

Data for action

RCCE FOR COVID-19
VACCINE DEMAND IN
EASTERN AND
SOUTHERN AFRICA

SPECIAL EDITION ON
ADOLESCENTS AND
YOUTH

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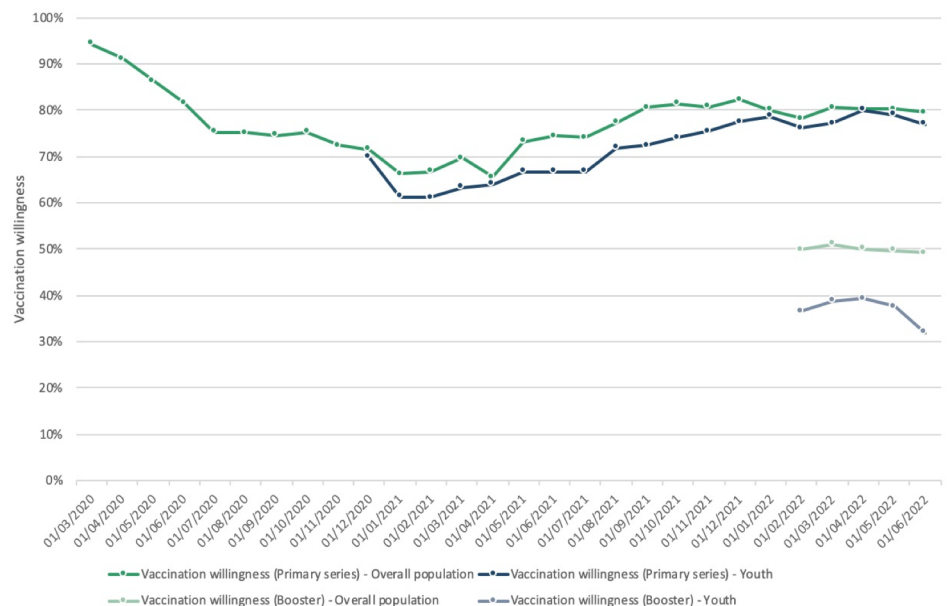
SITUATION ANALYSIS

Africa has the youngest population in the world. 70% of the population of sub-Saharan Africa are under the age of 30, with adolescents aged 10 to 19 years representing 23% of the population.^{21,22} Getting COVID-19 vaccines into the arms of adolescents and youth for Africa is therefore critical for achieving the World Health Organization's target of 70% COVID-19 vaccination coverage in 2022.

However, national decisions to vaccinate adolescents and youth must take into account the criticality of ensuring higher priority-use groups (e.g., older adults and health workers) have full protection through primary vaccination series and booster doses as recommended.²⁴

Youth and adolescents should therefore be reached with targeted social and behavior change interventions and perceived as agents of change encouraging and enabling their families, community members and friends to get vaccinated.

ESAR - Vaccination willingness among the overall population and youth - Primary series vs Booster



Source: Collective Service Dashboard [Link here](#)

KEY TAKEAWAYS

- ✓ Vaccine willingness in the region has generally remained lower amongst youth compared to the overall population, especially in relation to booster doses.
- ✓ Young people and well-educated groups are less willing to get COVID-19 vaccines.
- ✓ Girls are slightly more hesitant than boys in some East and South African region (ESAR) countries (Kenya, Ethiopia, Tanzania).
- ✓ Youth increasingly report access-related barriers to COVID-19 vaccine uptake, rising from 10% in January 2022 to 27% in June 2022, compared to the 16% in June 2022 reported in the overall population.
- ✓ Social media, mentioned by youth as the main source of information and a source of misinformation about COVID-19 vaccine, is identified as contributing to vaccine hesitancy amongst youth.



1 Knowledge, awareness & belief

FINDINGS AND CHALLENGES

Amongst those who refuse to get vaccinated, youth report being most concerned about side effects (75% compared to 64% in the overall population).^{15,23}

A considerable proportion of adolescents and youth in Ethiopia, Tanzania, South Africa, Ghana, Nigeria and Burkina Faso don't know when COVID-19 vaccines will become available to them.^{9,16, 23}

Youth aged 18 to 29 in Malawi report trusting COVID-19 vaccines the least.¹² One study found that youth-led groups are key in gaining public and youth-specific trust through sharing information on the importance as well as safety and effectiveness of COVID-19 vaccines.³

Social media is reportedly a greater source of information for youth and those with higher levels of education in Zimbabwe.²

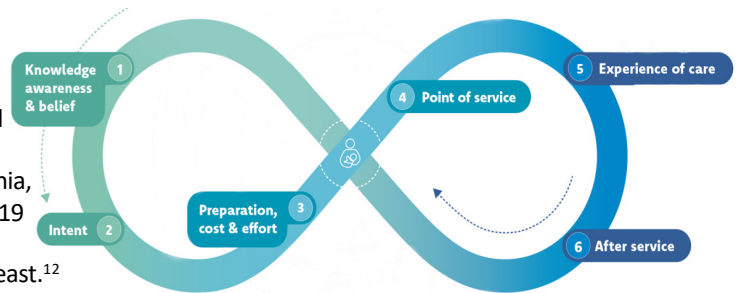
Emerging social media platforms may be used to spread anti-vaccination content including misinformation or conspiracy theories which jeopardize vaccine uptake, particularly for young people who are more likely to use these platforms.⁹ Debunking efforts have not yet proven robust and fast enough to dispel rumours and misinformation generated and shared online.²¹

Communication about COVID-19 vaccines has not interesting and creative enough to engage youth (ref. to message fatigue).¹

Trust in vaccinations is not only dependent on vaccine knowledge but also comes from trust in government and authorities, health professionals and public health institutions, especially in an uncertain and rapidly changing situation like the COVID-19 pandemic, as demonstrated in research on vaccine determinants among college students.^{1,4}

Some studies which focused on distinguishing between anti- and pro-vaccination online communities suggest that the anti-vaccine clusters are better positioned to spread information than those in favor. Furthermore, observations a lack of online involvement of medically trained personnel in pro-vaccine clusters.¹¹

Analyses of reasons related to hesitancy include concerns about side effects and the vaccine development process as well as distrust in experts. These were intertwined with conspiracy theories and unreliable information without solid scientific evidence.¹¹



"Journey to health and immunization framework, UNICEF 2018"

PROGRAMMATIC RECOMMENDATIONS

Design tailored campaigns and strategies targeting adolescents and youth to ensure they receive full, accessible, diversity-sensitive and age-appropriate information through engaging and creative content.

Facilitate community conversations that address fears and perceptions and reinforce trust in vaccines.

Consider public health campaigns for youth, adolescents and their guardians which emphasize that the vaccines are safe for adolescents and offer protection against COVID-19 infections.⁹

Leverage popular digital platforms to enable youth to engage with health professionals. This could provide a space for experts to debate topics openly and visibly, potentially identifying false information in real time.

Leverage eHealth and media literacy skills to help mitigate the detrimental effects of misinformation on vaccination decision-making.⁶

Include marginalized adolescents and youth of different ages, genders, (dis)abilities and backgrounds in the design of tailored SBC interventions and materials for these target groups.

Amplify community voices, attitudes, perceptions, concerns and needs. Facilitate feedback collection through short surveys or dialogues and disseminate key trends to decision-makers.

Generate information on the practices and views of adolescents and youth through existing platforms (e.g., U-Report) and use the responses to inform the COVID-19 interventions.

2 Intent

FINDINGS AND CHALLENGES

College students in Africa were relatively less willing to receive the COVID-19 vaccine, in line with data from the US and Europe.¹

COVID-19 vaccine hesitancy amongst adolescents is higher than in the general population across the five sub-Saharan African countries, especially in Tanzania.⁹

Youth are less likely to report refusing the vaccine because of lower risk perception compared to the general population: only 55% of youth refusing to take the vaccine in ESAR report that they don't think it is needed, compared to 85% in the general population, with risk perception remaining stable over time.¹⁵

A global study revealed adolescent girls are less willing to get a COVID-19 vaccine than adolescent boys, consistent with existing evidence.⁹

In ESAR, vaccine willingness has remained lower amongst youth compared to the overall population but is rising over time with data from June 2022 showing similar levels of willingness amongst populations under 44 years (79-80%) compared with 87-89% amongst populations over 45 years.¹⁵

Considerable difference in willingness to take booster doses exists between the overall population (50%) and youth (32% in June 2022, which was a steep decline from 40% willingness in April 2022).¹⁵



- In Ethiopia and Tanzania social norms around vaccine uptake are not well established among youth.^{13,19}
- In Uganda, major knowledge gaps and inequities in vaccine distribution could contribute to the decrease in intention to get vaccinated among college students.¹

PROGRAMMATIC RECOMMENDATIONS

- Engage with adolescents as agents of change to encourage their family members and friends to get vaccinated.
- Develop health promotion messages tailored to specific sub-population groups, with gender-sensitive and age-appropriate content and disseminate through trusted channels.
- Use nudges and behavioral insights to activate intention including presumptive communication, prescheduled appointments and reminders for vaccination.)
- Publicize pro-vaccination social norms which showcase leaders, influencers and peers getting vaccinated as well as experts supporting the vaccine.

3 Preparation, cost & effort

FINDINGS AND CHALLENGES

- In ESAR, unemployment rates remain relatively high, with young people being disproportionately affected.⁸
- In Malawi and South Africa youth reported the costs associated to vaccination (e.g., transport), time allocated to accessing health facilities and not knowing where to go to get a vaccine as key challenges.^{14,23}
- The percentage of youth who report having issues travelling to get vaccinated has been steadily increasing from 10% in January 2022 to 27% in June 2022 at a higher level than the overall population (of which only 17% reported challenges travelling to get vaccinated).¹⁵
- In Ethiopia, barriers to accessing the vaccine increase as age decreases, with 18-24 year olds reporting more access-related challenges¹³.

PROGRAMMATIC RECOMMENDATIONS

- Engage youth to accelerate coverage of COVID-19 vaccines amongst the adult population focusing on access for high priority groups, such as older people, through support for registration processes and access to vaccination sites, and through dissemination of key information.⁵
- Systematically integrate members of youth associations in existing activities including microplanning, advocacy and rapid assessments.
- Consider incentives to facilitate transportation to and from vaccination sites.²⁰

4 Point of Service

FINDINGS AND CHALLENGES

- 15% of youth in ESA countries reported difficulties in getting an appointment in June 2022, an increase from 12% in December 2021.¹⁵
- Despite increased availability of doses, both youth and the overall population are increasingly likely to report not getting vaccinated as their preferred brand was unavailable (9% and 12% respectively).¹⁵
- In sub-Saharan Africa, women and girls are currently experiencing sexual and reproductive healthcare disruptions at significantly higher levels than reported before the COVID-19 pandemic.²⁵

PROGRAMMATIC RECOMMENDATIONS

- Address contextual gender disparities and ensure that young women and girls are not left out in the vaccination rollout.
- Explore delivering vaccines to non-traditional venues where youth congregated such as schools and universities to expand access to vaccination services.

5 Experience of care

FINDINGS AND CHALLENGES

- Long waiting times and lack of two-way communication to address questions and concerns were reported by youth in ESA countries.^{10,16}

PROGRAMMATIC RECOMMENDATIONS

- Sustain efforts to reinforce health worker capacities to address concerns and questions and to improve the experience at vaccination point.

6 After Service

FINDINGS AND CHALLENGES

- Youth report perceiving limited self-benefit from vaccination.^{13,19}

PROGRAMMATIC RECOMMENDATIONS

- Consider use of mandatory COVID-19 vaccine certificates to access specific events or places (e.g., conferences).
- Use reminders for follow-up on additional doses required.
- Ensure after-service feedback is collected and utilized to adjust interventions accordingly.

Cross-cutting

PROGRAMMATIC RECOMMENDATIONS

- Generate local, age and gender-disaggregated epidemiological and sociobehavioral data to inform the design and implementation of strategies to increase COVID-19 vaccine uptake.⁷



RESOURCES

- o [Interim Statement on COVID-19 Vaccination for Children and Adolescents](#)
- o [Practical Tips on Engaging Adolescents and Youth in the Coronavirus Disease \(COVID-19\) Response](#)
- o [U-Report Webpage](#)
- o [Updated WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines](#)
- o [What you need to know about COVID-19 vaccines - UNICEF](#)
- o [Viral Fact Africa – AIRA](#)

GOOD PRACTICES FROM COUNTRIES

UNICEF MOZAMBIQUE's partnership with local artists to start a [Tik Tok campaign](#) and OneAfrica's [#MythorVax challenge](#) on TikTok

RWANDA Unique [partnership for COVID-19](#) | SOUTH AFRICA innovative approach using local solutions - [Zwakala - take your shot!](#)

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This report provides key highlights – challenges, key findings and programmatic recommendations based on different sources, following a methodology guided by the [Journey to Health and Immunization](#). This report is compiled by UNICEF in support to the ESACREDT Demand TWG on a monthly basis, under outputs (1) to enhance knowledge sharing among related partners, and (2) to support the dissemination of regional and national level tools and recommendations on equitable/inclusive immunization demand and uptake.