

Closing the Gap Among Health Workers

BEHAVIORAL INSIGHTS AND APPROACHES TO SUPPORT COVID-19 VACCINE UPTAKE



ideas

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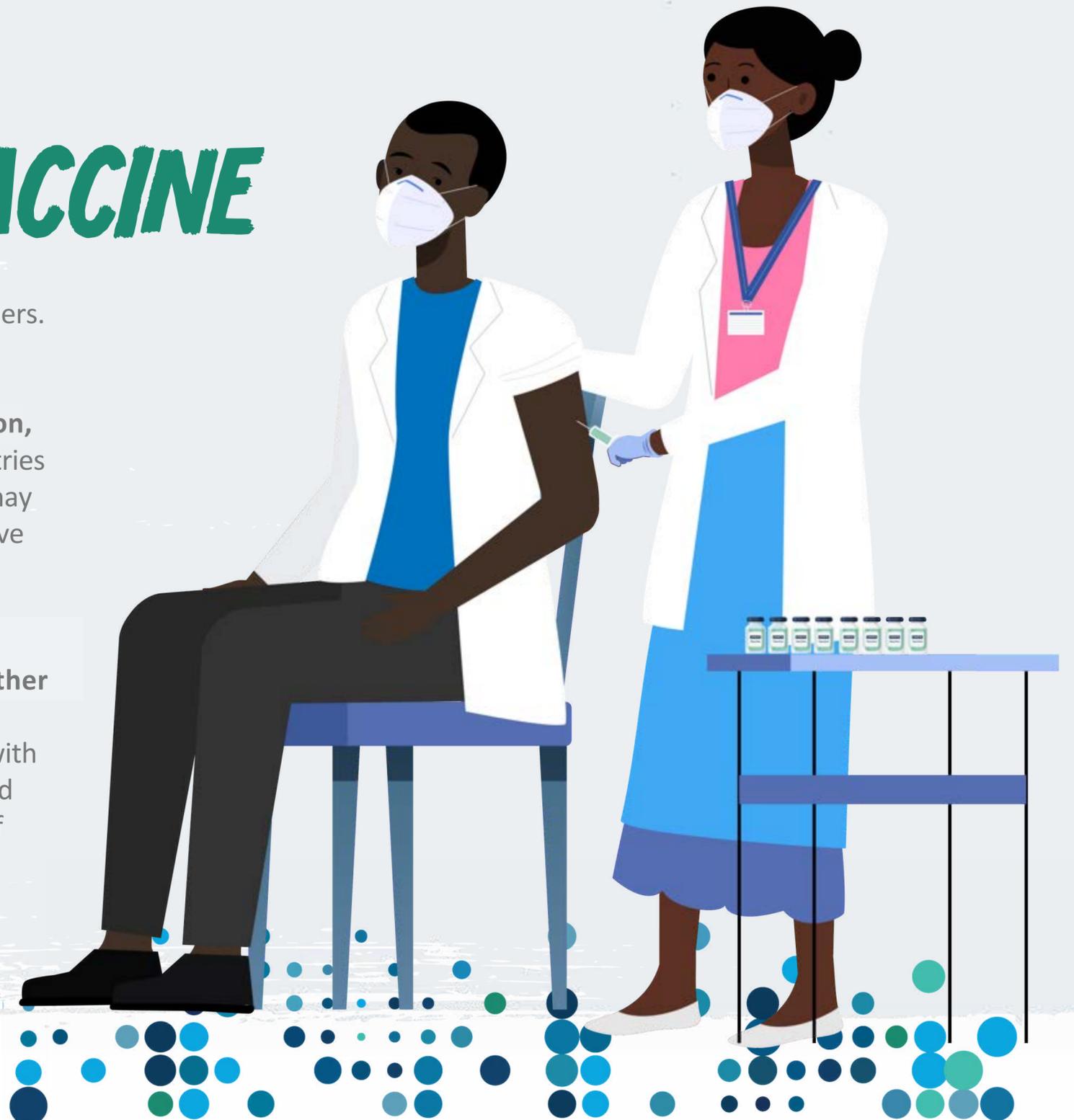
Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE



Supporting Health Workers to *TAKE UP THE COVID-19 VACCINE*

Health workers need to get vaccinated for COVID-19 to protect both themselves and others. In their role as frontline workers, they have higher exposure to the virus, and they are powerful influencers on the vaccine attitudes and behavior of their clients and communities. Therefore, **health workers are a priority group for COVID-19 vaccination, yet many still have not taken the vaccine**, especially in low- and middle-income countries (LMICs). In countries where overall vaccination rates are still quite low, health workers may also face more barriers to getting vaccinated. Public health programs thus need innovative approaches to support health workers' acceptance and uptake of the COVID-19 vaccine.

Effective approaches that support health workers to take up the COVID-19 vaccine must be informed by a nuanced understanding of the factors which influence whether health workers trust, see benefits of, and can easily access the vaccine. Drawing on global insights from program implementers, researchers, policymakers, and interviews with health workers in several countries, this brief illustrates the varied contexts that surround health workers' vaccination decisions, and how they may have shifted over the course of the pandemic. It also provides a set of evidence-informed approaches to support health worker uptake of the COVID-19 vaccine. Users can adapt, combine, and apply these approaches across contexts and to other health behaviors as appropriate.



OVERVIEW OF BEHAVIORAL INSIGHTS

CASE STUDY →

DESIGN MENU →

Health workers, like all of us, are strongly influenced by what they see and hear around them. Visual cues in the workplace, the actions of peers, what they see and hear on social and other media, and past experiences, among many other factors, influence how health workers think about the COVID-19 vaccines, weigh decisions, and whether they take action to get vaccinated.

Health workers are in a unique position related to the COVID-19 pandemic as both frontline workers and medical professionals, expected to take and endorse the vaccine. They need to manage client concerns and give advice, but they often either have questions of their own or may not have easy access to the vaccine themselves. **Applying a behavioral science lens can provide insight into how various factors in health workers' environments influence whether they will accept or take up the vaccine.** A nuanced understanding of the challenges they face can illuminate opportunities to reshape their contexts to support vaccine decision making and uptake. Consider below the range of factors that can influence their thinking.

Click to explore

Am I concerned that I'll get infected with COVID-19 and get seriously ill if I do?



Do I trust that the government and vaccine makers have my best interests in mind?



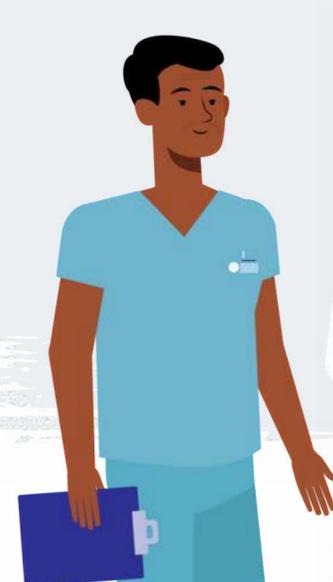
Can I get the vaccine easily and without hassles or disruptions to my life?



Do I think that taking the vaccine will have real benefits for me now?



Am I concerned that something bad may happen to me if I take the vaccine?



BEHAVIORAL DEEP DIVE

BEHAVIORAL INSIGHTS →

CASE STUDY →

DESIGN MENU →



Am I concerned that I'll get infected with COVID-19 and get seriously ill if I do?

How a health worker might think



I am already following protective measures.

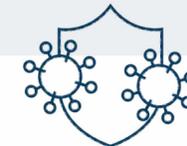
Health workers who typically follow other recommended protective measures, such as wearing masks and handwashing, may believe they are already sufficiently protected. These measures are visible and often required in health facility contexts, while taking the vaccine is not. This may lead health workers to think of the vaccine as distinct from other protective measures, rather than a similar step to keeping oneself safe.

Influencing factors



I'm not too worried about becoming seriously ill.

Many health workers are relatively young and healthy, especially compared to their sick patients, so they may not consider themselves as high risk for contracting severe COVID-19. Health workers may have heard misinformation from peers or clients that the vaccine can be used as a curative measure after contracting COVID-19, so they feel they can take the vaccine later, if they do become ill.



I've stayed safe for this long already.

Health workers who have worked in facilities throughout the pandemic may infer that they have had repeated exposure to COVID-19 and have built up some immunity. In some cases, health workers who have seen many sick COVID-19 patients may perceive greater consequences of getting COVID-19, while others might assume that they have passed the window of time where they would have gotten seriously ill from it. Those who have not seen many sick patients may assume that the case rates and the associated risk are lower than publicized.

EXPLORE APPROACHES

MAKE IT EASY

BUILD KNOWLEDGE AND SKILLS

PROMPT ACTION



BEHAVIORAL DEEP DIVE

BEHAVIORAL INSIGHTS →

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Do I think that taking the vaccine will have real benefits for me now?



I'm not sure the vaccine will keep me from contracting the virus.

Health workers may know family, peers, and clients who've contracted COVID-19 after being vaccinated, or they may have heard in the media that this can happen. Messages about the COVID-19 vaccine from official sources commonly mention efficacy rates less than 100%. While vaccines are still extremely effective and have huge benefits for avoiding severe illness and death, health workers may perceive the benefits as limited if they're focused on the possibility that they can still get sick after vaccination.



I'd rather wait for more updated guidelines and vaccines.

At the start of the pandemic, health workers were likely only able to access one or two vaccine brands and may have wanted to delay vaccination in favor of waiting for more choices, especially if the earliest option had not been thoroughly vetted by international authorities. Health workers are typically made aware of updates to vaccine guidelines and vaccination schedules; guidelines that rapidly change can make it appear that the scientific community is not sure of the vaccine's benefits. This may cause health workers to delay vaccination and wait for more information.



I don't need to get the vaccine to go about my daily life.

Health workers may not be required to take the vaccine to work at their health facilities, which may cause confusion around the real value and importance of the vaccine. Health workers may not feel a need to get vaccinated if they do not face any professional or social consequences for not being vaccinated, nor are vaccines needed for any other engagements in their daily lives. Vaccine requirements for travel, however, can be a motivation for vaccine uptake.

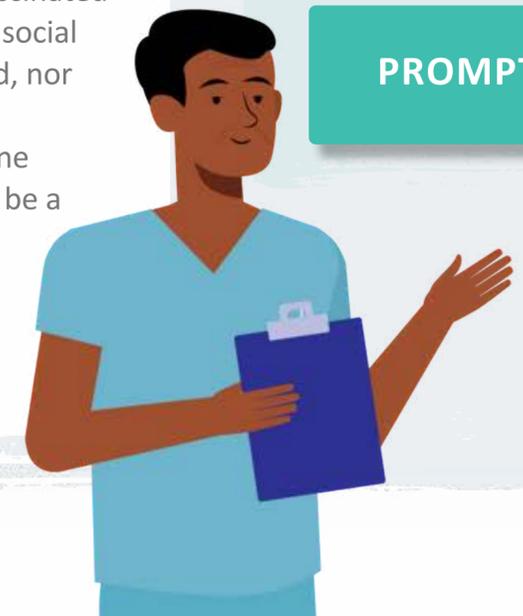
EXPLORE APPROACHES ↘

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BUILD TRUST AND CONFIDENCE

PROMPT ACTION



BEHAVIORAL DEEP DIVE

BEHAVIORAL INSIGHTS →

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Do I trust that the government and vaccine makers have my best interests in mind?

I'm skeptical about the government or vaccine maker's intentions.



Health workers may be skeptical of the local pandemic response and government spending on vaccines in areas where emergency funds have historically been mismanaged or where there is a legacy of corruption. Knowledge of prior exploitation by foreign actors can cause health workers to question vaccine manufacturers' and funders' intentions, and the vaccine's safety and efficacy. Media coverage which highlights instances of corruption or repeats false statements can feed into these narratives of distrust.

I believe there are more important health priorities than COVID-19.



Health workers in LMICs are commonly faced with severe cases of endemic diseases such as malaria, tuberculosis, and HIV/AIDS, but may have not yet personally seen a case of severe COVID-19. Official case rates in many sub-Saharan African countries have remained quite low in comparison to other countries. Health workers may thus question why so much official attention and funding have been devoted to COVID-19 over other, seemingly more pressing, health challenges in their communities.

I don't feel supported, so I don't owe the government anything.



Health workers have been a key part of the pandemic response, and around the world many places are experiencing high rates of burnout and declining motivation. During such emergencies, health workers in already under-resourced settings can be expected to work extra shifts or assist outreach for little to no extra pay. At the same time, basic information about the vaccine—which health workers need to do their jobs—may be inconsistent. Health workers who feel unsupported by officials may feel no reason to go out of their way to support vaccination initiatives or get vaccinated themselves.

EXPLORE APPROACHES

BUILD KNOWLEDGE AND SKILLS

BUILD TRUST AND CONFIDENCE



BEHAVIORAL DEEP DIVE

BEHAVIORAL INSIGHTS →

CASE STUDY →

DESIGN MENU →

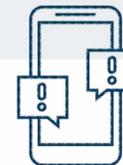


Am I concerned that something bad may happen to me if I take the vaccine?



I'm worried about the possible adverse effects.

Health workers frequently receive clinical information about possible side effects and adverse effects of vaccines through official channels. The media also often highlights instances of severe reactions to the COVID-19 vaccine, and highly publicized when many high-income countries decided to stop administering certain vaccines which LMICs were still distributing. Clients and the general public tend to conflate common side effects with rare adverse effects and may express fear of the vaccine. This can lead health workers to feel particularly aware of rare adverse effects, inflating their perception of risks.



I've heard many negative rumors about the vaccines.

Myths and misinformation about dangers of the COVID-19 vaccine circulate widely on social media, and news sources sometimes echo this misinformation, as do community members discuss it. Rumors often feed on conspiracy theories or distrust of foreign or local actors and authorities. Some health workers may believe these rumors themselves, but even those who do not may receive related questions from clients and may not be prepared to respond. Because health workers know adverse effects are possible, negative rumors and beliefs about the vaccine can fester and contribute to vaccine hesitancy.



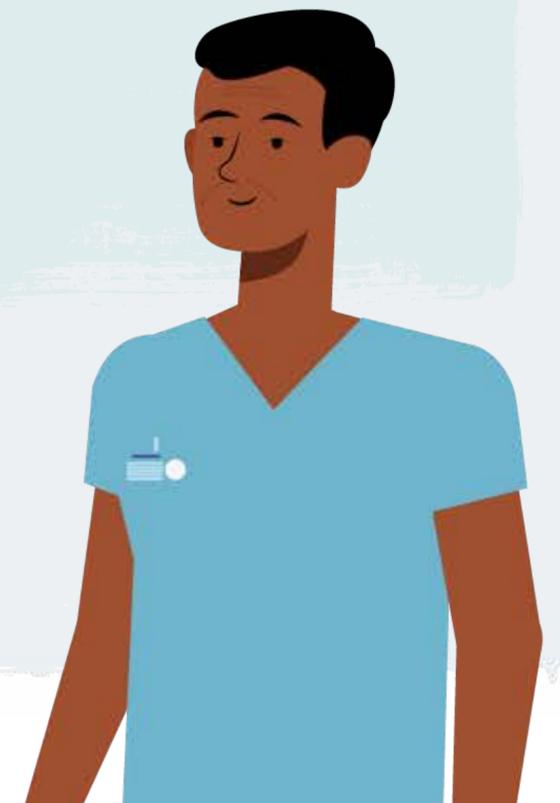
I'm skeptical about the vaccine's quick development.

While many health workers trust the vaccines they are familiar with which have been used for many years, the unprecedented speed at which the COVID-19 vaccine was developed and delivered to the public may have led some to doubt whether it was fully tested for safety and effectiveness. Because some high-income countries pulled certain versions of the vaccine from distribution due to risks identified only after vaccine rollout, distrust of the scientific process of COVID-19 vaccine development and certification may have increased.

EXPLORE APPROACHES

BUILD KNOWLEDGE AND SKILLS

BUILD TRUST AND CONFIDENCE



BEHAVIORAL DEEP DIVE

BEHAVIORAL INSIGHTS →

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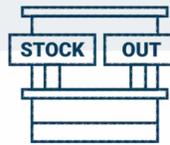


Can I get the vaccine easily and without hassles or disruptions to my life?



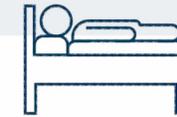
It is complicated or inconvenient to get to a vaccination site.

In countries that are still expanding their vaccine outreach campaigns outside of urban centers, some health workers, especially those in more rural areas, may find vaccination sites are distant from where they live and work. Getting to the sites can take time and effort or be logistically complicated, due to issues such as transport costs or conflicts with working hours. These hassles can be particularly problematic for health workers who aren't highly motivated to take the vaccine.



I'm not sure I'll even be able to get the vaccine because supply is unreliable.

Early in the pandemic, when health workers were often prioritized to receive vaccines, limited and unpredictable supplies meant not all could get vaccinated or complete their full course. Many interested in getting vaccinated, particularly during waves of outbreak in their countries, were unable to do so at the time. Although now vaccine supply is generally greater than demand, supply at specific sites sometimes may remain unpredictable. Health workers may hesitate to take the time and effort required to seek out vaccines when sites may be stocked out.



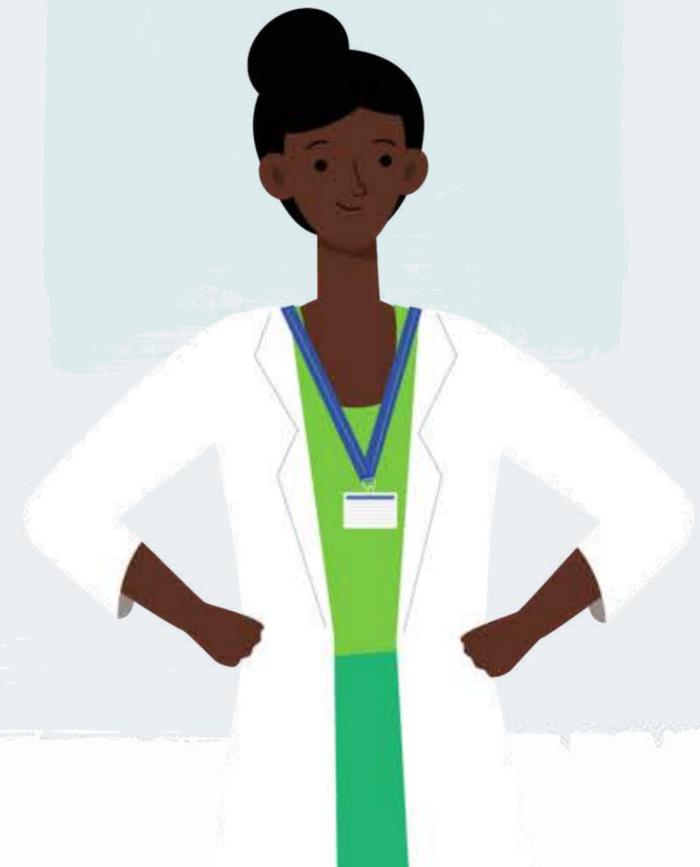
I expect I'll have to take time off of work after getting vaccinated.

Health workers commonly advise clients that they may experience vaccine side effects, and so are particularly aware of the possibility that taking the COVID-19 vaccine may lead to side effects that could interfere with their ability to work in the days after. Health workers have busy schedules, and many facilities operate with limited staff; this has been further exacerbated during the pandemic. Being temporarily sidelined after taking the vaccine may not seem like an option to health workers and so they may deprioritize the vaccine relative to other important duties.

EXPLORE APPROACHES

MAKE IT EASY

PROMPT ACTION



PRACTICE: CONSIDER THE CONTEXT

Various environmental factors can influence how health workers in any given setting think about the vaccine, make decisions, and act upon them. Individuals may also weight these considerations differently (consciously or unconsciously) in decision-making. Efforts to support health workers' vaccine uptake should consider the broader context and anticipate that several factors may be relevant when identifying opportunities for design. Here we present two illustrative examples of settings where a variety of factors may influence health workers' decision making, in either direction.

How might these factors influence health workers' willingness to get vaccinated?



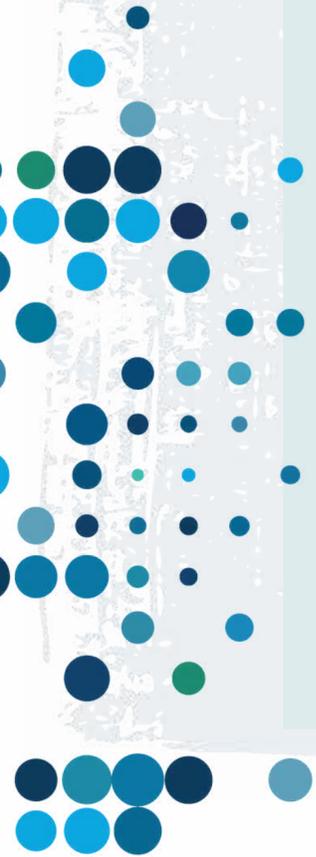
SETTING A

- During the peak of COVID-19, people didn't seem to be as sick as compared to a normal malaria season.
- Updated guidelines highlight new adverse events and additional recommended doses.
- The closest vaccine site has an inconsistent stock of vaccines.
- The vaccine was developed quickly, but local health workers largely trust international public health authorities (i.e., the World Health Organization) when they describe it as safe.



SETTING B

- The government has a history of corruption, taking money from foreign entities for political favors.
- Clients have asked many questions about the vaccine's safety.
- A high penetration of rumors circulate on social media.
- Vaccines are offered at most health facilities, with vaccine cards available that people need for travel.



DESIGNING FOR YOUR CONTEXT

BEHAVIORAL INSIGHTS →

CASE STUDY →

Applying the right solution for the problem at hand is important to maximize impact.

A better understanding of how features in a person's context can influence their vaccination decision-making and actions can reveal opportunities for more targeted interventions. Here we have organized a selection of promising approaches to support vaccine uptake by four primary design aims. Consider which aim(s) to prioritize for your context, based on relevant behavioral barriers you have identified and the suggestions below. Explore each design aim menu for more details and a set of practical approaches and illustrative examples to consider for adaptation for your setting.

GENERAL TIPS

LEVERAGE IDENTITY

Influence vaccination behavior with approaches that incorporate cues or references to positive character traits that align with health workers' professional identity and role in safeguarding the public's health.

LEVERAGE NETWORK

Amplify intervention effects and reinforce social norms with channels that encourage or facilitate interpersonal communication and influence, within family, peer, professional, and virtual (e.g. social media) networks.

LEVERAGE INPUT

Develop interventions through human-centered design processes that actively involve health workers to generate ideas, tailor messaging, and identify appropriate channels.

MAKE IT EASY



Consider these approaches if health workers still face challenges related to vaccine access and availability, or perceive hassles in the process. Making it easy is especially important for people who are otherwise ambivalent about getting vaccinated: i.e., they just don't see it as a priority to make the effort.

EXPLORE APPROACHES

BUILD KNOWLEDGE AND SKILLS



Consider these approaches if health workers still have questions or gaps in understanding about the COVID-19 vaccines, the development process, the side effects and how to counsel peers and clients.

EXPLORE APPROACHES

BUILD TRUST AND CONFIDENCE



Consider these approaches if, beyond lack of information and knowledge, health workers have other concerns caused by misinformation and/or distrust, either towards the vaccine itself or of the intentions and capacity of authorities managing the process.

EXPLORE APPROACHES

PROMPT ACTION

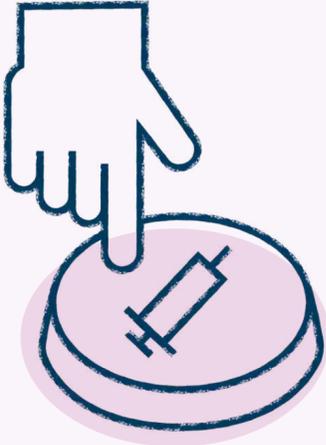


Consider these approaches if health workers may not be strongly opposed to the vaccine but don't see a compelling reason to act now.

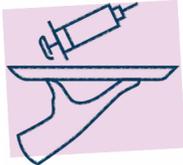
EXPLORE APPROACHES

RECOMMENDATIONS TO MAKE IT EASY

Work is often top of mind for health workers, especially those in low-income settings who on a daily basis have to manage time and resource challenges to care for clients, limiting the attention they have available for other tasks. What may seem like trivial hassles or inconveniences to getting vaccinated can become a real barrier to follow-through for a health worker who is otherwise willing to do so. These approaches aim to eliminate or reduce the hassles that amplify the gap between health workers' intention and action and provide channels toward vaccination. Making it easy is especially important for people who are otherwise ambivalent about getting vaccinated: i.e., they just do not see vaccination as a priority to make the effort.



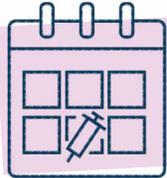
MAKE IT EASY! ↷



Convenient Access

Bring the vaccine to health workers.

EXPLORE THIS APPROACH



Reminders

Provide simple nudges to follow through.

EXPLORE THIS APPROACH



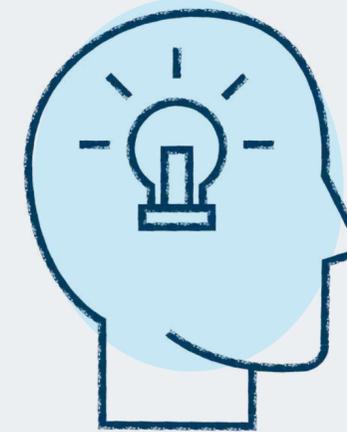
Priority Access

Health workers are first in line.

EXPLORE THIS APPROACH

RECOMMENDATIONS TO BUILD KNOWLEDGE AND SKILLS

Health workers may delay deciding to get the COVID-19 vaccine because they still have questions and do not have access to reliable answers. Building medical knowledge relating to the vaccine can empower health workers to make decisions related to their own uptake and boost their confidence to counsel others. Tailoring information and its delivery in a way that is easy for health workers to process, remember, and reference will help reduce their cognitive burden.



BUILD KNOWLEDGE AND SKILLS!



Dialogue-Based Interventions

Discuss facts and demystify misinformation.

EXPLORE THIS APPROACH



Learning Aids

Provide clear and engaging reference tools.

EXPLORE THIS APPROACH



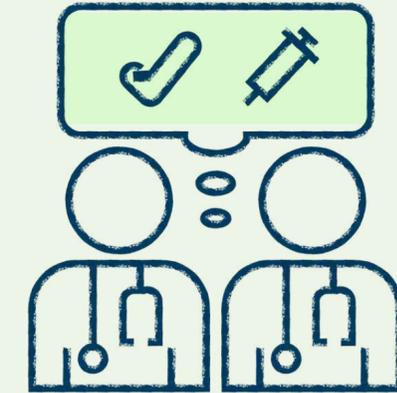
Peer-Learning Exchanges

Share tips to build confidence.

EXPLORE THIS APPROACH

RECOMMENDATIONS TO BUILD TRUST AND CONFIDENCE

Leverage trusted voices and dialogue to advocate and build confidence in the vaccine in a way that resonates with health workers and with their local context, through conversation and social influence. These approaches could be helpful in settings where health workers may either have reason to distrust the authorities involved in vaccine development, procurement, and rollout or feel like they have not been informed or involved enough in the process of planning the vaccination campaign to participate in outreach to others. Consider opportunities to pair and integrate these approaches given their complementary aims.

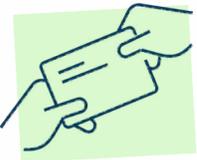


BUILD TRUST AND CONFIDENCE! ↘



Dialogue-Based Interventions
Discuss facts and demystify misinformation.

EXPLORE THIS APPROACH



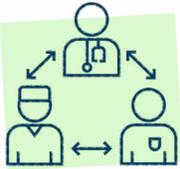
Peer Referrals
Leverage personal networks for direct outreach.

EXPLORE THIS APPROACH



Vaccine Ambassadors
Leverage role models and empower local advocates.

EXPLORE THIS APPROACH



Peer-Learning Exchanges
Share tips to build confidence.

EXPLORE THIS APPROACH



Testimonials
Influence attitudes with credible voices.

EXPLORE THIS APPROACH

RECOMMENDATIONS TO PROMPT ACTION

BEHAVIORAL INSIGHTS →

DESIGN MENU →

Health workers may feel active interest in getting the vaccine or at least be open to doing so but see no urgency to do it now. Hassles in the process and competing demands can also lead health workers to procrastinate. These approaches nudge health workers to act now, by enhancing the perceived benefits of getting vaccinated or creating consequences for not doing so.



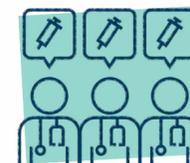
PROMPT ACTION! ↘



Incentives

Provide an immediate benefit of vaccination.

EXPLORE THIS APPROACH



Make Vaccination Visible

Leverage social influence and pressure.

EXPLORE THIS APPROACH



Mandates

Create downsides to staying unvaccinated.

EXPLORE THIS APPROACH



Peer Referrals

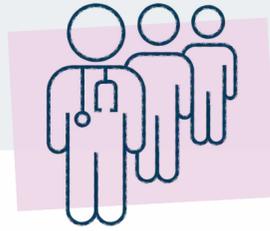
Leverage personal outreach and social accountability.

EXPLORE THIS APPROACH

SPOTLIGHT ON...

BEHAVIORAL INSIGHTS →

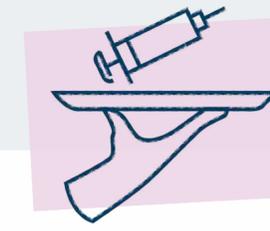
DESIGN MENU →



PRIORITY ACCESS

As critical as frontline workers are during a pandemic, the health community holds broad consensus that health workers should receive priority access to vaccines during early periods of a pandemic when rationing may be required. Allowing priority access to vaccines and boosters also signals to health workers that their role is valued.

MORE WAYS TO
MAKE IT EASY



CONVENIENT ACCESS

Convenience means making efforts to remove hassles and facilitate access for health workers, which could include bringing vaccines to their workplaces so they can access vaccination easily and flexibly according to their working hours and workload, and allowing for time off work in case of side effects. This could also include defaulting health workers into vaccination appointments in a convenient location to remove the hassle of having to schedule for themselves.

MORE WAYS TO
MAKE IT EASY



Priority and convenient access in Togo

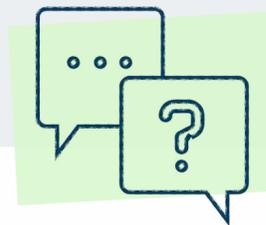
The Government of Togo reached a vaccination rate over 90% among health workers during their initial campaign by both including health professionals among the priority groups to get vaccinated and bringing the vaccine close by setting up a vaccination center in each health facility. This allowed health workers to get vaccinated without needing to take time off from work or to travel.

These efforts to make it easy were paired with timely and trusted information from the Ministry of Health during the introduction to the vaccine, and a flexible health system that was able to manage the logistics and personnel to provide the vaccine coverage that made it easier for health workers to get vaccinated.

SPOTLIGHT ON..

BEHAVIORAL INSIGHTS →

DESIGN MENU →



DIALOGUE-BASED INTERVENTIONS

Through facilitated formal discussions among their peers and with other respected health experts, health workers can raise and discuss persistent concerns about the COVID-19 vaccine, address gaps in their knowledge to build confidence about the vaccine's safety and efficacy, and feel that their important role is respected by health authorities. Taking a participatory approach to planning vaccine campaigns by involving health workers in such dialogues can also create trust and motivation for taking the vaccine themselves and promoting them among peers and the community.

- Dialogues can be held at different administrative levels and reach different groups of health workers, such as those who are engaged in immunizations, especially influential in their facilities, or particularly vaccine hesitant.
- Prominent vaccine concerns should be considered and incorporated into the group discussion, and the facilitator should be trusted and respected locally.
- This approach is most effective when paired with an immediate and easy opportunity to get vaccinated after the discussion.

MORE WAYS TO BUILD
KNOWLEDGE AND SKILLS

MORE WAYS TO BUILD
TRUST AND CONFIDENCE

Focus group discussions in Cameroon

Health workers participate in a one-hour discussion to understand their hesitancy, answer their questions, and build their knowledge related to COVID-19 vaccines. The health region's Expanded Program on Immunization team facilitates the focus group discussion, which is held at the health workers' facility. Following the discussion, the health workers receive an opportunity to get vaccinated to translate decisions into action. The focus groups provide space to engage in discussion related to the underlying reasons for health workers' low vaccine acceptance and involvement with vaccination efforts as well as provide tailored information to health workers in response to their questions.

Special health worker forum in Côte d'Ivoire

A one-day forum facilitated by respected experts prompts health workers to reflect on their and others' concerns related to the COVID-19 vaccine. It also provides reliable and tailored clinical information to resolve questions and encourages the workers to engage with others around the vaccine with confidence. The forum features pre-recorded health worker testimonials related to COVID-19 risks and vaccine benefits. Selected health workers receive a personalized invitation from the local authority, leveraging their professional identity and exclusivity to encourage participation. See the design guide for more details and considerations for this approach developed by Breakthrough ACTION.

SPOTLIGHT ON...

BEHAVIORAL INSIGHTS →

DESIGN MENU →



INCENTIVES

Motivate health workers to get vaccinated sooner rather than later by creating incentives for them to follow through. [Research](#) finds choice of incentive is critical to make sure it is appropriate for the setting and most likely to have the intended effects.

- Incentives are only useful when introducing a small benefit would be enough to tip the scale from inaction to vaccination. They may not be appropriate in settings where other significant barriers remain, such as deep-rooted concerns or distrust about the vaccine or significant inconveniences and hassles in accessing it.
- Incentives should be valued enough to act as a nudge to vaccinate now, but not so valuable that they are coercive, undermine other motivations to get vaccinated, or increase distrust in the vaccine and authorities.
- Incentives will be received most favorably when their receipt is certain, they are delivered immediately, and they are available to all who are eligible, rather than to a select few, which could create perceptions of bias in their distribution.

MORE WAYS TO
PROMPT ACTION



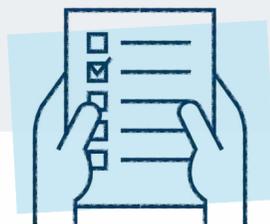
Illustrative examples

- Group incentives (e.g., rewards or recognition) for health facilities that achieve target vaccination rates among their staff can leverage social influence and competition to motivate action.
- Wearable items (e.g., pins, lanyards, or wristbands) that are distributed upon vaccination to make vaccinated individuals more visible to others can also serve as an incentive to get vaccinated if health workers desire the items (or the visible proof of vaccination).

SPOTLIGHT ON..

BEHAVIORAL INSIGHTS →

DESIGN MENU →

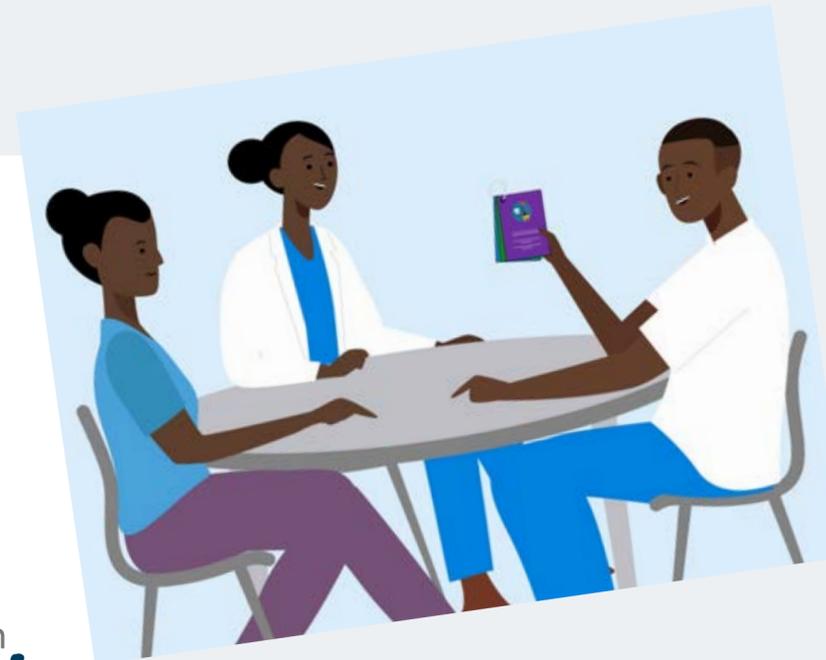


LEARNING AIDS

An easy-to-understand, reliable source of information from health authorities can help to alleviate health workers' personal concerns related to the vaccine and build confidence in their own knowledge. Aids can also help to facilitate information sharing by providing health workers with language and techniques to better engage in discussion related to the vaccine with others. Break down complex vaccine information into simple and interactive formats to alleviate the cognitive efforts of seeking out information needed to make decisions or encourage others.

- A learning aid could take the form of a simple reference sheet with FAQs, a visual flipchart to facilitate conversations with clients, a visible poster with talking points, or a notebook one can reference more discretely as needed.
- Consider ways to drive engagement with the tools and to keep content updated.
- Improve COVID-19 vaccine knowledge in an engaging way by prompting health workers to reflect on their own understanding of relevant subjects and simulate how they would respond to common questions or situations related to the vaccine.
- Consider incorporating new content or modules into existing e-learning platforms or reference materials as appropriate.

**MORE WAYS TO BUILD
KNOWLEDGE AND SKILL**



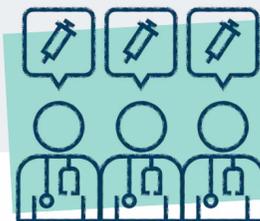
Vaccine awareness cards in Nigeria

A set of quiz cards were developed to reflect frequently asked questions related to COVID-19 vaccines. The cards pose a likely question or situation and ask health workers to simulate how they would respond or react. The reverse side of the card offers a suggested response. Cards are color-coded by theme and provide fact-checked information that health workers can review on their own to test their knowledge of vaccine-related subjects, or practice together in a group. Cards are visually attractive to draw interest and kept in a visible location where health workers often meet, for easy access to review and prompt discussion. See the [design guide](#) for more details and considerations for this approach developed by Breakthrough ACTION.

SPOTLIGHT ON...

BEHAVIORAL INSIGHTS →

DESIGN MENU →



MAKE VACCINATION VISIBLE

Raising the visibility of peers who are vaccinated can help to prompt conversations about their reasons for and experience doing so and create opportunities to encourage others. Making it easy to spot vaccinated peers can also elevate perceptions of how common vaccination is among peers and motivate health workers who are otherwise ambivalent about the vaccine but are sensitive to being seen as different.

- This approach is most likely to be effective in settings where health workers are open to disclose their vaccination status with others and where a significant number may have already gotten vaccinated.
- Consider pairing this approach with other solutions to build trust and dialogue-based interventions to engage in discussion and resolve concerns.

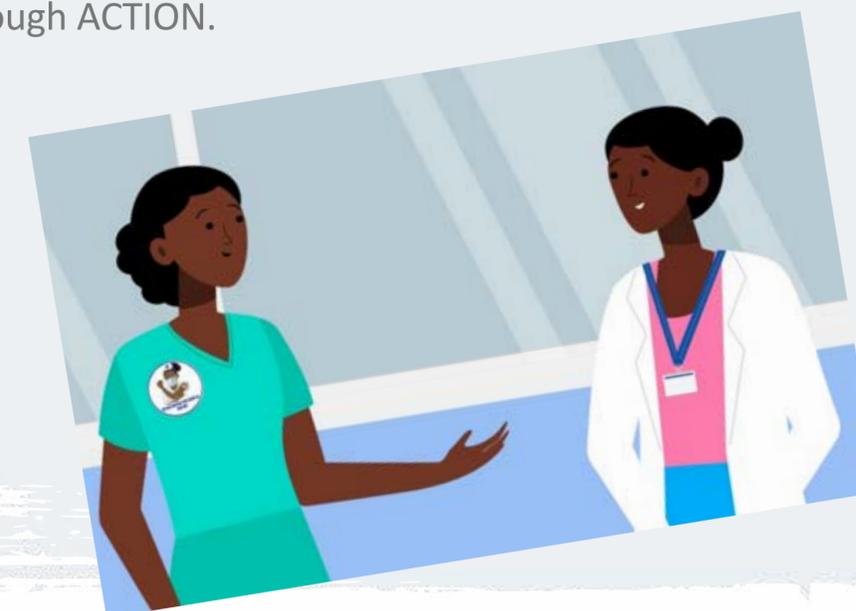
MORE WAYS TO
PROMPT ACTION

Vaccine visibility poster in Cameroon

Vaccinated health workers can put a sign (e.g., signature, initials, small note) on a poster that is highly visible for others working in or visiting the health facility. The poster shows how many others are getting vaccinated and prompts health workers to reflect on their status and encourages them to follow the norm and get vaccinated as well.

Visibility pins in Liberia

Pins with a motivating image and message were distributed to health workers who had been vaccinated for COVID-19 to wear at work. Health workers chose the pin from among various options as an item they were able and willing to wear during work and that could be seen by peers. See the [design guide](#) for more details and considerations for this approach developed by Breakthrough ACTION.





MANDATES

From the beginning of the COVID-19 pandemic, countries have been implementing mandates to regulate people's movement and manage barrier measures. Mandates requiring vaccination create disincentives for staying unvaccinated, thereby providing sufficient motivation and urgency for health workers to get their vaccine.

- Such policy decisions can be issued at the district, regional or national level, but require rigorous follow up for implementation and enforcement. Ensure individuals are able to effectively prove their vaccination status when needed, e.g., official vaccine cards or certificates should be available and distributed at all vaccination sites.
- Mandates may be most effective in settings where health workers are more likely to follow instructions and levels of trust in the government are high. Where trust is low, mandates may backfire by reinforcing negative views about the vaccine and its connection with authorities, and there is a risk individuals may leave the workforce.

[MORE WAYS TO PROMPT ACTION](#)



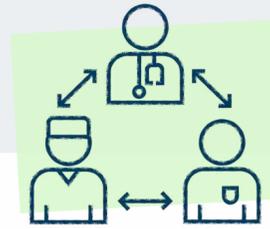
Illustrative examples

Mandates can include vaccine requirements for travel, such as to cross borders or take public transportation; requirements to enter specific places or participate in certain activities, such as restaurants, sporting events, and public buildings; or mandates that can effectively bar health workers from doing their job, such as to be able to work in a public facility or participate in professional activities.

SPOTLIGHT ON...

BEHAVIORAL INSIGHTS →

DESIGN MENU →



PEER-LEARNING EXCHANGES

Health workers often turn to their peers for up-to-date information and advice. Informal peer exchanges within facilities can create a safe environment for health workers to openly share their concerns related to vaccines, reasons for and experiences getting vaccinated, and tips or strategies for counseling clients on similar concerns. Empowering health workers to support each other can boost confidence and motivation.

- New or existing networks and meetings can be leveraged for health workers to ask peers questions, get responses, and hear vaccine experiences they can relate to.
- Consider leveraging virtual networks and forums that link health workers within a facility, region, or role. Ensure that a moderator effectively monitors virtual forums and addresses any concerns or misinformation.

MORE WAYS TO BUILD
KNOWLEDGE AND SKILL

MORE WAYS TO BUILD
TRUST AND CONFIDENCE

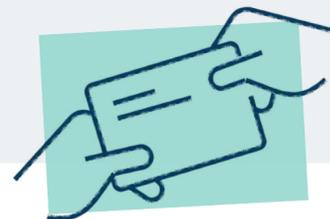
Peer-to-peer channel

A peer-to-peer channel co-designed in Nepal allows health workers to ask each other questions about vaccine hesitancy and counseling in a safe space. Each week, one health worker can be nominated to share a short video or voice note about a particular strategy that has worked for them to help address client concerns. This can be integrated into an existing regular meeting or discussion at health facilities.

SPOTLIGHT ON..

BEHAVIORAL INSIGHTS →

DESIGN MENU →



PEER REFERRAL

A referral system leverages peer networks by prompting vaccinated health workers to appeal to their unvaccinated colleagues, share their own vaccination decision and experiences to make the benefits more salient, and be a reliable source to counter misinformation. They encourage recipients to perceive that a peer cares about them and feel a sense of commitment to follow through on the vaccination request.

- Referrals can be made using physical cards or through digital channels and should be paired with easy directions on how to get vaccinated at a fixed site or at an upcoming mobile clinic to reduce hassles.
- Referrals are most appropriate for settings in which health workers are comfortable disclosing their vaccination status and would be motivated to refer others without formal incentives.

MORE WAYS TO BUILD
TRUST AND CONFIDENCE

MORE WAYS TO
PROMPT ACTION



Peer referral cards in Nigeria

Upon getting vaccinated, health workers receive several referral cards to distribute to unvaccinated peers. The cards prompt health workers to share their reasons for getting vaccinated and why they think their colleagues should do the same. See the [design guide](#) for more details and considerations for this approach and examples of peer referral cards developed by Breakthrough ACTION.

SPOTLIGHT ON...

BEHAVIORAL INSIGHTS →

DESIGN MENU →



REMINDERS

With so many responsibilities, health workers may understandably forget or delay vaccination. Simple cues can help them reflect on their vaccination decision, make a plan, and remember to follow through on next steps, such as a second dose or booster.

- Reminders can be targeted towards individuals or groups and can leverage various communication channels.
- Reminders are not a substitute for convenient access or other efforts to generate demand but can complement those approaches.

MORE WAYS TO
MAKE IT EASY

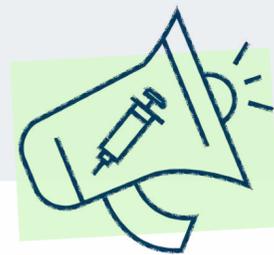
Illustrative examples

- Text messages can be sent to health workers who are due to receive a dose with details of where and when they can get the vaccine.
- Health workers receiving an initial dose could be provided the option to receive reminders ahead of their next vaccination date when there is a reliable supply available.
- Messages could also be centrally programmed in the case of first doses or when shifting vaccine availability and guidance on dose timing means that vaccination dates may not be known in advance.

SPOTLIGHT ON..

BEHAVIORAL INSIGHTS →

DESIGN MENU →



TESTIMONIALS

First-person narratives can influence health worker attitudes and decision-making by providing a model they can identify with. Importantly, health workers must perceive the speaker to be similar to them, such as through shared background or experiences. For example, hearing from another health worker who overcame similar initial concerns or hesitancy to successfully get vaccinated and why they did so can be a powerful influence on willingness to take the vaccine.

- Testimonial content should reflect the concerns most commonly expressed by health workers and messengers should be someone health workers can relate to, based on their experience, background, identity, or profession.
- Testimonials can be recorded and disseminated through various channels likely to reach health workers, or incorporated into other complementary approaches (e.g., dialogue-based interventions, vaccine ambassadors, and peer referrals).

MORE WAYS TO BUILD
TRUST AND CONFIDENCE



Health worker testimonial in Ghana

Video testimonials were developed in collaboration between the Expanded Program on Immunization and Breakthrough ACTION to counter vaccine misinformation among different social networks in the community, including rumors about the efficacy and safety of the vaccines, and to address fear of vaccine side effects. A video featuring a satisfied health worker expressing her reasons for getting vaccinated was disseminated on national TV and official social media channels.



VACCINE AMBASSADORS

Health workers may wait for confirmation that others have a successful vaccine experience before deciding to get their own shots. Ambassadors are trusted, known, and respected health and community leaders who in a formal or informal capacity can demonstrate their confidence in the vaccine by making their vaccinated status public. Ambassadors should be trusted among their peers and community and be motivated to share their vaccine experience with others.

- Ambassadors can include role models known in the health sector (e.g., Minister of Health, Health Regional Director, health influencer, facility officer in charge) who will get vaccinated—often publicly—and share their experience with local media, on social media, and within health worker membership groups. Role models should be visible and influential peers or leaders and their motivation should not be suspect.
- Consider pairing this approach with other ways to raise visibility, or formalizing a more active outreach role: upon completion of a skills building session and receiving the vaccine, health workers can be certified as "vaccine ambassadors" to perform outreach and more actively advocate for the vaccine in their health facility and community.

**MORE WAYS TO BUILD
TRUST AND CONFIDENCE**

Ambassadors in Côte d'Ivoire

Health workers were trained as ambassadors during a professional vaccine forum, received a certificate endorsed by the local health authority and a resource on talking points for discussing the vaccine, and returned to their workplace and community to actively encourage others to get the vaccine. Ambassadors can reply to frequently asked questions and concerns related to the vaccine and engage in discussions to counteract misinformation.

Health workers deserve

to feel confident in the vaccine's safety and relevance, and supported to access to the COVID-19 vaccine.

For more information about these insights and approaches for COVID-19 vaccine uptake, contact the ideas42 Global Health Team at gh@ideas42.org or visit <https://breakthroughactionandresearch.org/>



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