Private Sector COVID-19 Engagement: Cataloguing Activities Around Vaccine Acceptance and Uptake

March 2022
INTENT OF THIS REVIEW

1. What is the purpose of this document?

The purpose of this review is to provide visibility into a cross-section of global activities and approaches to private sector and nontraditional stakeholder engagement in driving acceptance and uptake of the COVID-19 vaccine.

Additionally, the document is intended to inspire innovation in building creative and effective partnerships that drive COVID-19 vaccine acceptance and uptake.

Finally, the document is intended to spark greater discussion, strategy, and investment into the role of nontraditional stakeholders in the national and subnational immunization ecosystem.

2. Who is the intended audience?

- Immunization Program Managers seeking novel strategies and partnerships to drive COVID-19 acceptance and uptake.
- Private Sector Stakeholders with an interest in constructively supporting COVID-19 acceptance and uptake activities.
- International agencies and implementing organizations seeking to catalyze partnerships between the private and public sectors in routine immunization and COVID-19 response.

3. What are the limitations of this report, and how could the work be carried forward?

A few limitations of this Findings Report should be noted:
- This document is a rapid cross-sectional assessment and not a comprehensive review.
- Data were collected from November 2021-February 2022, omitting potential recent activities and models.
- Output data from the cited activities are extremely limited and difficult to quantify.

Suggestions for follow-on work include:
- Develop adaptations and approaches for specific regions or industries.
- Create a platform that provides visibility and linkages between private sector actors and immunization program managers.
- Deepen delineation of drivers between multinational firms and small to medium sized enterprises.
CONTENTS

01 Setting the Scene

02 Methodology

03 Private Sector Engagement Analysis
   Enhancing the Enabling Environment
   Shaping Social and Community Dynamics
   Influencing Individual Motivation

04 Putting It in Practice
   Insights
   Vaccine Personas

05 Strategic Recommendations

Source: Accenture
EXECUTIVE SUMMARY

This Findings Report includes an overview of the MOMENTUM Routine Immunization Transformation and Equity project’s global mapping of private sector interventions supporting COVID-19 efforts, detailed profiles of each intervention level and type, and recommendations aligned to persona profiles and considerations for next steps.
Setting the Scene

What is happening?
Why now?
Why is this important?

Source: John Snow India Pvt. Ltd.
The private sector has been central to every breakthrough during this pandemic. But the private sector has not achieved this alone. **Collaboration between countries, communities, public and private sectors is key.**

António Guterres
United Nations Secretary-general

Source: Kate Holt/MCSP
What is happening?
As the COVID-19 pandemic evolves around the world, the public and private sectors have played instrumental roles in driving vaccine development, delivery, and uptake. The public sector rapidly mobilized and created infrastructure and incentives to ensure a successful “whole of society” response, while the private sector’s contributions have ranged from research and development to communications amplification and distribution to rapid response to new policy measures. While each sector has reached significant achievements, it is the collective interventions, collaborative efforts, and cross sector partnerships that have been the mainstay in combatting COVID-19.

What is next?
As the production and supply of COVID-19 vaccines begin to stabilize around the world, the focus now shifts to increasing vaccine acceptance and uptake, especially among priority communities. Innovative strategies and solutions are needed to reach these communities, including engaging and leveraging the assets of the private sector. Cross sector partnerships have the potential to amplify interventions, incentivize vaccine uptake, and reduce entrenched barriers to access.
SCOPE OF THIS REVIEW
This global scan was conducted to summarize global private sector support for COVID-19 vaccine acceptance and uptake and to distill learnings and considerations for private sector engagement.

WHAT?
This report includes a global scan of private sector engagement activities supporting COVID-19 vaccine acceptance and uptake. It also includes an overview of behavioral personas and motivations around COVID-19 acceptance and uptake, and some considerations for designing and launching such engagements.

This scan was not intended to be a comprehensive catalog of all private sector activity, nor does it evaluate the effectiveness of various approaches.

WHO?
This report is primarily focused on the private sector—multinational and small & medium for-profit, commercial enterprises. Some instances include non-profit entities that take for-profit approaches, consistent with the definition of the private sector provided in USAID’s Private Sector Engagement Policy. Private health providers were omitted from the global review.

WHEN?
This report represents a cross-section of applications captured from November 2021 to March 2022, and focused largely on driving demand and uptake once supply of vaccines stabilized, when governments were focused on getting vaccines from “tarmac into arms.”
Methodology

How did we conduct this research?
APPRAOCH OF THIS FINDINGS REPORT

The research approach to this report included a combination of secondary research, interviews, and validation and synthesis with stakeholders.

- **Secondary Research**
  - Examine white and gray literature, existing research, and white papers on COVID-19 private sector support.

- **Interviews**
  - Conduct interviews and discussions with experts and in-country partners.

- **Development**
  - Create taxonomy and categorization framework.

- **Validation**
  - Iterate and validate with internal team and in-country partners.

- **Synthesis**
  - Incorporate inputs and suggestions in final report.

*14 interviews were conducted from eight counties on five continents via purposive sampling to ensure a diversity of stakeholders.*
Private Sector Engagement Analysis

How has the private sector mobilized to address COVID-19 vaccine acceptance and uptake?

Source: MOMENTUM Routine Immunization Transformation and Equity/DRC
COVID-19 VACCINATION CHALLENGES & PRIVATE SECTOR RESPONSES

The primary barriers and private sector responses to COVID-19 vaccine acceptance and uptake.

**Challenges**

- **SUPPLY CHAIN** - Obtaining the proper equipment, storage capacity, and understanding of varied vaccine requirements to transport vaccines to vaccination sites.
- **HEALTH WORKER CAPACITY** - Addressing health worker retention, performance, training, and burnout with incentives, timely payment, and additional education.
- **VACCINE ACCESS** - Securing reliable and cost-effective transportation to and from vaccination sites and obtaining access to convenient vaccination sites.
- **VACCINE INFORMATION** - Combatting misinformation by providing the public with accurate information about vaccine safety, efficacy, and side effects.
- **VACCINE DEMAND** - Using incentives and other motivators to encourage individuals to receive the vaccine.
- **FUNDING** - Providing financial support and other resources to launch and sustain vaccination initiatives.

**Potential Private Sector Responses**

- **FINANCIAL INCENTIVES** - Direct cash payouts to individuals who receive the COVID-19 vaccine.
- **FUNDING** - Subsidizing operations directly related to COVID-19 vaccine rollout.
- **NON-FINANCIAL INCENTIVES** - Non-monetary gifts and experiences offered to individuals who receive the vaccine.
- **PRODUCT/SERVICE DONATIONS** - Non-monetary help, assistance, and support to individuals who receive the vaccine.
- **TECHNICAL EXPERTISE** - Sharing or transferring specialized knowledge, skills, capabilities, and infrastructure related to vaccine rollout.
- **COMMUNICATIONS** - Marketing, advertising, and advocacy efforts to encourage individuals to receive the vaccine or to change perceptions of the vaccine.
- **NEGATIVE INCENTIVES** - Disincentives for individuals who have not yet received the vaccine.
COVID-19 VACCINATION PRIVATE SECTOR ENGAGEMENT SUPPORT

Globally, private sector actors have engaged directly and partnered with governments to address obstacles to COVID-19 vaccination and drive uptake.

**Global COVID Corps | USA**
A time-bound, pro-bono coalition of leading private sector companies coordinating with the U.S. government and multilateral agencies to leverage private sector capabilities and capacity to achieve COVID-19 vaccine targets.

**Village Marketing | USA**
Village Marketing teamed up with the White House to participate in a campaign to use local influencers on social media to encourage vaccinations.

**Bolt | United Kingdom**
Bolt, a ridesharing company, offered free rides to vaccination sites.

**Tony Moscow Shopping Mall | Russia**
Free ice cream for those receiving the Sputnik vaccine.

**Village Marketing | USA**
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**Tony Moscow Shopping Mall | Russia**
Free ice cream for those receiving the Sputnik vaccine.

**Shoprite | South Africa**
R100 vouchers for vaccinated individuals over 60.

**MTN | South Africa**
MTN created a campaign focused on raising awareness and the importance of wearing masks.

**Refrigeration Enterprises | Nigeria**
Donating commercial refrigerators to government for vaccine storage.

**Goldsmiths | India**
Women offered gold nose pins and men offered hand blenders for receiving their vaccine shots.

**IKEA | Israel**
IKEA hosted vaccination sites at stores to offer shoppers a convenient location to receive their vaccine.

**Samsung | Vietnam**
Financial contributions to a new COVID-19 vaccine fund.

**Grab | Indonesia**
Working with governments to provide last-mile distribution, transportation, and info on app.

**Bran Castle | Romania**
Hosting vaccination site for visitors and providing free entry to exhibits.

**Goldsmiths | India**
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GLOBAL RESEARCH OVERVIEW

MOMENTUM Routine Immunization Transformation and Equity reviewed and catalogued over 100 discrete private sector engagements and campaigns to drive vaccine uptake.

### Where are these efforts implemented?

- **North America**: 39%
- **South & Southeast Asia**: 16%
- **East Asia & Pacific**: 11%
- **Middle East & North Africa**: 2%
- **Latin America & Caribbean**: 4%
- **Sub-Saharan Africa**: 8%
- **Eastern Europe**: 9%
- **Western Europe**: 11%

### Who supports the efforts?

- **Retail**: 18%
- **Government**: 18%
- **Food & Beverage**: 16%
- **Transport**: 15%
- **Entertain**: 10%
- **Financial Services**: 5%
- **Tech & Social Media**: 4%
- **Telecoms**: 2%
- **Retail**: 18%
- **Government**: 18%
- **Food & Beverage**: 16%

### What types of responses are implemented?

- **Financial Incentives**: 34%
- **Non-Financial Incentives**: 33%
- **Product/Service Donation**: 13%
- **Technical Expertise**: 2%
- **Negative Incentives**: 3%
- **Communications**: 7%
- **Funding**: 8%

### What challenges are being addressed?

- **Vaccine Information**: 2%
- **Supply Chain**: 2%
- **Health Worker Capacity**: 3%
- **Vaccine Access**: 10%
- **Funding**: 8%
- **Vaccine Demand**: 75%

### Incentives make up 60 percent+ of documented interventions; many require more limited involvement, which is easier to scale.

Although many documented examples came from high-income countries with longer-term access to COVID-19 vaccines, several cases were identified across all regions of the world.

While customer-facing industries make up the majority of private sector engagements, many industry sectors have become involved.

Most private sector interventions are focused on demand generation; there has been limited attention to the barriers and enabling factors that can drive vaccine uptake.

*Government is included to capture cash and non-cash incentives provided to encourage COVID-19 uptake and to identify potential public-private partnerships.*
FOCUS ON LOW- TO MIDDLE-INCOME COUNTRIES

Of the 100+ interventions, 41 originated in low- to middle-income countries (LMICs). While many of the LMIC data points match the overall global results, funding is distinctly a priority in LMICs.

Vaccine demand is by far the top challenge addressed and ensuring adequate funding is another important focus.

Cash and non-cash incentives comprise almost half of all interventions, but funding operations is also a leading method of implementation, matching the shifts in primary challenges as well.
THREE KEY INTERVENTION LEVELS OF VACCINES ACCEPTANCE AND UPTAKE

Private sector engagement in support of COVID-19 vaccination occurs at three levels of intervention: the individual, the community, and the broad enabling environment.

**INFLUENCING INDIVIDUAL MOTIVATION**
- **Communicating Risk**: How does communicating risk to an individual contribute to increased vaccination?
- **Increasing Trust**: What sort of messaging works to increase trust in the vaccine?
- **Non-Financial Incentives**: Which types of product or service incentives drive vaccination rates?
- **Financial Incentives**: What amount of cash incentive motivates individuals to receive the vaccine?

**SHAPING SOCIAL AND COMMUNITY DYNAMICS**
- **Supporting Health Professionals**: How does motivating health professionals and equipping them with the right tools and resources support promotion of the vaccine?
- **Leveraging Trusted Individuals**: How do trusted individuals share effective messaging about the vaccine?
- **Amplifying Local Influencers**: How is endorsement by influential, well-respected community members amplified to build trust in the vaccine?
- **Communicating Evolving Social Norms**: What new social norms drive increased acceptance of the vaccine?

**ENHANCING THE ENABLING ENVIRONMENT**
- **Transportation**: What types of transportation interventions make vaccination more convenient?
- **Time**: How can vaccination hours be more compatible with people's free time?
- **Location**: Which types of vaccine locations create a convenient environment for increased vaccination?
- **Information**: How does timely, relevant, and easy-to-understand information support vaccination efforts?
- **Funding**: How are vaccine operations funded; are there areas that need additional funding?
- **Status Quo**: How does providing opt-out vaccination encourage uptake?
- **Mandates**: How do mandates support vaccine uptake?
## Enhancing the Enabling Environment

Enhancing the enabling environment centers on the private sector creating a robust foundation that underpins and bolsters vaccination campaigns and efforts.

<table>
<thead>
<tr>
<th><strong>Providing Transportation</strong></th>
<th><strong>Providing Paid Time</strong></th>
<th><strong>Hosting Vaccination Sites</strong></th>
<th><strong>Funding Vaccine Operations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing reliable and cost-effective (free or reduced-cost) transportation to and from vaccination sites.</td>
<td>Providing employees with paid time to reduce the cost of receiving / incentivize taking the vaccine.</td>
<td>Providing a physical location as a vaccination site for the general public, specific communities, or employees.</td>
<td>Financially supporting the costs of vaccine rollout and operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Providing Vaccine Information</strong></th>
<th><strong>Promoting Vaccines as Status Quo</strong></th>
<th><strong>Mandating the Vaccine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Combatting misinformation and encouraging vaccination by giving the public accurate information about vaccine safety, efficacy, and side effects.</td>
<td>Designing working environments where vaccination is seen as the default, and making it cumbersome to remain unvaccinated.</td>
<td>Requiring proof of vaccination to use public facilities, enter establishments, travel to certain areas, or remain employed.</td>
</tr>
</tbody>
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PROVIDING TRANSPORTATION

WHAT IS IT?
Providing reliable and cost-effective (free or reduced-cost) transportation to and from vaccination sites.

WHAT DOES IT DO?
• Facilitates vaccine convenience and provides a cost-effective option to access vaccine sites.
• Reduces overall cost to receive the vaccine.

CONSIDERATIONS
• Transportation is a systemic barrier for many at-risk groups (e.g., elderly, low income, remote communities).
• Digital literacy and mobile penetration should be considered.
• Partnerships with local transit providers (e.g., tut tut, rickshaws, taxis) can offer a technology-free alternative.

CASE STUDIES

Uber
Uber is mobilizing partners and community members in multiple geographies to help provide access to millions of rides to and from vaccination sites.

Grab
Southeast Asia ridesharing firm, Grab, is working with government partners to stand up immunization sites, vaccinate the frontline workforce, and provide transportation to and from vaccination centers. Grab is also providing vaccine information through its app and last-mile distribution of vaccines.
PROVIDING PAID TIME

WHAT IS IT?
Providing employees with paid time to reduce the cost of receiving / incentivize taking the vaccine.

WHAT DOES IT DO?
• Reduces overall cost to receive the vaccine by providing employees with time off for vaccination.
• Incentivizes employees of certain companies to receive the vaccine.

CONSIDERATIONS
• This option is limited to employers who provide employees with paid time off and who have the financial security to use paid time as an incentive.
• The number of hours provided can include a combination of travel time, the vaccine appointment, rest after vaccination, and additional incentive hours.

CASE STUDIES

Aldi (US) is offering four hours of paid time off for individuals who receive two doses of the COVID-19 vaccine.

HSBC is offering its Hong Kong staff two days of paid vacation time for receiving the vaccine.
HOSTING VACCINATION SITES

WHAT IS IT?
Providing a physical location as a vaccination site for the general public, specific communities, or employees.

WHAT DOES IT DO?
• Provides convenient locations for individuals to receive the vaccine.
• Can decrease the time and cost associated with receiving the vaccine.

CONSIDERATIONS
• Logistics, site planning, and throughput strategies need to be considered.
• Establishing vaccination sites open to the public can increase health impacts and enterprise enthusiasm.
• Consider transporting vaccines to communities via mobile clinics or outreach sites and providing a variety of vaccination times (including in the evening) to increase access and convenience.

CASE STUDIES
Microsoft (US) partnered with Seattle area hospital systems and the local government to host a public vaccination site.

Bran Castle, the castle that inspired Dracula in Romania, offered vaccinations without an appointment. Those who were vaccinated received free entry to the castle’s exhibits.

Uganda Breweries Limited hosted vaccination sites at their bars to create locations that are convenient for their patrons.

DMB Public Relations (Nigeria) hosted a mobile vaccination clinic at its head office for employees.
FUNDING VACCINE OPERATIONS

WHAT IS IT?
Financially supporting the costs of vaccine rollout and operations.

WHAT DOES IT DO?
- Reduces overall costs to the government, allowing governments to reallocate resources to other vaccine rollout needs.
- The quality of the vaccination experience increases when funds are spent on vaccination site support (e.g., having tablets to process individuals faster).

CONSIDERATIONS
- A saturation of donors and donor funding can result in disparate, siloed efforts.
- Funds should be targeted to the most critical needs in vaccine rollout.

CASE STUDIES

Coca-Cola provided funding for the shipment and delivery of the first cargo of vaccines in Peru. Coca-Cola also provided 100 tablets for data collection at vaccination sites in the Dominican Republic.

The Pfizer Foundation committed $40 million in medical and charitable cash grants to help combat COVID-19 globally.

Procter & Gamble pledged over $6 million USD to provide vaccines for over 500,000 Indian citizens.
PROVIDING VACCINE INFORMATION

WHAT IS IT?
Combatting misinformation and encouraging vaccination by providing the public with accurate information about vaccine safety, efficacy, and side effects.

WHAT DOES IT DO?
• Tackles misinformation and vaccine hesitancy by providing information to boost confidence and trust in the vaccine.

CONSIDERATIONS
• Educating the public about the vaccine has the potential to change perceptions of the vaccine and reduce the need for additional incentives.
• Health literacy and access to certain technologies need to be taken into account when designing interventions.
• Some communities distrust politicians, health officials, and/or the media.

CASE STUDIES
In the DRC, Orange, Vodacom, and Africell launched an SMS preregistration system for COVID-19 vaccination and sent free text messages encouraging vaccination registration.

MultiChoice, a leading entertainment company, partnered with the South Africa Ministry of Health to create the Combatting Vaccine Hesitancy campaign to get more South Africans, especially men, vaccinated.

WhatsApp created a Coronavirus Information Hub that provides simple, actionable guidance and general resources and tips for users around the world to be informed and halt disinformation.
PROMOTING VACCINES AS STATUS QUO

WHAT IS IT?
Designing working environments where vaccination is seen as the default, and making it cumbersome to remain unvaccinated.

WHAT DOES IT DO?
• Reframe the status-quo choice in key vaccination decisions to encourage vaccine uptake.

CONSIDERATIONS
• Because the status quo approach includes an opt-out option, its impact on vaccine uptake may be limited.
• A status quo bias approach only works with specific populations (e.g., employees, members of a group) rather than the general public.
• Depending on the country’s laws, employer status quo bias approaches may need to navigate religious and other forms of exemptions.

CHALLENGES ADDRESSED

POTENTIAL PARTNER

CASE STUDIES

Unilever CEO Alan Jope sent weekly letters to the company’s employees urging them to get vaccinated. He also invited the company’s doctor to promote inoculation on twice-monthly virtual town halls.

Nestle SA’s Israel subsidiary, Osem Investments Ltd., barred unvaccinated employees from working in person unless they submit a negative virus test every three days, an inconvenience which may encourage them to get vaccinated instead.
MANDATING THE VACCINE

WHAT IS IT?
Requiring proof of vaccination to use public facilities, enter establishments, travel to certain areas, or remain employed.

WHAT DOES IT DO?
• Provides significant financial and non-financial negative incentives to those who remain unvaccinated.

CONSIDERATIONS
• Certain communities are likely to have a strong, adverse response to mandates (e.g., protesting, leaving employment).
• Government policies can encourage and accelerate the use of mandates by private sector companies.

CASE STUDIES

Big Concerts International, a South African events company, requires fans to show proof of COVID-19 vaccination to enter its concert venues.

Guaranty Trust Bank (Nigeria) required staff members to get vaccinated or face a 50% pay cut and restriction from accessing the bank’s workplace.

MTN Group has implemented a mandatory vaccination policy for all employees in Africa and Asia.
Shaping Social and Community Dynamics
SHAPING SOCIAL AND COMMUNITY DYNAMICS

In this context, social and community dynamics involve the private sector forming effective social networks and communities to promote vaccination efforts and campaigns.

**Supporting Health Workers**
Addressing health worker retention, performance, training, and burnout with incentives, timely payment, and education to build capacity and improve service delivery.

**Leveraging Trusted Individuals**
Working with trusted, well-known leaders to promote vaccine uptake.

**Amplifying Local Influencers**
Coordinating with local influencers to build community members’ trust related to receiving the vaccine.

**Communicating Evolving Social Norms**
Communicating societal expectations or new social norms related to being vaccinated against COVID-19.
SUPPORTING HEALTH WORKERS

WHAT IS IT?
Addressing health worker retention, performance, training and burnout with incentives, timely payment, and education to build capacity and improve service delivery.

WHAT DOES IT DO?
• Increases health worker motivation and retention while reducing burnout.
• Improves the experience of being vaccinated.
• Prepares health workers to combat misinformation and tailor communication in vaccination settings.

CONSIDERATIONS
• Increasing timely payments for health workers has been a common theme in enhancing their motivation and performance.
• Ensuring that capacity-building activities and trainings are provided in local languages.

CASE STUDIES
Safaricom offered communication bundles to frontline health workers in Kenya.
MTN Rwanda offered health workers free internet calls for 90 days.

CHALLENGES ADDRESSED  POTENTIAL PARTNER

HEALTH WORKER CAPACITY  TELECOMS  CONSUMER GOODS  RETAIL
LEVERAGING TRUSTED INDIVIDUALS

WHAT IS IT?
Working with trusted, well-known leaders to promote vaccine uptake.

WHAT DOES IT DO?
• Leveraging the reputation of well-known leaders to increase vaccine acceptance and confidence.

CONSIDERATIONS
• Some communities may distrust politicians and health officials.
• Diversifying the types of trusted individuals engaged in encouraging vaccination can help to increase the impact of messaging.
• Trusted individuals need to follow local COVID-19 protocols to avoid sending conflicting messages.

CHALLENGES ADDRESSED

| VACCINE DEMAND | VACCINE INFORMATION | TELECOMS | SOCIAL MEDIA |

CASE STUDIES

Thulani Hlatshwayo, captain of the South Africa National Soccer Team, became an ambassador for Viral Facts to spread accurate information about the vaccine.

The Dalai Lama was vaccinated on television.
AMPLIFYING LOCAL INFLUENCERS

WHAT IS IT?
Coordinating with local influencers to build community members’ trust related to receiving the vaccine.

WHAT DOES IT DO?
• Increases confidence and trust in the vaccine by disseminating information from local, trusted sources.

CONSIDERATIONS
• Messages should be tailored and personalized to specific audiences and communities.
• Local influencers need to follow local COVID-19 protocols to avoid sending conflicting messages.
• Because not every community uses social media, consider leveraging influencers outside of social media (e.g., religious leaders, teachers, community elders, civil society groups).

CASE STUDIES
WHO teamed up with social media influencers to raise awareness and encourage vaccination. The influencers receive information from WHO and distribute it through their social media channels.

In the U.S., Village Marketing teamed up with the White House on a campaign to use local social media influencers to encourage vaccination.

Ogilvy India (ad agency) & the non-profit Concern India Foundation worked with community leaders in Bangalore to use the speaker systems at local temples and mosques to broadcast vaccination messages interwoven with scripture passages about overcoming fear and saving lives.
COMMUNICATING EVOLVING SOCIAL NORMS

WHAT IS IT?
Communicating societal expectations or new social norm related to being vaccinated against COVID-19.

WHAT DOES IT DO?
• Addresses complacency through the new social norm or societally-accepted expectations of being vaccinated.
• Changes public perception and opinion related to vaccination status.

CONSIDERATIONS
• Changing the social norm related to vaccination can increase motivation in resistant and hesitant groups.
• Changing public opinion requires a multisectoral approach.
• Leveraging a range of influencers can support this type of intervention.

CASE STUDIES

Meta launched ‘I Got My Covid-19 Vaccine’ profile frames on Facebook and stickers on Instagram, so users could show their support for vaccination and encourage take-up amongst their peers.

Ogilvy Worldwide and Ogilvy Social.Lab South Africa partnered with the World Health Organization for World Immunization Week. The campaign theme, ‘Vaccines Bring Us Closer’, focused on how vaccines promoted good health and well-being for everyone.

Nefaish Animation Studios (Qatar) and Follk Creative Solutions (UAE, Egypt) worked together to create an animated awareness campaign aimed at teaching children about the importance of staying home, washing their hands, and covering their mouths when sneezing.

MTN created and ran a campaign across Africa that focused on raising awareness of the importance of mask wearing. The campaign centered on normalizing mask wearing to curb the spread of COVID-19.
Influencing Individual Motivation

Source: Accenture
INFLUENCING INDIVIDUAL MOTIVATION

The private sector can promote individual motivation to drive vaccine uptake.

- **INCREASING TRUST**: Using science-based facts to increase public trust in the vaccine and the vaccination process.

- **COMMUNICATING RISK**: Conveying the risks of remaining unvaccinated and the potential harm to individuals’ family members and friends.

- **PROVIDING NON-FINANCIAL INCENTIVES**: A non-monetary-based gift, experience, or raffle offered to individuals who are vaccinated.

- **PROVIDING FINANCIAL INCENTIVES**: A direct cash payout or lottery participation offered to individuals who receive the vaccine.
INCREASING TRUST

WHAT IS IT?
Using science-based facts to increase public trust in the vaccine and the vaccination process.

WHAT DOES IT DO?
• Generates greater confidence in the vaccine and enhances trust in the vaccination process.

CONSIDERATIONS
• Enhancing vaccine trust can be one of the most difficult but most beneficial interventions when it comes to increasing vaccine uptake.
• Leverage existing institutions to build trust in the vaccine (e.g., faith-based organizations, community groups).

CASE STUDIES
Unilever in the Philippines launched an internal communications campaign called “Unilever Vaccination”, aimed at tackling vaccine hesitancy. Employees were reached through WhatsApp, Viber and email with clear answers to concerns they might have.

Amazon had a team of their Amazon Cares clinicians visit four US fulfillment centers. There, they met one-on-one with employees, answered questions, and dispelled vaccination myths. This personalized approach increased vaccination signup by more than 35 percent and by as much as 71 percent at some sites.

Cummins in Mexico arranged for small meeting groups between employees and members of the medical team to directly address employee concerns about the vaccine.
COMMUNICATING RISK

WHAT IS IT?
Conveying the risks of remaining unvaccinated and the potential harm to individuals’ family members and friends.

WHAT DOES IT DO?
• Addresses vaccine complacency and increases the perceived risk of COVID-19.
• Communicates the risks of COVID-19 to individuals and the greater community.

CONSIDERATIONS
• Overemphasis on fear and risks can further ostracize some communities.
• Risk communication can cause heightened risk perception without increasing prevention behaviors or other actions.
• Messages must come from trusted sources, or they can increase distrust in the vaccine.

CASE STUDIES
Discovery, a South African financial services company, developed a COVID-19 personal resilience index to calculate the likelihood that an individual would be hospitalized if they contracted COVID-19.

Jio, Airtel, and other telecommunication companies supported the Government of India at the beginning of the pandemic by replacing default ringtones with messages about COVID-19 and precautionary measures.
PROVIDING NON-FINANCIAL INCENTIVES

WHAT IS IT?
A non-monetary based gift, experience, or raffle offered to individuals who are vaccinated.

WHAT DOES IT DO?
• Provides an incentive that can overcome individuals’ complacency, indifference, or hesitancy toward receiving the vaccine.

CONSIDERATIONS
• Incentives often do not change individuals’ feelings, but can counteract certain beliefs (depending on the size of the incentive) and increase desired behaviors among late adopters.
• Incentives that are too large can engender a reverse effect; individuals may begin to question why the incentive is large if the vaccine is safe and reliable.
• Non-financial incentives are often hyper-targeted (e.g., to customers of certain businesses) and are more effective when combined with other strategies.

CASE STUDIES
Deliveroo (UK) is providing free food delivery and movie tickets to individuals who receive the vaccine.

The goldsmith community in India offered free nose pins to women and hand blenders to men who received the vaccine at their vaccination camps.

The Prince Alfred Hotel (Australia) offered a free drink to customers who could show proof of vaccination.
PROVIDING FINANCIAL INCENTIVES

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• Incentives that are too large can engender a reverse effect; individuals may begin to question why the incentive is large if the vaccine is safe and reliable.
• Financial incentives range in value; greater investments are required to overcome strong anti-vaccination beliefs.

CASE STUDIES

Garden Place Kobayashiro, a Japanese wedding venue, launched a cashback program where newlyweds receive ¥3,000 ($22 USD) back for each attending guest who has been vaccinated.

Cooperl, a French pork processing company, offered employees a €200 ($210 USD) bonus if they showed proof of vaccination.

IndiGo, an Indian airline, offered a 10 percent discount on airline tickets to vaccinated flyers.

ShopRite offered R100 ($7 USD) vouchers for vaccinated individuals over age 60 in South Africa.

CHALLENGES ADDRESSED

VACCINE DEMAND

POTENTIAL PARTNER

EMPLOYER

LARGE PRIVATE COMPANY
Putting It in Practice

How can governments and the private sector maximize collaboration and impact?
PUTTING IT IN PRACTICE

The ‘Putting It In Practice’ section of the report was created to provide an overview of the behavioral personas of unvaccinated groups, and some considerations for how to address those groups.

This section of the report introduces **considerations for designing and launching immunization interventions**, organized by three levels of intervention*: the individual, the community, and the broad enabling environment. It also discusses the **behavioral personas of the unvaccinated**, including their pain points and motivators.

It is intended to provide a foundation for immunization program managers and private sector companies to develop partnership ideas that address known barriers to vaccination, and motivate and enable different vaccine personas.

It is **not intended to be prescriptive**, as other context factors should be considered, including priority populations and vaccination coverage rate.

*As described by the World Health Organization’s Behavioral and Social Drivers (BeSD) framework.
ENHANCING THE ENABLING ENVIRONMENT

Investing in interventions that eliminate barriers can significantly increase vaccine uptake, especially among those who already want to receive the vaccine or are leaning toward receiving it.

**Reduce Barriers**
Activities that reduce friction and barriers (rather than increase extrinsic reward) may be more effective in increasing uptake. The private sector has been successful in addressing several challenges related to access.

**Support Operations**
The private sector’s orientation toward action and technical expertise can help to strengthen operational elements of COVID-19 vaccine rollout, including supply chain issues and infrastructure support. These interventions have resulted in increasing uptake.

**Partner with Government**
Interventions that are aligned with government priorities and work in concert with the government have shown to be more successful than isolated interventions.

**Leverage Mandates**
Mandates, including those from employers and those related to access to education and public settings, are often the most effective incentives. Financial disincentives (e.g., fines or taxes for choosing not to receive the vaccine) have also shown effectiveness in increasing uptake.
SHAPING SOCIAL AND COMMUNITY DYNAMICS

Targeted communications that leverage trusted local influencers can strengthen interventions for resistant and priority communities.

- Champion Health Workers: COVID-19 has exacerbated an already-strained global health systems. Ensuring that health workers are motivated, compensated, and equipped with appropriate resources has been shown to decrease health worker burnout, increase retention, and positively impact care.

- Build Trust: The politicization of COVID-19 has exacerbated the deterioration of the public’s trust in health and political institutions. Partnering with local influencers and institutions (e.g., religious leaders, teachers, community leaders) can be an effective means of influencing more resistant or hard-to-reach communities.

- Personalize Messaging: To increase vaccine uptake in high-risk groups (e.g., the elderly, individuals with co-morbidities), targeted messages have been used to communicate changing social norms.

- Integrate Behavioral Science: Leverage behavioral science to understand why individuals engage in certain behaviors and make specific certain decisions. Understanding individual and community decision-making process and how to adjust messaging are critical.
INFLUENCING INDIVIDUAL MOTIVATION

Incentives can be limited in reach and effectiveness. To achieve a wider reach, focus resources on enhancing trust through communication.

- **Limit Cash Incentives**: COVID-19 cash incentives and lotteries have not been found to be effective in significantly influencing vaccine uptake.

- **Minimize Negative Responses**: An unintended consequence of incentives can be that communities who are resistant or hesitant toward the vaccine can react negatively to extrinsic rewards, thereby increasing skepticism toward the vaccine.

- **Communicate Effectively**: Communicating science-based facts and the negative risks of remaining unvaccinated, while leveraging effective behavioral insights, like loss aversion, has shown promise in increasing vaccine uptake.

- **Link Incentives with Barriers**: Connecting incentives to specific vaccine barriers (e.g., childcare, transportation, paid time off) can help to increase uptake.
Vaccine Personas

Source: Accenture
“The infection rates are low now so it’s not urgent”

“The vaccine sites are not accessible and are too far from me”

“It is going to cost too much—missing work, paying for transportation, and I could be earning more money during that time”

“It is my personal choice to not get the vaccine”

“The vaccine is too new and I am worried about the side effects”

“The COVID-19 vaccine, along with other vaccines, are not safe”

“There is a lot of information that says the vaccine is not effective”

“I don’t trust government and the people who are promoting the vaccine”

SITUATIONAL BARRIERS TO VACCINE UPTAKE

From physical obstacles to misinformation, there are a range of reasons why individuals have not yet been vaccinated.
WHO REMAINS UNVACCINATED?

Those who remain unvaccinated can be segmented into five “vaccine personas.”

**EASY SELLS**

“I want to get vaccinated, but I don’t know where the closest vaccination site is or how much it costs.”

**POORLY REACHED**

“The nearest vaccination site is hard to get to and I don’t have a way of getting there.”

**UNCONCERNED**

“I don’t think COVID-19 is a threat. People are barely getting COVID-19 nowadays.”

**HESITANT**

“The vaccine was rushed. I don’t think it is safe and I don’t trust the people who are promoting it.”

**ACTIVE RESISTERS**

“I think COVID-19 is fake. The pandemic was created by the government who are trying to manipulate and control me.”
EASY SELLS

ENABLERS
• Information about vaccines (e.g., how it works, schedule, safety, benefits).
• Guidance about where vaccination services are located.
• High trust in healthcare providers and agrees with vaccination.

VALUES AND MOTIVATORS
• Values health institutions, vaccines, and collectivism.
• Motivated by a return to normalcy, community health, and intrinsic benefits.

KEY ACTION
• Provide information about where and how to receive the vaccination.
• Reduce indirect costs of vaccination (e.g., transportation to the vaccination site, time away from work).

Key Pain Points
• Lack of awareness of COVID-19 vaccine availability or location of vaccination sites.
• Additional barriers include financial costs and transportation.

I want to get vaccinated, but I don’t know where the closest vaccination site is or how much it costs.

Potential interventions
• Provide Transportation
• Host Vaccination Sites
• Provide Paid Time Off
• Provide Vaccine Information

Potential implementers
• Transportation
• Telecommunication
• Employer
POORLY REACHED

ENABLERS
- Guidance about how to overcome barriers to accessing services.
- Practical support to access immunization services (e.g., transportation, outreach services, vouchers).
- Interest in vaccine information from healthcare providers.

VALUES AND MOTIVATORS
- Values accessible and convenient vaccination sites and health information.
- Motivated by consumable information, easy and convenient actions, intrinsic benefits, and extrinsic costs.

KEY ACTION
- Host strategically-located vaccination sites (e.g., mobile clinics, outreach sites).
- Provide targeted outreach and information about vaccines and the vaccination process.
- Reduce indirect costs of vaccination (e.g., transportation, time away from work).
- Consider an incentive to encourage vaccination coupled with access interventions.

Key Pain Points
- Limited or difficult access to vaccination site due to physical distance, cost, mobility or low health and digital literacy.
- Significant perceived inconvenience or opportunity costs (e.g., time, financial burden).

“"The nearest vaccination site is hard to get to and I don’t have any way of getting there.””

Potential interventions
- Provide Vaccine Information
- Provide Transportation
- Host Vaccination Sites
- Drive Trust

Potential implementers
- Transportation
- Telecommunication
- Social Media
UNCONCERNED

“I don’t think COVID-19 is a threat. People are barely getting COVID-19 nowadays.”

Key Pain Points
• Low perceived threat of COVID-19.
• Consider vaccination a lower priority than competing concerns.
• Low perceived cost to delaying vaccination.

ENABLERS
• Values collective return to normalcy and independence.
• Motivated by risk factors, unbiased and direct information, and extrinsic benefits and costs.

VALUES AND MOTIVATORS
• Values accessible and convenient vaccination sites and health information.
• Motivated by consumable information, easy and convenient actions, intrinsic benefits, and extrinsic costs.

KEY ACTION
• Communicate the risks and share information about the potential consequences of remaining unvaccinated.
• Emphasize changing societal and social norms.
• Highlight the ease and benefits of getting vaccinated.

Potential interventions
• Communicate Risk via Health Professionals
• Communicate Evolving Social Norms
• Promote Effective Status Quo Bias
• Provide Incentives

Potential implementers
• Consumer Goods and Retail
• Telecommunication
• Employer
HESITANT

“The vaccine was rushed. I don’t think it is safe and I don’t trust the people who are promoting it.”

Key Pain Points
• Significant concerns about vaccine safety.
• Low trust in effectiveness of vaccines and in institutions promoting vaccines.
• Skeptical about science behind the vaccines.

ENABLERS
• Communication from credible sources who are in favor of vaccination (e.g., trustworthy healthcare providers, local influencers, trusted individuals).
• Messages about the pros and cons of vaccination.

VALUES AND MOTIVATORS
• Values individual choice, accessible information, and not being forced or coerced.
• Motivated by autonomy and intrinsic and extrinsic costs.

KEY ACTION
• Identify and engage local influencers.
• Leverage multiple channels and forms of communication.
• Communicate clearly about vaccine safety and efficacy through personal and trusted sources.

Potential interventions
• Communicate Risk via Influencers and Health Professionals
• Communicate Evolving Social Norms
• Promote Effective Status Quo Bias

Potential implementers
• Telecommunication
• Social Media
• Employer
ACTIVE RESISTERS

“I think COVID-19 is fake. The pandemic was created by the government who are trying to manipulate and control me.”

Key Pain Points
• Strong personal, cultural, religious, or political anti-vaccine beliefs.
• Networks include many like-minded individuals that reinforce beliefs.
• Changing beliefs is equivalent to changing their identity.

ENABLERS
• Conversations with people who share a similar background/identity but are in favor of the vaccine.

VALUES AND MOTIVATORS
• Values independence, individualism, and their personal identity.
• Motivated by skepticism, resistance, and intrinsic costs.

KEY ACTION
• Use stories over statistics; bombarding these individuals with too many facts and figures can further dissuade them from receiving the vaccine.
• Communicate through influencers who share similar beliefs.
• Use behavioral science interventions that do not restrict choice.

Potential interventions
• Communicate Risk via Influencers
• Mandating the Vaccine

Potential implementers
• Telecommunication
• Employer
Strategic Recommendations

Where to go from here?
### EFFECTIVE INTERVENTIONS FOR EACH VACCINE PERSONA

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<th>Intervention</th>
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= leading interventions for each persona
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IKEA | Israel  
IKEA hosted vaccination sites at stores to provide shoppers with a convenient location to be vaccinated.

Bolt | United Kingdom  
Bolt, a ridesharing company, offered free rides to vaccination sites.

MTN | South Africa  
MTN created a campaign focused on raising awareness of the importance of mask wearing.

National Soccer Team | South Africa  
Thulani Hlatshwayo, captain of the South Africa National Soccer Team, became an ambassador of Viral Facts to disseminate accurate information about the vaccine.

Village Marketing | USA  
In the U.S., Village Marketing teamed up with the White House on a campaign using local social media influencers to encourage vaccination.

= leading interventions for each persona
WHAT MOTIVATES THE PRIVATE SECTOR TO ENGAGE?

Diverse motivating factors can influence the private sector to support COVID-19 vaccination efforts.

1. Bolster Community Support
   - Become an ally of the community by investing in its prosperity and protection.

2. Develop Government Partnerships
   - Deepen relationships, trust, and goodwill with government officials and other political stakeholders.

3. Enhance Business Resilience
   - Support business operations by decreasing risks related to susceptible employees and customers, government-mandated lockdowns, supply-chain disruptions, and turbulent economic markets.

4. Cultivate Employee Engagement
   - Promote employee morale and engagement by linking employees’ roles to social impact initiatives.

5. Establish Reputation and Trust
   - Expand visibility of the company’s brand and social impact initiatives to increase competitive advantage.

6. Promote a Return to Office
   - Encourage a safe return to in-person working, to better foster collaboration, innovation and relationship-building.
HOW CAN PRIVATE SECTOR PARTNERSHIPS HELP REACH WHO PRIORITY GROUPS?

The WHO Strategic Advisory Group of Experts (SAGE) on Immunization continues to update its strategies and recommendations around priority populations for COVID-19 vaccination.

**HIGHEST PRIORITY**

**Older People**
- **Convenient transportation:** Work with rideshare and transportation companies to offer convenient options to vaccination sites.
- **Information from trusted sources:** Partner with older-person associations and faith-based institutions to provide vaccine information and access.

**Health Workers**
- **Resources for mobile work:** Collaborate with telecommunication companies to offer free airtime, data, and mobile upgrades.
- **Amplify voice:** Team up with social media and media companies to elevate and magnify their messages, status, and reputation within the community.

**Immunocompromised**
- **Health Sector Partnerships:** Work with organizations focused on cancer, HIV, and transplants to ensure appropriate screening.
- **Media & TelCos:** Ensure appropriate messaging for immunocompromised populations, including the potential need for booster doses.

**HIGH PRIORITY**

**Other high priority groups**
- **Teacher & essential workers:** Work with employers to host vaccination sites at the workplace.
- **Disadvantaged subpopulations:** Engage with CSR or philanthropic units to secure additional support for priority sociodemographic groups.
- **Pregnant persons:** Work with midwives associations to communicates priorities and guidelines.
WHAT FACTORS SHOULD BE CONSIDERED WHEN CREATING PRIVATE SECTOR INTERVENTIONS?

Creating new interventions requires a thorough understanding of current engagements, targeted communities, and potential impacts for the private sector and government.

Considerations for the Private Sector

- **Align with Government**: Confirm that interventions are aligned with the Ministry of Health’s COVID-19 strategies and priorities.
- **Establish Relationships**: Connect with national and subnational offices and ensure that requests to them are targeted and actionable.
- **Understand Government Drivers**: Recognize motivators and consider how engagement could elevate, not overshadow, public sector.

Considerations for the Government

- **Engage Early and Strategically**: Engage the private sector early on by evolving working groups and coordinating bodies, and consider a wide variety of stakeholder types.
- **Consider Private Sector Comparative Advantages**: Identify those areas where the private sector is well positioned, such as low-cost vaccine storage or transport, communications, and behavioral sciences.
- **Identify Private Sector Motivations**: Understand why the private sector wants to support efforts.
- **Link With the Right Messengers**: Involve appropriate community and industry leaders, and equip them with the resources needed to be effective advocates.

Considerations for Both

- **Create with the Community**: To ensure trust in and adoption of the intervention, design interventions with the target community.
- **Launch Concurrent Activities**: Deploying multiple interventions concurrently can have a greater impact than one intervention on its own.
- **Adjust Interventions**: Monitor and adjust interventions to ensure that they address the most pressing challenges and are still effective.
- **Align and Include Data Strategy & Activities**: Discuss and develop mechanisms for collecting, sharing, and learning from relevant data, including Key Performance Indicators.
- **Discuss financial needs and resources openly**: Know how to identify and use appropriate resources: The private sector often have resources through philanthropic and arms, in other instances and depending on nature of activities, through traditional business units, and in other still will require financial support.
- **Consider Long-Term Application**: Interventions and relationships could be relevant beyond COVID-19, particularly for routine immunization. By tracking metrics, synthesizing and sharing learnings, and establishing partnerships across sectors, both the private sector and the government will be better equipped.
WHAT ARE THE KEY STEPS?

Focus on these key steps to identify and align with partners effectively.

FOR THE PRIVATE SECTOR

1. Engage national immunization program, provincial / county offices, or bi-lateral / multi-lateral partners.

2. Affirm their willingness and ability to commit themselves for the duration of the project.

3. Conduct rapid gap analysis to understand the challenge in current efforts. Assess how resources, assets, and community relationships that can fill unmet need / gaps and align to government priorities.

4. Engage with other private sector partners within and outside of industry to create a more coordinated and comprehensive intervention.

5. Mobilize both government and other private sector partners to launch and execute intervention.

FOR GOVERNMENT

1. Develop or invite private sector actors onto working groups, coordinating bodies, and other national platforms early on.

   Engage Chambers of Commerce, private sector associations, or industry-specific trade association.

   Identify the right point of contact from the government to engage with private sector national or regional offices, and ensure they have sufficient time and other resources to manage the relationship.

   Understand motivators of private sector partner to further incentivize and get buy-in and support.

   Socialize priorities with new stakeholders and discuss how the private sector industry can contribute to reaching these target groups.
WHAT IS THE OVERALL ENGAGEMENT PROCESS?

This rapid engagement roadmap lays out the key questions and processes for the government to launch successful interventions with the private sector.

RAPID ENGAGEMENT ROADMAP

Who is unvaccinated?
Analyze vaccination rates to understand which communities are undervaccinated.

Cooperate with the national and regional government to identify priority and at-risk groups.

Why are they unvaccinated?
Determine which vaccine persona(s) make up the target community and identify their needs for vaccine uptake.

Each community will have multiple vaccine personas; focus on the most prevalent persona.

Who can help to increase vaccination?
Identify private sector companies that can help address specific needs and reach out to their offices.

Prioritize companies that have earned the trust of target community and identify the factors that motivate them.

What resources do we need to succeed?
Determine the monetary, technical, and personnel resources to execute the intervention.

Select interventions that balance the greatest impact with available capabilities and resources.

Who is bringing what to the partnership?
Decide what each partner will bring to the intervention and who will execute each activity.

If possible, test and measure the intervention with a pilot group before launching the intervention.

How do we kick off the intervention?
Launch, socialize, and amplify the intervention.

Incorporate the intervention into existing activities and priorities for increased success and sustainability.
This document was prepared for USAID’s MOMENTUM Routine Immunization Transformation and Equity project. It was written by project staff Kris Ansin and Jordan Wong with support from Rebecca Fields, Grace Chee, Vanessa Richart, Evelyn Marquez, and Stephanie Loh. We are grateful to all the participants in the numerous expert consultations and meetings whose views and experiences helped inform this strategy, including: Haricharan Narayanan Conjeevaram, Alain Blaise Tatsinkou, Neide Guesela, Isaac Mugoya, and Johnpaul Omollo. Special thanks to the communications and design team for their invaluable support in preparing this report: Katie Cook, Nicole Davis, and Cindy Pak-Kim.