

Red Crescent Society of Kyrgyzstan

From COVID-19 to routine vaccination: building trust through evidenced-based adaptation

Of all the impacts of the COVID-19 pandemic, the reduction in routine child immunization rates for diseases such as measles and rubella – the result of disruption to normal health systems, coupled with an upsurge in vaccine scepticism – may be one of the most dangerous, yet least visible.

In Kyrgyzstan, official government figures show that during the pandemic, overall routine vaccination coverage fell to 88 per cent. While this may still sound high, WHO recommends that to be effective vaccination coverage should be at least 95 per cent.



RCSK volunteers share information about vaccination.

These reduced immunisation rates have played a key role in the growth of measles and rubella in Kyrgyzstan in 2023 – with more than 5,500 measles cases reported during the calendar year, the majority in unvaccinated children under five years of age.

In response to the emergence of this situation, reinforced by feedback received from communities demonstrating their own changing priorities, the Red Crescent Society of Kyrgyzstan (RCSK) decided to broaden the focus of its COVID-19 immunisation activities, including those under the *Building Trust During the COVID-19 Pandemic in Humanitarian Settings* project, to work together with the Kyrgyz health care system to support delivery and uptake of routine childhood vaccinations.

Contents

- Introduction
- Overview and results
- Lessons Learned
- Next steps & recommendations
- Contacts

Introduction

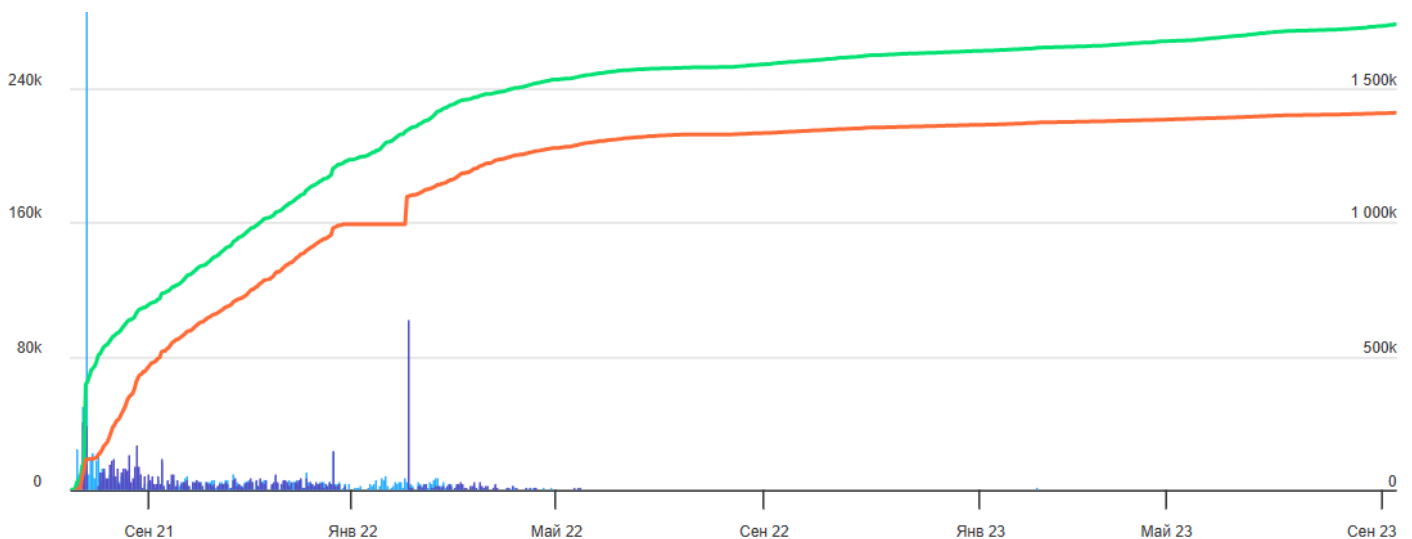
In Kyrgyzstan, the coronavirus vaccination campaign started on 29 March 2021, and was initially successful with high rates of uptake in the early months. However, despite strong promotion, and widespread availability, longer-term COVID-19 vaccination rates plateaued in Spring 2022, and coverage in the country remains stalled at around one-in-five people being fully immunized against the virus.

According to the latest available information on COVID-19 vaccination in Kyrgyzstan:

- 1.7 million people (26.1% of pop.) - vaccinated with at least one dose (green line in graph below).
- 1.4 million people (21.1% of pop.) - fully immunized (orange line in graph below).
- 3.7 million - total number of vaccine doses administered.

COVID-19 vaccinations in the last six months including revaccinations:

- 80,000 people (1.2% of pop.) - at least one dose.
- 30,000 people (0.5% of pop.) - fully immunized.



In support of the national COVID-19 vaccine roll-out plan, under the *Building Trust* project RCSK focused on working with people in vulnerable groups who were at increased risk of severe COVID-19 due to existing diseases or age, as well as groups with limited access to vaccination points and services, including migrants. Activities included sessions supporting access to information about COVID-19 vaccination and healthy living, as well as implementation of a two-way feedback system, and referral or assistance escorting people to vaccination points.

From January 2022 to October 2023, RCSK reached over 73,000 people with face-to-face information and awareness raising activities about vaccination against COVID-19. Of these, around 20% - just over 14,000 people - were subsequently vaccinated.



RCSK supports parents to bring their children for immunization.

RCSK also established critical contacts with national and local partners to roll-out key project activities, facilitating coordination meetings with stakeholders including the Ministry of Healthcare and the Republican Centre for Public Health, as well as with other humanitarian partners such as UNICEF, USAID, WHO, JSI, and AFEW. The meetings enabled due coordination and promotion of synergies supporting vaccination against COVID-19 in Kyrgyzstan.

But with health systems overwhelmed, and people required to stay at home and isolate, routine childhood vaccination programmes were disrupted, delivering many fewer doses than planned. This reduction in coverage provided a critical opportunity for measles and rubella to gain a foothold.

According to the Republican Center for Immunoprophylaxis, since the beginning of 2023, 5,532 cases of measles have been identified in the country.

Of these, almost 90% were in people who had not been vaccinated, including more than 2,000 cases where vaccination had been refused¹.

In addition to supporting people's access to reliable information and building coordination between organisations delivering COVID-19 prevention work, the *Building Trust* project also enabled the development of a feedback mechanism to help identify key barriers to, and rumours about, vaccination.

Alongside government data on the reduction in routine vaccination rates, reports from the RCSK feedback system helped demonstrate increased interest amongst people in the topic of routine childhood vaccination, as well as low levels of awareness of its impact and importance.

Taking into account the increasing incidence of measles in the Republic, people's limited awareness of the importance of vaccination, the increasing number of people refusing to vaccinate their children, as well as the growing amount of feedback related to this topic, the decision was taken to expand the *Building Trust* project activities to better include routine childhood vaccination.

Overview and Results

RCSK has a mandated role to support the national response to disease outbreaks by providing critical support to the national vaccine introduction plan by working with vulnerable people and groups with limited access to vaccination facilities or services.

As part of the implementation of the *Building Trust* project a multi-channel feedback mechanism was set up.

¹ <https://privivka.kg/novosti/situacziya-po-kori-v-kyrgyzskoj-respublike-2/>

Objectives:

1. Answer questions, and adapt activities in line with people's concerns
2. Identify gaps in public awareness regarding vaccination.
3. Identify key topics of interest in relation to immunisation.
4. Identify barriers, rumours, and perceptions related to uncertainty about vaccination.
5. Identify the most popular ways of obtaining information on vaccination.
6. Analyse the effectiveness of interventions and adapt work plans based on feedback received.

Feedback Channels

- **Helpline**

The National Society **helpline** consists of three separate numbers (three mobile operators: O! MegaCom, Beeline) and is shared by all projects implemented by the RCSK.

The officer in charge of the helpline receives calls, processes them, and forwards them to the appropriate department for further action.

If the helpline receives a call with a question about vaccination, it is forwarded to a vaccination specialist. In turn, the vaccination specialist can answer the question, share up-to-date information about vaccination, refer the caller to a medical facility, or offer assistance with follow-up.

- **WhatsApp Line**

The WhatsApp line is a group on WhatsApp where the RCSK immunisation expert, project staff, and Red Crescent volunteers can communicate and exchange information. During in-person information sessions (see below), project volunteers collect feedback (questions, rumours, suggestions, etc.). If a volunteer has difficulties in answering any questions, they can send the question to the WhatsApp group where the immunisation expert can provide an immediate response, allowing questions to be addressed in real time.

- **Information Sessions**

As part of the project implementation, National Society volunteers engage communities, providing access to trusted information about COVID-19 and vaccination. Events take place both in places where people congregate and through door-to-door household visits. In addition to providing information about vaccination, volunteers also collect feedback in a specially designed form on the KoBo platform. All data collected through the form is automatically sent to the CEA specialist for further processing, analysis, and response.

- **Open-Mic Sessions**

Guided by the results of a previous perception survey seeking to better understand people's preferred channels and most trusted sources of information, television and radio were identified as the media with the greatest popularity among people of all ages and demographics.

Based on these findings, live radio and television programmes on vaccination have been organised together with public health officials (epidemiologists and immunologists), who were identified as being the most trusted sources of health information. During the broadcasts, experts share information about infectious diseases, the importance of vaccination, and answer questions from listeners. All questions received during the live broadcasts (both radio and TV) are recorded in the RCSK feedback collection form and used to inform future activities.

- **Social Media**

RCSK actively uses social media networks such as Instagram and Facebook. On a regular basis, information about vaccination in the form of text messages, pictures, photos, and videos is published on RCSK's official pages.

To obtain feedback and identify information gaps, project staff also post questionnaires to social networks. Data from the responses received to the questionnaires is then used to inform the composition of posts which answer people's most frequently asked questions or provide clarification to those questions people most frequently responded to incorrectly.



An RCSK social media post about COVID-19.

Feedback Informs Decision Making

All feedback, questions, suggestions, concerns, and rumours, collected through various channels are recorded in an Excel logbook and coded to assist with analysis and reporting.

Based on this feedback data, the project team continuously analyses performance and adjusts activities to better meet people's needs.

Anecdotally, teams felt that interest in COVID-19 was decreasing, and triangulating the feedback being received confirmed this was the case.

Reasons for this decline in interest included:

- 1. Information saturation:** with the passage of time and increase in available information on COVID-19 vaccination, people lost interest in the topic, especially if they had already accessed the information they wanted or become entrenched in their decision not to take the vaccine.
- 2. Crisis fatigue:** fighting the COVID-19 pandemic led to prolonged restrictions, stress and anxiety, and people were tired of the situation, reducing their interest in vaccination.
- 3. Few reported COVID-19 cases:** Kyrgyzstan has had a low reported incidence of COVID-19 since spring 2022. All restrictive measures such as wearing masks in public places, and isolation and screening for COVID-19 symptoms have been dropped. Many people feel coronavirus is now behind them and there is no need to be vaccinated.

Feedback received: COVID-19

1. "The pandemic is gone, the worst times are over" - woman, 56 years old.
2. "I don't believe COVID-19 is dangerous now because there are no deaths" - woman with many children, 40-45 years old.
3. "I heard that they don't make vaccines against COVID-19 anymore" – male, 25-30 years old
4. "Is there still COVID-19? Why don't we know?" - woman, 45 years old.
5. "Why are you forcing us to vaccinate against COVID? It doesn't exist anymore, all precautions have been cancelled. No one wears masks, no one uses sanitizers, there is no quarantine in hospitals." - male, 36-38 years old.
6. "No one is sick with coronavirus anymore, almost everyone has already had COVID-19 now so it's not dangerous anymore." - male, 45-50 years old.
7. "Coronavirus is already like the flu, it's not dangerous." - woman, 35-40 years old.

However, even as interest in COVID-19 waned, increasing cases of measles among children triggered a growth of interest in the topic of routine vaccination.



An RCSK volunteer conducts a perception survey.

Feedback received: Routine Immunisation

1. "How many times should you be vaccinated against measles?" - woman, 39 years old.
2. "I wanted to know in detail about vaccination, composition, is it not harmful to children?" - male, 45 years old.
3. "Can I get a measles vaccination before school? Will it be okay that we missed the vaccination at the age of 6?" -woman, 36 years old.
4. "Why don't they talk much about these vaccinations on TV, e.g. measles, rubella?" - woman, 30-35 years old.
5. "What are the consequences of refusing measles vaccination?" - question during a live radio broadcast.
6. "How does measles affect adults? When should you be vaccinated?" - question during a live radio programme.

In response to the increasing cases of measles, people's low awareness about vaccination – as revealed in *Building Trust* project feedback data - and the increased number of people refusing to vaccinate their children due to anti-vaccination sentiments aroused during the COVID-19 pandemic, it was decided to expand project activities to include engaging people about routine immunisation.

Project Adaptation

Project activities were adapted to include new activities introducing routine vaccination as a component:

- Educational materials about routine immunizations were developed for volunteers to be able to provide additional information in response to questions, or to present during information sessions.
- All project staff and volunteers received training on "vaccine-preventable infections, vaccine prophylaxis".
- Television and radio programmes about routine immuno-prophylaxis were held.
- Working with health authorities, RCSK is able to focus information provision efforts towards those who have yet to be immunized.
- The National Society organized the deployment of a mobile team from the immuno-prophylaxis centre for vaccination.
- Collaboration and training of religious leaders on the need for vaccination has been initiated to support the dissemination of information to their congregations.



RCSK support an immunologist to appear on a live TV discussion programme.

Research

Looking more deeply into the feedback received, the *Building Trust* project plans to conduct formal research into "Understanding immunisation practices and potential anti-vaccine attitudes in Kyrgyzstan".

The purpose of this study is to examine routine immunisation practices in Kyrgyzstan, with a particular focus on the dynamics underlying anti-vaccine attitudes, contributing factors, and the views of parents, health care providers, and religious leaders on vaccination.

Immunisation significantly reduces the burden of infectious diseases, contributing to the safety of life and health of both children and adults, so it is critical to understand the social and cultural factors affecting uptake.

With increasing hesitancy to vaccinate, understanding the underlying factors behind this can help health authorities and actors develop more effective strategies and policies.

By understanding the factors that influence attitudes towards immunisation in Kyrgyzstan, we hope to develop interventions that will improve people's trust in vaccination as a safe and effective measure, thereby contributing to improved health outcomes in the country.

Lessons Learnt

Setting up an effective feedback mechanism was integral to this project. Initially, project staff identified channels where people could share feedback, including face-to-face in information sessions, social media and the helpline. But experience shows that without community involvement in decisions affecting the communities themselves, our efforts can often go astray. For example, the RCSK helpline, which is the channel least used by people in our priority groups:

- **economic inaccessibility:** vulnerable people are less likely to own a mobile phone and may also be reluctant to spend money making calls.
- **information inaccessibility:** low awareness of the helpline itself and the numbers to call.
- **language barriers:** staff and volunteers answering calls did not have full command of the Kyrgyz language, which made it difficult for them to register and process feedback.
- **software:** If calls are missed, the software used for managing the helpline cannot store callers' numbers or allow messages to be left, so missed calls cannot be returned.
- **human resource:** lack of human resources delayed logging, management and analysis of data.

Several of these explanations also apply to social media - not everyone in our priority communities has access to social media, consequently they cannot access information, participate in surveys, or ask us questions online. Social media remains an important source for obtaining feedback, but it is necessary to be aware of potential gaps in who is, and who is not using it.

We realised that the initial channels we selected (information sessions and household visits), based on the RCSK's previous experience, were limiting as they were not effectively reaching a larger audience.

Therefore, we have broadened the channels we use based on community preferences, and not limited ourselves to just those included in the initial plan.

According to the perception survey, television and radio were found to be the media most popular among people of all ages and social strata.

Consequently, we increased the number of radio and TV programs on vaccination issues, as feedback emphasizes the accessibility and convenience of getting questions answered live on air. We have also increased the number of information sessions, door-to-door visits, and the use of proactive feedback channels.

Realizing that no single channel is right for everyone, we are not eliminating any of them, but expanding and adapting them to increase opportunities for feedback.

Feedback has played a key role in understanding the importance of community participation as well as informing the timely adaptation of project activities and the feedback channels themselves.

This example is a key lesson in the dangers of making decisions for communities without their active participation. Subsequently, we have better included communities in decision-making: organising focus groups and meetings with communities to jointly discuss our capacities and their wishes to be included in the making of decisions which affect their communities. Establishment of the feedback mechanism is undoubtedly one of the best practices within the *Building Trust* project in Kyrgyzstan.

Next Steps & Recommendations

In light of the challenges posed by the COVID-19 pandemic, it is critical to take action to address vaccine hesitancy and increase routine immunisation coverage.

Based on our experiences within the *Building Trust* project, we propose the following recommendations to support increased public confidence in vaccines, improved vaccination coverage rates, better health outcomes, and increased resilience to future epidemics/pandemics:

1. Active involvement of medical experts in the development and dissemination of key messages and information on vaccination. This will help ensure people get information from what they perceive as the most reliable sources.
2. Collaborate with trusted community leaders to help dispel myths and misinformation about vaccines and communicate accurate information.
3. Ensure that all information materials are clear, accessible, and credible to different segments of the population, taking into account different languages, cultural backgrounds, and education levels.
4. Disseminate information through various channels, including public meetings and digital platforms, to reach a wider audience.
5. Use traditional mass-media channels such as television and radio to reach people who do not have access to the Internet or do not know how to use it.

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