareable infographics, and videos). 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 dispelling the myths and misinformation about COVID-19 and the vaccine circulating in local communities.

**TASK 2.4:** Adapt or develop training materials and supportive supervision tools for health care 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 achieving the objectives of the demand creation and advocacy strategy.

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

**TASK 2.6:** Develop a detailed implementation plan that aligns with the demand creation and advocacy strategy developed in **Task 2.1**. This plan can also help you coordinate your demand creation and advocacy activities with other in-country COVID-19 vaccine partners.

**TASK 2.7:** Review and orient staff to the national contingency plan guiding crisis response. This plan will ensure any crisis that arises during the rollout of the COVID-19 vaccine is appropriately managed and its impact on the broader program is mitigated. If no plan exists, support relevant authorities to develop one.



STEP 3  
IMPLEMENT AND ADJUST



## STEP 3

# IMPLEMENT AND ADJUST

To *Implement and Adjust*, programs will support the MOH to implement the activities outlined in their demand creation and advocacy strategy. The MOH will be supported to train and orient health care providers, key influencers, and other activity implementers to use the implementation tools and job aids and to train journalists on how to report accurately on the COVID-19 vaccine. Throughout implementation, programs will 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 will also be launched to facilitate rapid responses to misinformation.



### What

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



### Specific tasks to complete

**TASK 3.1:** Train and equip key stakeholders to implement COVID-19 vaccine demand creation and advocacy activities.

- Health care providers to use job aids and other materials to counsel clients on the COVID-19 vaccine.
- Key influencers and other activity implementers to use the materials, implementation tools, and job aids to conduct individual, household, and other community engagement activities and link clients with COVID-19 vaccine service sites.

**TASK 3.2:** Launch supportive supervision and quality assurance activities to ensure health care providers, key influencers, and other trained activity implementers are using job aids, materials, and implementation tools correctly.



**TASK 3.3:** Designate and train media spokespeople and implement the media engagement plan, training editors and journalists to report accurately on the COVID-19 vaccine. Establish a communication mechanism, such as WhatsApp or email listserv groups, to disseminate timely program updates to editors and journalists.

**TASK 3.4:** Establish mechanisms and tools implementing partners can use to document and report progress to the COVID-19 Vaccine Demand Creation and Advocacy Task Force or other relevant groups.

**TASK 3.5:** Implement the demand creation and advocacy strategy following the implementation plan.

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

**TASK 3.7:** Conduct rapid surveys with health care providers, community members, and key influencers to know what questions are often asked and what information clients and community members are sharing about the COVID-19 vaccine.

**TASK 3.8:** Apply the information gathered through social listening exercises and rapid surveys with health care 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 messengers.



**Be honest and transparent about who will be “first in line” to receive the vaccine.** In most countries, the supply of COVID-19 vaccine will not be sufficient 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 type of 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. Considering emotion in COVID-19 vaccine communication: addressing vaccine hesitancy and fostering vaccine confidence. *Health Commun.* 2020;35(14):1718-22. 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) because research shows that only reinforces belief in the 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>1</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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<sup>2</sup> 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/>.

<sup>3</sup> Pluviano S, Watt C, Ragazzini G, Della Sala S. Parents' beliefs in misinformation about vaccines are strengthened by pro-vaccine campaigns. *Cognitive Processing*. 2020;20(3):325–31. <https://doi.org/10.1007/s10339-019-00919-w>.

## 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 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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