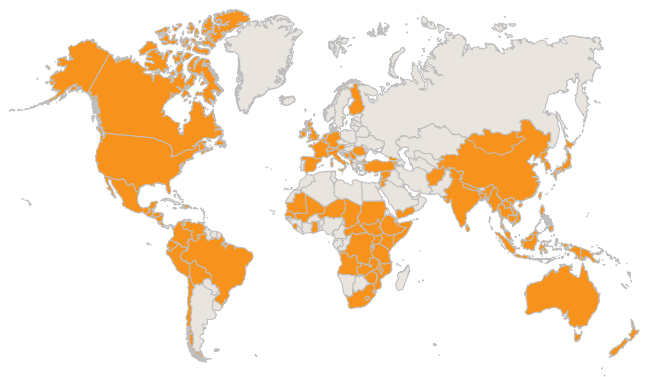


World Vision's COVID-19 Vaccine Response

World Vision is responding to the devastating impact of COVID-19 in **more than 70 countries**.

We have reached **54.3M+ total people**, including **24.2M+ children**, as part of our strategic objectives to limit the spread of COVID-19, strengthen health systems, support affected children, and collaborate and advocate for vulnerable children through health and nutrition, economic livelihood, child protection, and education interventions.

So far we have:



28.9M+

People received messages about preventing COVID-19 infection



1.4M+

Children reached with targeted, age-specific health education



136K+

Community health workers trained and supported



10K+

People transported so their health care needs could be met



113K+

Faith leaders equipped to work with communities to prevent infection



14M+

Community members provided with masks, gloves, and other items to help prevent infection



416K+

Medical personnel provided with personal protective equipment (PPE)

(data from January through September 2020)

World Vision's strategic intent

To use our global reach and grassroots connections to encourage vaccine acceptance and uptake by the world's most vulnerable communities to save lives, protect livelihoods, and safeguard families and children from impoverishment and violence.

Our value proposition



Global reach

We are already partnering with massive networks of people to combat the spread and impact of COVID-19. **Our networks include 300K faith leaders, 181K community health workers, government and private sector partners as well as our own humanitarian and development experts in remote, hard-to-reach, and difficult contexts around the world.**



Strengthen health systems

World Vision's principal role in the COVID-19 vaccine supply chain is to help prepare communities for vaccine uptake. This means ensuring that communities are accurately informed on the nature and purpose of each COVID-19 vaccine, that leaders and champions are equipped to support their constituencies, that public health decision makers understand vaccine acceptance barriers and the science of reducing vaccine hesitancy. We will also ensure planning processes include citizens and are accountable to them, that allocation strategies are equitable, and that front-line health workers are supported to provide vaccine services with quality. World Vision's work will build on our existing COVID-19 response in more than 70 countries.

Critical technical expertise



Advocacy

Globally, we participate in COVAX¹ in an advisory role, providing guidance on community engagement and participate in a working group on demand-side preparedness.

Our Citizen Voice and Action (CVA) – an evidence-based, social accountability model – equips communities to hold their governments accountable for improvements to basic services. It has successfully been used in 700 programmes in 48 countries and strengthened relationships and direct accountability between citizens, policymakers, and service providers. It can be employed to address vaccine availability within countries and ensure that the impoverished, vulnerable, marginalised, and other typically overlooked communities are included in its distribution.



Collaboration

World Vision is a top performing, A-rated partner of The Global Fund.² We have implemented 150 grants worth US\$691M in an effort to eliminate HIV and AIDS, tuberculosis, and malaria as epidemics. Remarkable gains in these programmes demonstrate World Vision's ability to boost care seeking and case finding, skills which can be leveraged in this and other pandemics.



Partnership

World Vision works with faith leaders using Channels of Hope, a persuasive behaviour change communication approach that conveys accurate health messages in ways that connect with faith communities. We have developed a COVID-19 specific module which directly addresses some of the toughest questions and barriers to vaccination from a faith perspective, providing factual information about the vaccine, and a theological exploration of faith doctrines supporting vaccination.



Technology

World Vision is using mobile phones to enable health workers, in even the most remote areas, to access vital voice message trainings on COVID-19.³ And during the Ebola outbreak, World Vision partnered with ministries of health and other experts in several African countries to design a mobile gap analysis tool to help to assess whether communities were ready for vaccine deployment. This tool can be repurposed for COVID-19, allowing users to provide real-time feedback online on communities' readiness for, or compliance with, vaccination campaign efforts. We also developed mobile technology to track vaccinees and encourage booster vaccination adherence that could prove helpful with COVID-19 vaccination campaigns.



Health care

World Vision uses our community health committee model to build the capacity and empower local communities to coordinate activities leading to: (1) increased community capacity, (2) improved health policy and service environment, and (3) support of community health worker programmes, which, taken together, lead to strengthened community health systems and positive health outcomes. They are an excellent entry point to communities for prioritised health information sharing on COVID-19 and dissemination, as well as providing a formal bridge between communities and health service providers.

World Vision currently supports 181,000 community health workers in 46 countries. A June 2020 survey found that 98% of these health workers continued to provide services, despite 73% being in countries with movement restrictions. More than 80% could be reached by mobile phone, and more than two-thirds had been trained in COVID-19 at the time of the survey. Community health workers are the point of the spear of many primary health-care services in low resource settings and provide broad family counselling, referrals, and treatment services. Within World Vision's timed and targeted counselling curriculum for community health workers, childhood immunisation receives strong coverage, and immunisation uptake is monitored.



Rapid assessment

World Vision uses Barrier Analysis, a rapid assessment tool, developed by one of our public health experts, in community health and other development projects to identify behavioural determinants⁴ associated with particular conduct. This tool has been used in past disease outbreaks⁵ as a way to better identify important barriers and enablers of preventative behaviours so that more effective behaviour change communication messages, strategies, and supporting activities can be developed. World Vision is currently using this tool to explore determinants of mask use and COVID-19 vaccine acceptance in several countries.

COVID-19



Even as COVID-19 vaccines are being rolled out, other prevention methods (e.g. wearing a mask, hand washing, etc.) will need to be widely promoted for the foreseeable future, especially given the high levels of vaccine hesitancy in some countries. World Vision has developed risk communication and community engagement guidance, in alignment with World Health Organization guidance, intended for training community health workers and volunteers, World Vision health staff, and other frontline workers on COVID-19 transmission, prevention, symptoms, treatment, home-based care, child protection considerations, and mental health.

Deep experience delivering health solutions



Based on our experience responding to other crises, we know that incorporating vaccinations into our armoury of public health responses, accompanied by community mobilisation and effective communications, enables individuals to be protected and communities to contain outbreaks.

HIV and AIDS

In 2000, World Vision launched the 'Hope Initiative' to respond to the HIV and AIDS crisis. By using the same technical models we are using to combat COVID-19 (i.e. Channels of Hope, collaborative government partnerships, health care support), we successfully:

- worked with clergy and lay leaders to implement solutions that affect people living with or affected by HIV and AIDS (e.g. combating gender violence, protecting children, and reducing stigma)
- trained community health workers to maintain relationships and provide palliative care
- partnered with governments to influence health-care policy and schools to promote awareness
- identified and screened people living with HIV for tuberculosis so they could start on prevention regimes and helped them to enrol in antiretroviral drug programmes
- trained children and young people on how to avoid risky behaviour and prevent the spread of HIV
- improved service delivery to HIV-affected populations and supported HIV health-care providers
- organised community groups for HIV prevention and care.

EBOLA

World Vision was chosen to be a part of a US\$40M initiative to bring an Ebola vaccine solution to West Africa as a member of the Ebola Vaccine Deployment, Acceptance, and Compliance (EBODAC)² consortium, that worked in four countries to develop strategies and tools to promote the acceptance and uptake of new Ebola vaccines, so the right persons would receive the right vaccine at the right time.

EBODAC used community engagement, enabling technologies, such as iris scanning and phone messaging, as well as clear communication methods to build trust and address misconceptions surrounding the vaccine in the community. EBODAC also built local knowledge and capacity and strengthened health systems by working with ministries of health and community health workers by providing training and preparedness activities for the potential future deployment of a licensed vaccine.

ZIKA

Drawing on its successes and lessons learnt from the fight against Ebola, World Vision launched a response to the Zika outbreak in five countries in 2016, working with local community and faith leaders to provide 1.9 million beneficiaries accurate prevention and protection messages and dispel misinformation and rumours, provide health services and protection kits and enhance surveillance and monitoring.

POLIO

The CORE Group Polio Project (CGPP)⁸ has contributed to polio eradication by successfully engaging civil society, particularly the non-governmental organisation (NGO) community. This engagement, which World Vision has directed since 1999, has contributed to improvements in routine immunisation programmes, polio campaign quality,² and surveillance for acute flaccid paralysis in many challenging geographic areas. To achieve this, the CGPP has collaborated closely and supported polio eradication partners to focus on high-risk areas with marginalised or hard-to-reach populations where health systems and immunisation programmes have also been weak.¹⁰

CGPP Secretariat's model for coordinating vaccination stakeholders has also been proven to be highly effective. CGPP also pioneered effective development of community-level champions to counter vaccine misconceptions. Many of the innovations and approaches that the CGPP helped to develop are now being replicated by governments and international agencies to tackle other public health priorities, such as COVID-19, in underserved and marginalised communities around the world.

Strengths



70 years of programming experience

- 15 million children per year reached per year through World Vision's health and nutrition programmes (US\$288 million total spending from October 2019 to September 2020)
- US\$7 billion committed to our 'Every Woman, Every Child' for the period 2019–2030
- 8.6 million people, including 5 million children, were fed through food programmes in 29 countries
- 3.4 million people received access to an improved water source at a community level
- 2.6 million people gained access to household sanitation
- 136,000+ acutely malnourished children treated, 90% of whom made a full recovery
- 48,500 pregnant and breastfeeding mothers treated by local health-care staff and volunteers, improving their health and that of their babies

World Vision procures and distributes between US\$1–5 million per year in essential medicines (not including vaccines),¹¹ meaning World Vision field offices are well acquainted with essential medicine importation, warehousing, and distribution.

90+ countries

- 1,600 area programmes and humanitarian responses
- 50,000 staff and volunteers (37,000 are employees)
- had an impact on 200 million vulnerable children's lives
- 152,000 community health workers supported across 46 countries
- 25 million children (including sponsored and non-sponsored children) supported on their journeys to overcome the root causes of poverty and injustice
- 20 million people, including 13 million children, were helped through 76 global emergency responses.
- 36 million children served with US\$670 million in cash grants alone
- US\$2.9 billion raised in 2019
- Every 60 seconds, a family gains access to clean water

(data as of 2019 report)



Partnering expertise

20,000+ partners in nearly 100 countries

US\$46.3M emergency funds provided to local partners

World Vision is:

- one of the most engaged members of the Steering Committee for Humanitarian Response (SCHR)¹²
- co-lead of the global Collaborative Cash Delivery (CCD) Network of 15 global NGOs engaged in localising cash programming¹³

- actively engaged in strategic conversations about the COVID-19 response within three key global NGO consortia, of which it is a member, SCHR, InterAction,¹⁴ and International Council of Voluntary Agencies (ICVA)¹⁵
- "World Vision is a great partner . . . we have a lot to do, we are going to do it together!" David Beasley, World Food Programme Executive Director

¹ COVAX is an initiative to support the research, development, and manufacturing of COVID-19 vaccine candidates and negotiate their pricing to ensure that people in all corners of the world, regardless of income, will have equal access to the COVID-19 vaccines, that are approved as safe and effective, when they become available.

Berkley, S. (2020) "COVAX explained," Gavi, The Vaccine Alliance. Accessed 23/11/2020. Available from: <https://www.gavi.org/vaccineswork/covax-explained>.

² <https://www.theglobalfund.org/>

³ World Vision accomplishes this via the mobile online training (MOTS) platform, which aims to strengthen the instruction provided to community health workers and make training more effective and accessible, even to those with limited literacy, by providing interactive modules with training on vaccines and emergency response practices to community health workers via an interactive voice response system that delivers audio files in local languages to remote workers' mobile phones. They can listen to the training materials on their own time, giving them greater flexibility with their learning while reducing the cost and infection risk (compared to in-person training sessions).

⁴ It focuses on eight determinants: perceived susceptibility, perceived severity, perceived action efficacy, perceived social acceptability, perceived self-efficacy, cues for action, perception of divine will, and positive and negative attributes of the action (i.e. the behaviour).

⁵ Barrier Analysis has been used in Ebola, Zika, and Polio outbreaks. See: Davis T. and Srinivasan A. (Eds.) (2016) Ebola Barrier Analysis compendium: Summary of Barrier Analysis studies on Ebola-related behaviors. Curamericas Global [Online]. Available from: <https://www.fsnnetwork.org/resource/ebola-barrier-analysis-compedium-summary-barrier-analysis-studies-ebola-related-behaviors> [Accessed 29 November 2020].

Choudhary, M., Solomon, R., Awale, J., et al. (2018) Demand-side determinants of timely vaccination of oral polio vaccine in social mobilization network areas of CORE Group polio project in Uttar Pradesh, India. BMC Infectious Diseases 18 (222). Available from: <https://doi.org/10.1186/s12879-018-3129-2> [Accessed 29 November 2020].

⁶ including other World Vision and partner staff

⁷ EBODAC was funded by the European Union. Other consortium partners included Janssen Pharmaceuticals, London School of Hygiene and Tropical Medicine, and Grameen Foundation.

⁸ "CGPP is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen host country efforts to eradicate polio." <https://coregroup.org/our-work/programs/core-group-polio-project/>

⁹ Choudhary (2018).

¹⁰ The Global Polio Eradication Initiative is a public-private partnership led by national governments with six core partners – the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance. Its goal is to eradicate polio worldwide. <https://polioeradication.org/>

¹¹ This procurement is guided by strong internal policy and standard operating procedures.

¹² <https://www.schr.info/about>

¹³ <https://www.collaborativecash.org/>

¹⁴ <https://www.interaction.org/>

¹⁵ <https://www.icvanetwork.org/>

World Vision, together with our partner, Lorinet Foundation, have distributed food and health packages to 1,000 vulnerable households in districts across Mongolia to help to protect them from the adverse impacts of the COVID-19 pandemic.

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