



# Nigeria Vaccine Confidence Roundtable Report

A ROUND TABLE DISCUSSION ON COVID-19 VACCINE  
HESITANCY IN NIGERIA

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## Executive Summary

The Nigeria Vaccine Confidence Round Table Discussion was held on the 7<sup>th</sup> of March 2022.

This event was set up to review the available evidence and outline vaccine confidence priorities in Nigeria to improve vaccination advocacy campaigns and vaccination rates for each community and identity in Nigeria. It was a virtual conference held via Zoom convened by the Nigeria Solidarity Support Fund (NSSF) and the National Primary Health Care Development Agency (NPHCDA)

The speakers were:

- Heidi Larson – COVID New Vaccine Information Communication and Engagement (CONVINCE)
- Michael Fornwall - MERCK for Mothers
- Dr. Bassey Okposen- NPHCDA

The roundtable panel discussion included the speakers and representatives from UNICEF, Bill & Melinda Gates Foundation, FBOs, and CSOs. The event was aimed at professionals involved in COVID-19 vaccination programs worldwide. Those in attendance were healthcare workers, public health professionals, commissioners of health, NGOs, CSOs, donor agencies, implementing partners, etc. Key highlights from the speakers include:

- NPHCDA aims to have 50% of the population partially vaccinated by March 31st, 2022, and 70% by the end of the year
- By March 6<sup>th</sup>, 8.2% of the population were fully vaccinated, 16.0% partially vaccinated, and about 800,000 had received their booster dose
- A COVID-19 vaccine acceptance study done in Jan 2022 amongst unvaccinated Nigerians revealed 41% were willing to accept the vaccines and only 24% had a definite no.
- To meet our target, we need to utilize data, map the issues, and determine how it affects the people. We need to remember the dignity of people when it comes to the vaccine and people's willingness to have them

The panelists discussed challenges and solutions to the COVID-19 vaccine hesitancy in response to participants' questions. Their responses can be grouped as follows:

- **Distrust:** Trust between government and the citizen has been eroded over time which has been a major challenge for vaccine acceptance
- **Poor Manpower:** Pressure on the primary health care systems and workers. The vaccine is available but there is not enough manpower across the country to meet the demand.
- **Lack of Information Materials:** lack of information being shared with Nigeria on the vaccine has led to hesitancy. The panelists spoke about using the media to change the narrative on COVID-19 vaccinations as opposed to trying to debunk the rumors.

- **Campaigns that don't involve religious/traditional rulers:** panelists raised that there had been a lack of engagement with traditional, cultural, and religious leaders. This had an impact on the acceptance of vaccines in communities. The NPHCDA committed to more community engagement with grassroots leaders, personalities, and influencers, strengthening and educating the health care workforce, partnering with private organizations and businesses to boost and improve the current COVID-19 vaccination program.

Lastly, the NPHCDA highlighted some next steps aimed at improving vaccine coverage utilizing the 48 million doses of the COVID-19 vaccines expected to be delivered by the middle of this year. The steps include integrating the COVID-19 vaccinations with routine immunizations and closer engagements with the states experiencing low uptake of the vaccine. This will help ensure that 50% of the population are vaccinated with the 1<sup>st</sup> dose by March 31<sup>st</sup>, 2022, and 70% by the end of the year.

The report below will go into depth on the discussions, findings, and solutions from the roundtable discussion.

## Rational / justification for the meeting

On March 11<sup>th</sup> 2020, the World Health Organisation (WHO) declared COVID-19 as a pandemic. COVID-19 has had a significant impact on countries' health care systems, economies, education, and the general physical and mental wellbeing of the world population. The WHO reported that there have been 462, 758,117 confirmed cases and 6,056,725 deaths worldwide since January 2020. By December 2020 a vaccination for COVID-19 was created. People would require 2 doses of the vaccine which would not necessarily provide immunity from the disease but could help individuals and health care systems to manage/treat the disease better.

The first case of COVID-19 in Nigeria was detected on the 27<sup>th</sup> of February 2020.

On the 2<sup>nd</sup> March 2021, a year and a month later, 4 million doses of the COVID-19 vaccine were brought to Nigeria via COVAX.

UNICEF described the distribution of the vaccine to Nigeria as

*A “historic step towards the goal to ensure equitable distribution of COVID-19 vaccines globally, in what was the largest vaccine procurement and supply operation in history. The delivery was part of the first wave of arrivals in Nigeria that will continue in the coming days and weeks”*

Despite Nigeria continuing to receive vaccines under the COVAX facility program and the goal set by the Federal Government to have 60% of its population vaccinated by March 2022, Nigeria has seen an increase in vaccine hesitancy. As of March 2022, only 9.4% of the population has been vaccinated.

In September 2021, NSSF partnered with the NPHCDA to support the rollout of COVID-19 vaccinations for 1 million people across 6 states by January 2022. This included Adamawa, Edo, Imo, Katsina, Nasarawa, Ogun. As of December 2021, the campaign has resulted in the vaccination of 1,651,278 Nigerians, exceeding the goal by over 60 percent.

The objectives of the roundtable discussion were to review the available research and global best practices that are instrumental to building COVID-19 vaccine confidence, to review COVID-19 vaccine advocacy programs in Nigeria, and identify novel strategies for building COVID-19 vaccine confidence in Nigeria.

## Preparatory Activities

Development of terms of reference, stakeholders planning meeting, emails to participants, development of agenda, participants list, and confirmation of the date.

### 1. Number and cadre of participants:

- a. **Speakers and panelists:** Dr. Fejiro Chineye-Nwoko (NSSF), Eunice Damisa (NPHCDA), Dr. Faisal Shuaib (NPHCDA), Dr. Bassey Okposon (NPHCDA), Professor Heidi Larson (CONVINCE -coalition focused on COVID-19 vaccine hesitancy), Michael Fornwall (Merck for Mothers), Yusuf Yusufari (BMGF) (Advocacy and Communications- Nigeria), Alhaji Samaila Muhammad Mera (Emir of Argungu & Chairman, Northern Traditional Leaders Committee NTLC), Bishop Sunday Onuoha (Nigerian Interfaith Action Association NIFAA) and Peter Hawkins (UNICEF Country Representative).

### b. Participants present:

Number of participants who registered	449
Total number of participants in attendance	194

### 2. Outcome of the meeting

The meeting started with opening remarks by the Director NPHCDA, Dr. Faisal, who spoke on the success of the partnership between NSSF and NPHCDA to roll out the vaccines across the 6 states (as mentioned above).



Dr. Faisal Shuaib

Reflecting on past immunizations programs such as the Polio vaccine, Dr. Faisal explained that non-compliance/vaccine hesitancy in Nigeria led to the country being one of the last to eradicate this disease.

Dr. Faisal spoke on the importance of having this roundtable discussion because collaboration and partnership are very important to change. ‘Being able to tap into global practices is critical to improving vaccine hesitancy. Dr. Faisal acknowledged that the NPHCDA needs to do a better job at building confidence and overcoming hesitancy. This is also important in achieving childhood immunization goals. The outcome of this meeting would be to establish strategies that can achieve this.

The following presentations were made at the meeting

### **Dr. Bassey Okposen (NPHCDA): Overview of COVID-19 Vaccine Roll out in Nigeria**

#### **WHERE WE ARE**

- As of the 7<sup>th</sup> March 2022, there were 254,657 confirmed COVID-19 cases and 3142 deaths in Nigeria.
- COVID-19 has affected Primary Health Care services. We've seen a decline in access, demand, and provision of RI and PHC services. States and Local governments have been provided with resources to support PHC services.
- Optimized Scales (SERVICE DELIVERY, COMMUNICATION, ACCOUNTABILITY, LOGISTICS, EMID, SUPERVISORY) strategy was launched Tuesday 22<sup>nd</sup> February. The aim is to ensure that 50% of the population are vaccinated (1<sup>st</sup> dose) by March 31<sup>st</sup>, 2022, and 70% by the end of the year. This strategy was also created to integrate COVID-19 Vaccination with routine immunization. Sharing of the Johnson and Johnson vaccine across all states as well as the development of an app to help find vaccination sites in your area.
- Nigeria has received over 64 million doses of the COVID-19 vaccine. We expect a further 48 million doses to be delivered by the middle of this year. There are no issues with the availability of vaccines. The logistics team is monitoring the vaccines to ensure that none expire before usage.
- Service delivery: NPHCDA is including primary and secondary tertiary institutions, private health centers, large gatherings such as marketplaces, and displaced communities through community outreaches.
- 16.0% of the population are partially vaccinated and 8.2% have received their second dose. Roughly around 800,000 have had their booster dose.
- 5 top performing states are Nasarawa, Jigawa, Ogun, FCT and Kwara.



Dr. Bassey Okposen

## Challenges for NPHCDA

- Public avoidance of vaccines
- Inadequate resources in terms of human resources and logistics.
- Lack of participation with PHC
- Poor collaboration, coordination, and structure in poor-performing states and LGAS

## What are the NPHCDA doing:

- Expansion of vaccination centers
- Distribution of teams and funds to states that need support
- Identifying states with poor or zero health centers and setting up these facilities in the area.
- Monitoring completion of set tasks for states, agencies, and stakeholders.
- Geo tracking for supervisors and setting up validation process for accountability.

## What will NPHCDA do?

- Collaborate with state health boards
- Provide more information via radio and TV communication
- Provide incentives to encourage state/LGAS to perform better
- Continue to work with stakeholders to establish new strategies to overcome vaccine hesitancy

## Prof. Heidi Larson: Best practice in building vaccine confidence

- The most important lesson learned in building confidence is to listen, understand, map the issues, and determine how it affects the people. We need to remember the dignity of people when it comes to the vaccine and people's willingness to have them.
- Vaccine willingness cuts across globally.
- Based on research gathered across different demographic levels the biggest issue raised on people's acceptance of the vaccine was how they felt that the government was handling the pandemic. Trust matters.



Prof. Heidi Larson

- Study taken across countries found that 41% of Nigerians would take the vaccine 24% wouldn't. The rest were still undecided with 2% unaccounted for in the survey
- In other countries COVID-19 vaccine hesitancy has decreased. However, in Nigeria, we've seen an increase in hesitance between 2020-21. Although the uptake is getting better.
- CONVINCE partnerships. Partnering with private businesses beyond the public and health sector will help reduce vaccine hesitancy.
- Example learned in Indonesia- in the past, vaccines hesitancy was due to people questioning whether the vaccine was Halal. For the COVID-19 vaccine, it was important to engage with religious leaders to consider technical safety and religious values. The vaccine needs to be endorsed by values and religious perspectives to encourage people to take the vaccine. Bolivia the government took the approach to appeal to people's positive emotions with the words of 'hope'. In the US public gatherings such as barbershops were used to partner with the government to roll out vaccines. It helped relieve anxiety around the vaccine.
- Nigeria needs to find local culture, the local language, and relate to people that way. It's time to turn to trusted communities. Using social media to provide information that will appeal to the younger generation. Not just through the world or government sites/apps. We need to create something that will appeal to youth giving them the relevant information they need to make a decision.
- To debunk rumors HL stated that the government need not refer to the fake news but create new information.

### **Michael Fornwall: Building confidence in vaccination**

- Key to improving vaccine hesitancy is for government and/or policymakers to create better health facilities, policies, and better program coordination to support positive community engagement
- 4 things needed to improve COVID-19 vaccine intake: Government leadership, communication differently, stakeholder alignment, and HCW and media education.



Michael Fornwall

To properly engage with Nigerians both socially and personally we need to understand the history and current context of the population we are trying to reach before we try and roll out a campaign. We need to listen and show empathy. Know who the leaders are in society. We need to create shared responsibilities with partners in the community. Finally, we need to work with communities to develop solutions. MANTRA: START SMALL, MOVE FAST, AND ADAPT

## **Key points taken from the panel discussion involving all speakers and panelists**

- In northern Nigeria, traditional rulers in the past have a major influence in impacting/influencing communities to engage in vaccine programs. To succeed at the grassroots, you need trusted leaders. Traditional leaders want to be convinced that the vaccine is safe.
- There was a lot of misinformation in the beginning which led to distrust. Not involving the leadership at the grassroots, was a mistake. More engagement should have been made with traditional leaders to engage them. HRM requested more changes on this to receive better results
- HRM also emphasized that more needs to be done to mobilize the message of the vaccine in the villages.
- Within the Eastern part of Nigeria Bishop Sunday, stated religious leaders are key to vaccine programs. The government needs to do more to mobilize religious leaders. During the polio vaccine program, religious leaders were seen vaccinating their own families. This created confidence for the communities.
- NPHCDA stated they will make more of an effort to engage traditional and religious leaders in the COVID-19 vaccination programs
- Social media and COVID-19 relatable research apps- Nigeria need to create apps or use social media as a way of sharing information to combat false information being shared.
- Children COVID-19 vaccinations – Peter Hawkins expressed that this will need to be a decision made by the Government if they recognize the need for this. The supply line being regular will also determine whether this is necessary for the whole population. Nigeria has the supply chain to consider expanding the eligible population for the vaccination. We need to find out if parents want to vaccinate their children.
- The cost of rolling out the vaccine has been astronomical. A lot of costs have gone into gathering manpower (health care workers) and supporting PHC to set up centers appropriately for the distribution and administration of the vaccine.
- There's a need to integrate COVID-19 vaccinations with routine vaccinations for added benefits for Nigeria.
- Hesitancy tends to be around safety and development. We need to be transparent about the safety and efficacy of the vaccine. We need to equip our health care workers and use social media. We need to make it easier for people to get information quickly via the use of social media.
- People who have been vaccinated should be encouraged to share their positive experiences of the vaccinations

## Summary

The key themes established in this seminar were:

Lack of engagement with grassroots, community religious, and traditional leaders. It was clear that there has been a lack of engagement with CSOs and FBOs which has been detrimental to the vaccination program and uptake. NPHCDA has committed to making more of an effort to engage grassroots leaders.

Trust. There was a lack of trust with the vaccination due to misinformation and lack of transparency. To improve vaccine confidence, the government needs to collaborate more with state agencies and media outlets to not debunk rumors but change the narrative. Positive media: state and local government agencies should use the media to record everyday man/woman positive experiences of the COVID-19 vaccines. The use of celebrities/personalities/FBOs/CSO experiences will also make a difference to the COVID-19 vaccine campaign.

Partnering with private organizations and businesses. This webinar highlighted the need for government and state agencies to partner with private organizations and businesses to help with COVID-19 vaccine campaigns.

Integrating COVID-19 vaccinations with routine immunizations. The eligibility age criteria for the COVID-19 vaccination in Nigeria is 18 years and upwards. For those who have not had their childhood vaccinations, vaccine programs should be used as an opportunity to vaccinate for COVID-19 as well as other routine vaccines required.



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