

EBOLA VACCINE COMMUNICATION, COMMUNITY ENGAGEMENT AND COMPLIANCE MANAGEMENT (3C) GAP ANALYSIS TOOL

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Ministry of Health of Senegal established a respectable Project Steering Committee that provided oversight to the project implementation in Senegal. Additionally, the Ministry provided appropriate staff with experience in planning and implementing 3C activities for Ebola preparedness in Senegal during the 2014 West Africa Ebola outbreak to participate in the various stages of the Tool development processes in Senegal.



Ministry of Health of Sierra Leone established a respectable Project Steering Committee to provide oversight of the project implementation process in Sierra Leone. Additionally, provided appropriate staff like those with experience in planning and implementation of 3C activities for Ebola outbreak response in Sierra Leone during the 2014 West African Ebola outbreak that engulfed Sierra Leone to participate in the various stages of the Tool development processes in Sierra Leone.



Ministry of Health Uganda established a respectable Project Steering Committees (PSC) to provide oversight of the EBODAC Gap Analysis project implementation process in Uganda. Additionally, the Ministry provided appropriate staff with experiences in planning and implementation of 3C activities in the previous several small Ebola outbreaks in Uganda and the 2014 West Africa Ebola outbreak. The Ministry also provided staff with experience in planning and implementation of 3C activities for Ebola vaccine deployment from the 2018 Ebola vaccination of health workers in Uganda as a preparedness intervention to prevent 2018 Democratic Republic of Congo (DRC) Ebola outbreak from spilling over to Uganda to participate in the various stages of the Tool development processes in Uganda.

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| | |
|--|----|
| Acronyms..... | 1 |
| Definition of Key Terms..... | 2 |
| Introduction..... | 5 |
| What Is A Gap Analysis?..... | 6 |
| What Is A Gap Analysis Tool?..... | 6 |
| What Is Ebola Vaccine 3C Gap Analysis Tool?..... | 6 |
| What Does The Ebola Vaccine 3C Gap Analysis Tool Cover?..... | 8 |
| What Doesn't The Ebola Vaccine 3C Gap Analysis Tool Cover?..... | 11 |
| What Real World Challenges Prompted The Development Of The Ebola Vaccine 3C Gap Analysis Tool?..... | 12 |
| How Was The Ebola Vaccine 3C Gap Analysis Tool Developed?..... | 13 |
| What Is The Purpose Of The 3C Gap Analysis Tool?..... | 14 |
| When To Use The Gap Analysis Tool?..... | 14 |
| What Resources Are Needed To Complete The Gap Analysis Tool?..... | 16 |
| Who Should Complete The 3C Gap Analysis Tool?..... | 16 |
| Who Should Take Leadership In Organizing Country Teams To Complete And Action The Priority Gaps Identified By The 3C Gap Analysis Tool?..... | 17 |
| How Is The 3C Gap Analysis Tool Structured?..... | 18 |
| How To Complete Each Module?..... | 20 |
| | |
| Ebola Vaccine Communication, Community Engagement And Compliance Management (3C) Gap Analysis Tool..... | 22 |
| | |
| Module 1: Strategic 3C Activities..... | 22 |
| Part 1.1.1: Gap Identification And Scoring..... | 23 |
| Heading 1A. Situational Analysis For 3C..... | 24 |
| Heading 1B. Strategies And Plans For 3C For Ebola Vaccine Deployment..... | 27 |
| Heading 1C. Products & Materials For Ebola Vaccine Deployment..... | 29 |
| Heading 1D. 3C Messaging For Ebola Vaccine Deployment..... | 30 |
| Part 2.1.1. Gap Prioritization..... | 33 |
| How To Conduct Gap Prioritization..... | 32 |
| Part 3.1.1: Action Planning..... | 36 |
| | |
| Module 2: Operational 3C Activities..... | 37 |
| Part 1.2.1: Gap Identification And Scoring..... | 37 |
| Heading 2A. Community Engagement For Ebola Vaccine Deployment..... | 38 |
| Heading 2B. Interpersonal Communication For Ebola Vaccine Deployment..... | 41 |
| Heading 2C. Public/mass Communication For Ebola Vaccine Deployment..... | 43 |
| Heading 2D. Management Of Misinformation & Rumours Related To Ebola Vaccine Deployment..... | 46 |
| Heading 2E. Communications Around The Adverse Event Following Immunization (AEFI) For Ebola Vaccine Deployment..... | 49 |
| Heading 2F. Compliance Management For Ebola Vaccine Deployment..... | 51 |
| Part 2.2.1. Gap Prioritization..... | 53 |
| How To Conduct Gap Prioritization..... | 53 |
| Part 3.2.1: Action Planning..... | 56 |
| | |
| Module 3: Integration Of 3C Best Practices And Guidelines..... | 57 |
| Part 1.3.1: Gap Identification And Scoring..... | 57 |
| Heading 3A. Capitalization On Past Experiences For 3C For Ebola Vaccine Deployment..... | 58 |
| Heading 3B. Gender And Vulnerable Groups Considerations For 3C For Ebola Vaccine Deployment..... | 60 |
| Heading 3C. Health System Integration Of 3C For Ebola Vaccine Deployment..... | 63 |
| Heading 3D. Ethics And Human Rights Considerations For 3C For Ebola Vaccine Deployment..... | 64 |
| Heading 3E. Cross-border Considerations For 3C For Ebola Vaccine Deployment..... | 66 |
| Heading 3F. Human Resources For 3Cs For Ebola Vaccine Deployment..... | 68 |
| Part 2.3.1. Gap Prioritization..... | 70 |
| How To Conduct Gap Prioritization..... | 70 |
| Part 3.3.1. Action Planning..... | 73 |



| | |
|---|-----|
| Module 4: Supportive and Enabling Environment for 3C..... | 74 |
| Part 1.4.1: Gap Identification And Scoring..... | 74 |
| Heading 4A. Enabling Technology For 3C For Ebola Vaccine Deployment..... | 75 |
| Heading 4B. Monitoring And Evaluation (M&e) For 3Cs For Ebola Vaccine Deployment..... | 78 |
| Heading 4C. Capacity Building For 3C For Ebola Vaccine Deployment..... | 81 |
| Heading 4D. Coordination For 3C For Ebola Vaccine Deployment..... | 83 |
| Heading 4E. Resource Mobilization For 3Cs For Ebola Vaccine Deployment..... | 85 |
| Part 2.4.1. Gap Prioritization..... | 88 |
| How To Conduct Gap Prioritization..... | 88 |
| Part 3.3.1. Action Planning..... | 91 |
| | |
| Annex 1. List Of Project Steering Committee Members..... | 93 |
| Annex 2. List Of Experts Consulted In The Tool Development Process..... | 95 |
| Annex 3. List Of 3C Gap Analysis Tool Pilot Participants..... | 102 |
| Annex 4. Project Activity Photo..... | 105 |



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| 3Cs: | Communication, Community Engagement & Compliance Management |
| AEFI: | Adverse Events Following Immunisation |
| CDC: | Centre for Disease Control |
| DHIS: | District Health Information Systems |
| EBODAC: | Ebola Vaccine Deployment, Acceptance & Compliance |
| EPI: | Expanded Programme on Immunisation |
| EOC: | Emergency Operations Centre (aka Public Health Emergency Operations Centre) |
| EVD: | Ebola Virus Disease |
| GEVIT: | Global Ebola Vaccine Implementation Team |
| HIS: | Health Information System |
| HMIS: | Health Management Information Systems |
| HPEC: | Health Promotion, Education and Communication (Health Education) |
| IEC: | Information, Education, Communication |
| ICTs: | Information Communication Technologies |
| IC: | Interpersonal communication |
| IPC: | Infection, Prevention & Control |
| KAP: | Knowledge, Attitudes & Practices |
| LSHTM: | London School of Hygiene & Tropical Medicine |
| M&E: | Monitoring and Evaluation |
| MoH: | Ministry of Health / and Sanitation / and Social Action |
| MOTS: | Mobile Training and Support |
| MOU: | Memorandum of Understanding |
| NGO: | Non-Governmental Organisation |
| RI: | Readiness Item |
| RRT: | Rapid Response Team |
| SitRep: | Situation Report |
| SoP: | Standard Operating Procedure |
| ToR: | Terms of Reference |
| UNICEF: | United Nations International Children's Emergency Fund |
| WHO: | World Health Organization |
| WV: | World Vision |



COMMUNICATION:

Real time exchange of information, opinion and advice between frontline responders and people who are faced with the threat of Ebola to their survival, health, economic or social wellbeing.¹

COMMUNITIES:

Different groups existing in the area targeted for 3Cs for Ebola vaccine deployment including the area surrounding targeted for vaccine deployment. Communities maybe defined by geographical area, purpose or other social cultural dimensions but for the purpose of this tool, the above is the operational definition of communities for 3Cs for Ebola vaccine deployment.

COMMUNITY ENGAGEMENTS:

Mutual partnership between Ebola response teams and individuals or communities in affected areas, whereby community stakeholders have ownership in controlling the spread of the outbreak.²

COMMUNITY ENTRY GATEKEEPERS:

People with formal or informal authority who have to be consulted before or during entry into their communities to conduct any sort of activity. This often includes political office bearers, religious leaders, cultural or traditional leaders.

COMMUNITY SEGMENTS:

Layers of target population with differences in geographical location, socioeconomic status, gender, occupation, power dynamics and thus differential access to channels of communication such as TVs, FM radios, community radios, social media and health facilities.

COMMUNITY STAKEHOLDERS:

Formal and informal institutions/organizations, groups and influential personalities operating within the community who have direct or indirect roles in planning, implementation or evaluation of community-based activities, including health interventions.

COMMUNITY STRUCTURES:

Groups and networks within the community such as women's group, mother's union, father's union, farmers group, market women associations, youth groups, teachers' groups, burial groups, cultural dance groups, religious denominations, saving and credit cooperatives, traditional healer's associations, ethnic and cultural groups.

DEMAND-SIDE PREPAREDNESS:

Behavior and inputs of recipients or intended recipients (individuals, households and communities) to service delivery inputs provided on the basis of formal sectoral planning by technical planners and managers. Furthermore, these are activities that will generate and sustain demand towards the Ebola vaccine.

EMERGENCY OPERATIONS CENTRE (EOC) AND PARTNERS:

This refers to the section of Government of the Ministry of Health that is responsible for leading and coordinating the Ebola preparedness and response. The partners may include the private for profit, private not for profit and traditional health providers, UN agencies, development and global health agencies, international and local non-governmental organizations, and community based organizations who are supporting the Ebola response.

¹Risk communication and community engagement preparedness and readiness framework: Ebola response in the Democratic Republic of Congo in North Kivu

²Risk communication and community engagement preparedness and readiness framework: Ebola response in the Democratic Republic of Congo in North Kivu



ENABLING TECHNOLOGIES:

Equipment, methodology, system, or innovation that have the ability to support and enhance the performance and capabilities of the user. Within the context of 3Cs for EBODAC, enabling technologies can be used to support enhanced performance in: media monitoring; identification of persons, including biometric approaches, such as fingerprinting or iris scanning; tracking persons, such as for the purposes of two-dose vaccine compliance tracking; capturing and managing case management data; training, including Mobile Training Support Tools (MOTS); and coordination.

EXPANDED PROGRAM ON IMMUNISATION:

The section of the Ministry of Health that develops and expands immunisation programs in a country.

GENDER:

Refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men.

HEALTH PROMOTION EDUCATION AND COMMUNICATION:

The section of the Ministry of Health that increases community awareness and literacy on disease prevention and promotion; promotes public participation and involvement in health-care delivery, increases demand and utilisation of services provided by the health sector.

HOTLINES:

24/7 telephone number which people can call free of charge to reports of any incidences. Example are 117 hotline in Sierra Leone and 0800100066 hotline in Uganda.

HUMAN RESOURCE:

All people engaged in actions whose primary intent is to enhance the health of populations.

IEC:

Information, Education and Communication: An approach whose aim is to change or reinforce support behaviour in a specific target audience towards a specified problem within a period of time. IEC materials are designed to effectively promote this approach.

MECHANISMS:

Procedures, rules and regulations.

MICRO PLAN:

Field level work plan documents that outlines specific activities, methodology, their schedules, venues, targeted beneficiaries, budget lines and responsible persons/institutions for implementation.

MOBILISATION:

The process of bringing together all community influencers to raise awareness of and create a demand for health-care, assist in the delivery of resources and services and cultivate all-round involvement.

OPERATIONAL PLAN:

Provincial, regional or district level documents that stipulate specific objectives, activities and budget lines that should be implemented to achieve the strategic goals and objectives.

**PORTAL:**

Physical or digital site or system where people can drop a text message, letter, email or other digital reports. One example is 8080 in Uganda where people can send SMS to the ministry of health.

READINESS ITEMS:

Things, systems or mechanisms that could be put in place or done before vaccine deployment (whether many months before, or immediately before) to mitigate the issues that could arise in relation to Ebola vaccine deployment and acceptance.

RISK COMMUNICATION:

The exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being.

RUMOURS:

Stories or reports that circulate amongst communities of uncertain or doubtful truth.

SENSITISATION:

Provision of experiences and knowledge of a particular issue or situation so that individuals or communities can take notice of this and understand it well.

STRATEGIC PLAN:

National level document that stipulates goal, broad objectives and approaches that would be preferred, prioritized and funded for curbing a disease or health problem in question for a specified period of time, usually 5 years. An example is the Uganda Ebola viral disease preparedness and response strategic plan 2010- 2014.

SYSTEMS:

Technologies and tools

TEAM:

Group of people with joint defined scope of work. This can be a department, unit, or committee. Examples are Rapid Response Team for Ebola, national and district task force for Ebola in Uganda, risk communication and social mobilization committee, etc.

TWO-WAY COMMUNICATION IN COMMUNITY ENGAGEMENTS:

Conversation whereby both parties speak, listen and provide feedback to each other.

VACCINE ACCEPTANCE:

Refers to willingness or hesitancy or refusal of vaccines despite availability of vaccination services.

VACCINE COMPLIANCE MANAGEMENT:

Ensuring the targeted are the ones receiving the vaccination and in case of a two-dose vaccine, those who received the first dose are the ones who receive the second dose at the right time.

VULNERABLE GROUPS:

Refers to groups of people who may lack access to social-cultural amenities and services compared to general members of the population due to possession of certain characteristics such as being children, pregnant women, elderly people, malnourished people, prisoners, migrants and refugees, people who uses drugs, and people who are ill or immunocompromized, etc.

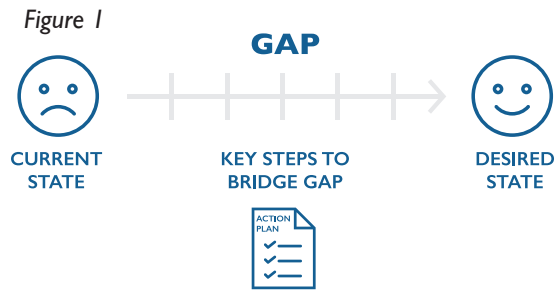
The background features a solid blue color with a repeating pattern of white chevrons. The chevrons are arranged in three vertical columns. The leftmost column consists of single-line chevrons pointing up and down. The middle column consists of double-line chevrons pointing up and down. The rightmost column consists of single-line chevrons pointing up and down. The word "INTRODUCTION" is centered horizontally across the middle of the image.

INTRODUCTION

WHAT IS A GAP ANALYSIS?



A gap analysis is the comparison of current performance state with potential or desired performance state (i.e. where country is versus where the wants to be). The difference between the two is 'the gap' to be analysed and addressed. Gap Analysis are often presented in a gap analysis tool format (see Figure 1).



WHAT IS A GAP ANALYSIS TOOL?

A gap analysis tool is a framework (usually checklist with response options and scoring system) that outlines what the potential or desired performance is, and assists users to measure their current performance against this benchmarks or set performance targets so they can analyse their gaps and look at the steps they'll need to take to reach their goals (often by creating specific action plans to move forward with the steps).

WHAT IS THE EBOLA VACCINE 3C GAP ANALYSIS TOOL?

The Ebola vaccine 3C Gap Analysis tool is a framework that establishes a countries readiness for Ebola vaccine deployment in non-emergency and emergency scenarios in terms of communication, community engagement and vaccine compliance management (3C). It does this by establishing the gap between 3C items the country has in place and what 3C items should be in place for optimal Ebola vaccine deployment, acceptance and compliance.

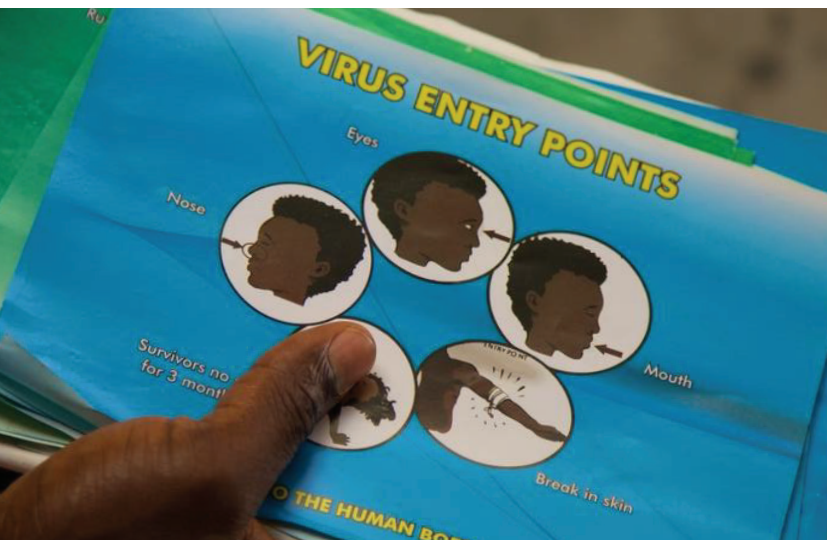
The Tool poses readiness items and levels of readiness to undertake Ebola vaccine communication, community engagement and compliance management (3C) for both countries and the international community to answer as they are planning or are in the process of deploying Ebola vaccine as a preparedness or outbreak response option. This tool establishes four levels of readiness namely:


- LEVEL 3:** Where 3C items are fully available and functional/operational
- LEVEL 2:** Where 3C items are partially available or partially functional/operational
- LEVEL 1:** Where 3C items are not available or not functional/ non-operational but in process of being developed
- LEVEL 0:** Where 3C items are not available or not functional/non-operational and there are no plans of developing them

The above level of readiness may be redefined by national authorities on the basis of existing regional and national context.

The Tool is designed to prepare for Ebola vaccine deployment in a variety of different deployment scenarios; regardless of the exact vaccine profile, across Sub-Saharan African countries.







WHAT DOES THE EBOLA VACCINE 3C GAP ANALYSIS TOOL COVER?

The Ebola Vaccine 3C Gap Analysis Tool covers 15 aspects of readiness assessment namely:

1

ASSESSMENT OF READINESS TO ENSURE THERE IS A COMPREHENSIVE UNDERSTANDING OF THE TARGET POPULATION(S), CHANNELS FOR COMMUNICATION AND THEIR AUDIENCES – FROM DEMOGRAPHICS TO ATTITUDES – BEFORE AND THROUGHOUT THE VACCINE DEPLOYMENT.

2

ASSESSMENT OF READINESS TO ENSURING THE DEVELOPMENT OF 3C STRATEGIES AND PLANS (INCLUDING WORK-PLANS, M&E PLANS) HAPPEN AT ALL LEVELS (NATIONAL, DISTRICT, COMMUNITY).

3

ASSESSMENT OF READINESS TO ENSURING TIMELY PRODUCTION OF TAILORED COMMUNICATIONS PRODUCTS AND MATERIALS (FAQS, LEAFLETS, POSTERS, VIDEOS, TRAINING MATERIALS ETC) BEFORE AND THROUGHOUT THE VACCINE DEPLOYMENT.

4

ASSESSMENT OF READINESS TO ENSURING FORMAL AND INFORMAL LEGITIMATE AND TRUST COMMUNITY GROUP LEADERS ARE ACTIVELY AND MEANINGFUL ENGAGED THROUGH THE EBOLA VACCINE DEPLOYMENT.

5

ASSESSMENT OF READINESS TO ENSURING TIMELY, CONSISTENT, CREDIBLE PUBLIC AND MASS COMMUNICATION ACTIVITIES ABOUT THE VACCINE.

6

ASSESSMENT OF READINESS TO ENSURING APPROPRIATE, TRUSTED CHANNELS, MESSENGERS AND PARTICIPATORY APPROACHES ARE USED TO REACH, ENGAGE AND DIALOGUE WITH COMMUNITIES AND INDIVIDUALS ABOUT THE EBOLA VACCINATION.

7

ASSESSMENT OF READINESS TO ENSURING EBOLA VACCINE MISINFORMATION, RUMOURS AND AEFIS ARE MONITORED THROUGHOUT THE VACCINE DEPLOYMENT, AND THAT COMMUNICATIONS AND COMMUNITY ENGAGEMENT ACTIVITIES FORM PART OF THE WAY IN WHICH THEY ARE ADDRESSED.



8

ASSESSMENT OF READINESS TO ENSURING VACCINATION COMPLIANCE IS PROMOTED AND TRACKED THROUGHOUT THE VACCINE RESPONSE, AND THAT COMMUNICATIONS AND COMMUNITY ENGAGEMENT ACTIVITIES FORM PART OF THE WAY IN WHICH VACCINATION COMPLIANCE ISSUES ARE ADDRESSED.

9

ASSESSMENT OF READINESS TO ENSURING INTERPERSONAL COMMUNICATION ACTIVITIES ARE USED AS INTEGRAL PART OF COMMUNITY ENGAGEMENT STRATEGY FOR THE EBOLA VACCINE DEPLOYMENT.

10

ASSESSMENT OF READINESS TO ENSURING EBOLA VACCINE COMMUNICATION AND COMMUNITY ENGAGEMENT ACTIVITIES CONSIDER CROSS BORDER DIMENSIONS.

11

ASSESSMENT OF READINESS TO ENSURING EBOLA VACCINE COMMUNICATION AND COMMUNITY ENGAGEMENT ACTIVITIES ARE RESPONSE TO VULNERABLE GROUPS AND GENDER ROLES IN THE COMMUNITY.

12

ASSESSMENT OF READINESS TO ENSURING ENABLING TECHNOLOGIES ARE USED TO IDENTIFY AND TRACK PEOPLE TO BE VACCINATED AND ALSO EDUCATE REMOTE COMMUNITIES DURING THE EBOLA VACCINE DEPLOYMENT.

13

ASSESSMENT OF READINESS TO ENSURING COMMUNICATION AND COMMUNITY ENGAGEMENT ACTIVITIES ABOUT EBOLA VACCINE ARE INTEGRATED INTO THE BROADER HEALTH SYSTEM.

14

READINESS LEVELS AND SCORING SYSTEM.

15

GAP IDENTIFICATION, PRIORITIZATION AND ACTION PLANNING.



EBOLA KEY MESSAGES

What is Ebola ?
Ebola is a killer disease caused by a virus. It spreads quickly from person to person, BUT can be prevented.

Signs & Symptoms

| | | | | |
|-------------|--------------|---------------|----------|------------------|
| FEBRILE | VOMITING | DIARRHOEA | RASH | MUSCLE ACHES |
|-------------|--------------|---------------|----------|------------------|

How is Ebola Spread?
It is spread through:

- Direct contact with wounds, body fluids like blood, saliva, vomitus, stool, urine or spitting of such fluids from an infected person to another person and vice versa.
- Using skin piercing instruments that have been used by an infected person.
- Direct physical handling of persons who have died of Ebola.
- Eating bush meats, especially monkeys, chimpanzees, bats, or dead animals.
- Eating fruits that bats or wild animals have partly eaten (but not).

How to Prevent Ebola

| | | |
|--|--|--|
| Wash hands with soap after touching a sick person. | Avoid eating bush meats, especially monkeys, chimpanzees and bats. | Avoid eating fruits that bats or wild animals have partly eaten (but not). |
|--|--|--|

Treatment for Ebola

| | | |
|---|---|---|
| Persons suspected to be suffering from Ebola should be referred to the nearest health facility immediately. | Early treatment can increase one's chance of survival. Hospital care is free and includes food, drink, and medications. | With good care, some patients will survive Ebola and return to their communities. Make them welcome and do not stigmatize them. |
|---|---|---|

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WHAT DOESN'T THE EBOLA VACCINE 3C GAP ANALYSIS TOOL COVER?

The Ebola Vaccine 3C Gap Analysis Tool does not cover 6 aspects namely:

1. EBOLA VACCINOLOGY
2. GUIDANCE ON HOW TO SELECT A VACCINATION STRATEGY OR SET-UP A HEALTHCARE WORKER OR FRONTLINE WORKER OR RING VACCINATION WITH EBOLA VACCINE.
3. SUPPLY-SIDE ASPECTS OF EBOLA VACCINATION, I.E.:
 - A. VACCINE STOCKPILES;
 - B. SUPPLY CHAIN;
 - C. COLD-CHAIN MANAGEMENT;
 - D. VACCINE STORAGE & HANDLING;
 - E. CLINICAL TRAINING OR TRAINING ON ANYTHING OTHER THAN COMMUNICATIONS, COMMUNITY ENGAGEMENT, OR COMPLIANCE-TRACKING;
 - F. WASTE MANAGEMENT & DISPOSAL;
 - G. MONITORING OR ASSESSMENT AFTER VACCINE DEPLOYMENT.
4. CLINICAL SCREENING FOR EBOLA VIRAL DISEASE
5. EBOLA CASE MANAGEMENT, SURVEILLANCE AND LABORATORY TESTING
6. GUIDANCE ON HOW TO SECURE FUNDING OR EXACT FIGURES SHOWING HOW MUCH IS NEEDED FOR DEMAND-SIDE ACTIVITIES.

WHAT REAL WORLD CHALLENGES PROMPTED THE DEVELOPMENT OF THE 3C GAP ANALYSIS TOOL?

The 2014 Ebola Virus Disease (EVD) outbreak in West Africa was of an unprecedented scale. Between January 2014 and January 2016, a total of 28,616 confirmed, probable, and suspected EVD cases, including 11,310 deaths, were reported in Guinea, Liberia, and Sierra Leone³. The outbreak devastated affected populations and caused considerable socioeconomic disruption across the region.

The EBODAC (Ebola Vaccine Deployment, Acceptance and Compliance) Consortium was formed at the height of this West African Ebola outbreak as part of Ebola vaccine development efforts, and in the recognition of the complex social and cultural hurdles which prevent vaccine acceptance by target populations⁴ and particular unique challenges that may prevent acceptance and uptake of an Ebola vaccine.

With several Ebola Vaccines in clinical trial stage showing compelling results⁵, the world is moving closer to having a licensed Ebola Vaccine. When an Ebola vaccine does receive regulatory approval for use, exceptional levels of demand-side preparedness will be key to ensuring its successful deployment. Vaccine hesitancy and refusal are issues with all vaccines, but an Ebola vaccine is likely to be especially sensitive for several reasons, from the fear Ebola invokes to the unfamiliar way in which an Ebola vaccine may be deployed, or even different levels of safety testing for vaccines deployed in public health emergencies. Effective communication and community engagement to inform, interact, and create a dialogue with target populations could be the difference between high vaccine confidence, uptake and compliance and heightened vaccine concerns, mistrust, low uptake and compliance, and even boycott.

The World Health Organization's Global Ebola Vaccine Implementation Team (GEVIT) Practical Guidance on the Use of Ebola Vaccine in an outbreak response⁶ is the only known guidance that exists for the introduction of an Ebola vaccine. While this tool excels in providing guidance on supply-side preparedness for deployment, it doesn't fully cover exploration of demand-side readiness, and, thus, does not enable governments to systematically assess their own readiness to deploy. Therefore, the Ebola vaccine Deployment, Acceptance & Compliance (EBODAC) Consortium developed this Ebola vaccine 3C Gap Analysis tool to complement the guidance provided by the aforementioned GEVIT tool.

³WHO Ebola Situation Report, 10th June 2016
http://apps.who.int/iris/bitstream/10665/208883/1/ebolasitrep_10Jun2016_eng.pdf?ua=1

⁴Larson HJ et al. Addressing the Vaccine Confidence Gap. *The Lancet*. 2011; 378(9790): p526-535. Larson HJ et al. Understanding vaccine hesitancy around vaccines and vaccination from a global perspective: A systematic review of published literature. *Vaccine*. 2014; 32: p2150-2159.

⁵World Health Organization (2017). Update on Ebola Vaccine Trials. http://www.who.int/immunization/sage/meetings/2017/april/1_Ebola_vaccine_background_document.pdf

⁶World Health Organization (2017). Update on Ebola Vaccine Trials. Global Ebola Vaccine Implementation Team (GEVIT) Practical Guidance on the Use of Ebola Vaccine in an outbreak response. <http://www.who.int/csr/resources/publications/ebola/gevit-guide/en/>

HOW WAS THE 3C GAP ANALYSIS TOOL DEVELOPED?

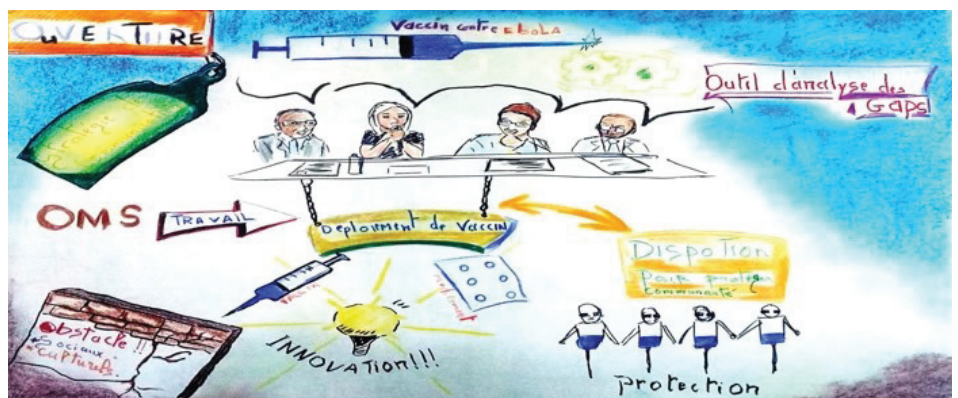


Figure 2: 3C Gap Analysis Tool - Phases of Development

The EBODAC Consortium’s 3C Gap Analysis Team worked in collaboration with the Ministries of Health (MoH) in Sierra Leone, Senegal, and Uganda to develop and pilot the Ebola vaccine 3C Gap Analysis Tool. The team executed four phases of development: (1) rapid review of existing literature on tools; (2) expert consultations; (3) tool prototype development, piloting and refinement into the final Tool; and (4) dissemination (see Figure 2). The expert consultations were conducted from Uganda, Senegal and Sierra Leone, countries selected because of their unique experiences of Ebola outbreaks and responses and significant expertise and notable achievements in this field.

The expert consultation process provided avenues for obtaining efforts from various national Ministries of Health (MoH), EOC and international institutions including WHO, UNICEF, Red Cross, PATH, MRC, MSF and CDC. Additional inputs into the development process were solicited through meeting with multi-disciplinary Project Steering Committees and joint writing workshops with ministries of health officials in Senegal, Sierra Leone and Uganda. Further development efforts included regional subject expert reviews, comments and pilot testing with future end users in Senegal, Sierra Leone, Uganda and DRC.

The involvement of expert stakeholders in the design of the 3C Gap Analysis Tool ensured that it has been built on the latest research, best practices and lessons learned from clinical trials and Ebola vaccine deployments.



WHAT IS THE PURPOSE OF THE 3C GAP ANALYSIS TOOL?

The purpose of the 3C Gap Analysis Tool is to generate reliable information on countries' readiness to conduct Ebola vaccine communication, community engagement and vaccine compliance management in non-emergency and emergency scenarios. Specifically, the 3C Gap Analysis Tool is meant to enable governments in sub-Saharan Africa to ensure that communications, community-engagement, and vaccine compliance management (the 3C) strategies, plans and activities are effectively mainstreamed in Ebola vaccine deployment by enabling countries to:

- 1:** Assess their own readiness in terms of communications, community-engagement and vaccine compliance management.
- 2:** Identify the gap between the 3C items they have in place and what needs to be in place for optimal Ebola vaccine deployment.
- 3:** Prioritize 3C gaps to address prior to or during the Ebola vaccine deployment.
- 4:** Undertake action planning to address prioritized 3C gaps

In view of its aforementioned abilities, the 3C Gap Analysis Tool will serve as a resource document for governments and partners to undertake a process of identification and prioritization of gaps; action planning; and subsequent decision making related to preparation for Ebola vaccine deployment.

WHEN TO USE THE 3C GAP ANALYSIS TOOL?

Countries should consider completing the 3C Gap Analysis Tool when a country's Ministry of Health has made the decision to deploy Ebola vaccine whether in non-emergency scenario as part of preparedness intervention package and in emergency scenarios as part of outbreak response intervention package. In non-emergency scenarios, countries can consider completing the Tool as a routine Ebola vaccine 3C readiness baseline or midline or end-line status assessments that can be presented to the Ministry of Health Ebola National Taskforce. Whereas in emergency scenario, the Tool should be used to conduct rapid assessment of the status of Ebola vaccine 3C by the Communication and Community Engagement Experts within the National Rapid Response Team (NRRT) within a minimum of one month to Ebola vaccine deployment as part of the outbreak response intervention package. However, it is recommended to plan for sufficient time to address any priority gaps that will emerge between the time of completing the Tool and the vaccine deployment.





WE CAN PREVENT
EBOLA
Deaths to the Nearest
supervision of the Burial

EBOLA
If Someone
has a Fever,
Call for Help
Do not
It
FOR MORE



WHAT RESOURCES ARE NEEDED TO COMPLETE THE 3C GAP ANALYSIS TOOL?

Country teams should ensure they have access (physically, online or through consultations) to the following information resources before using the Tool:

- National Strategic Plan for Ebola Viral Disease (EVD) Preparedness and Response
- Ebola vaccine communication and community engagement (i.e. risk communication and social mobilization) strategies and plans including human resources and budgets
- Expanded Programme for Immunization (EPI) strategies and plans including human resources and budgets
- Health Promotion, Education and Communication (HPEC) strategies and plans including human resources and budgets
- National policies and guidelines on production, distribution and dissemination of communication products and materials
- National policies and guidelines on vaccine related misinformation, rumours and AEFI management
- National policies and guidelines for routine immunization
- National policies and guidelines for Ebola vaccination
- National policies and guidelines for Health promotion, education and communication
- National gender mainstreaming policies and guidelines
- Cross border coordination mechanisms for Ebola preparedness and response



WHO SHOULD COMPLETE THE 3C GAP ANALYSIS TOOL?

Regardless of the scenario and the version of the Tool, the 3C Gap Analysis Tool should be completed by a multi-disciplinary team comprising of staff and stakeholders from:

- Health Promotion, Education and Communication (HPEC)
- Expanded Program on Immunization (EPI)
- Emergency Operations Centre (EOC)
- Surveillance and Epidemiology
- Epidemic Disease Control

WHO SHOULD TAKE LEADERSHIP IN ORGANIZING COUNTRY TEAMS TO COMPLETE AND ACTION THE PRIORITY GAPS IDENTIFIED BY THE 3C GAP ANALYSIS TOOL?

The Tool should be completed by a multi-disciplinary team of assessors in a meeting format that involves interactive processes such as group discussion, verification of records or quick expert consultative processes (through online emails, phone or social media).

The entire process of forming or enlisting the multi-disciplinary team of assessor(s), filling out the different parts of the Tool and action planning could take between 2-4 meetings. This should be taken into consideration when planning for the assessment.

The Ministry of Health particularly the headships of the departments for Health Promotion, Education and Communication (HPEC) and Expanded Programme for Immunization should take:

- Leadership in forming or enlisting the multi-disciplinary team of assessors to complete the Tool
- Responsibility of presenting the priority gaps and action plans identified through the Tool to relevant higher authorities including potential funders
- Responsibility of following stakeholders including potential funders on the implementation of priority gaps and action plans identified through the Tool





STRUCTURE OF THE GAP ANALYSIS TOOL

The Gap Analysis Tool is divided into four modules:

MODULE 1: STRATEGIC 3C ACTIVITIES

MODULE 2: OPERATIONAL 3C ACTIVITIES

MODULE 3: INTEGRATION OF 3C BEST PRACTICES AND GUIDELINES

MODULE 4: SUPPORTIVE AND ENABLING ENVIRONMENT FOR 3C

Each module is broken down into three parts:

PART 1: GAP IDENTIFICATION AND SCORING

There are a set of headings or topics nested under each module. And under each heading, there are readiness items with a scoring system which is assigned codes using the following schema:

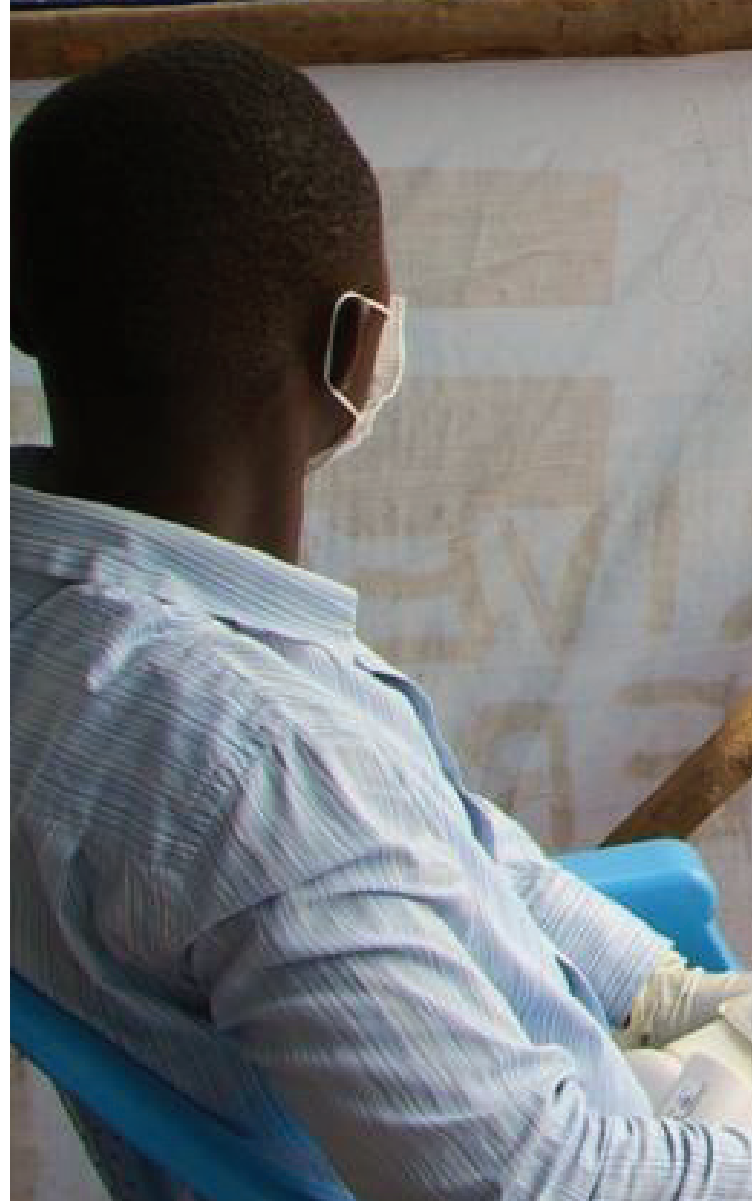
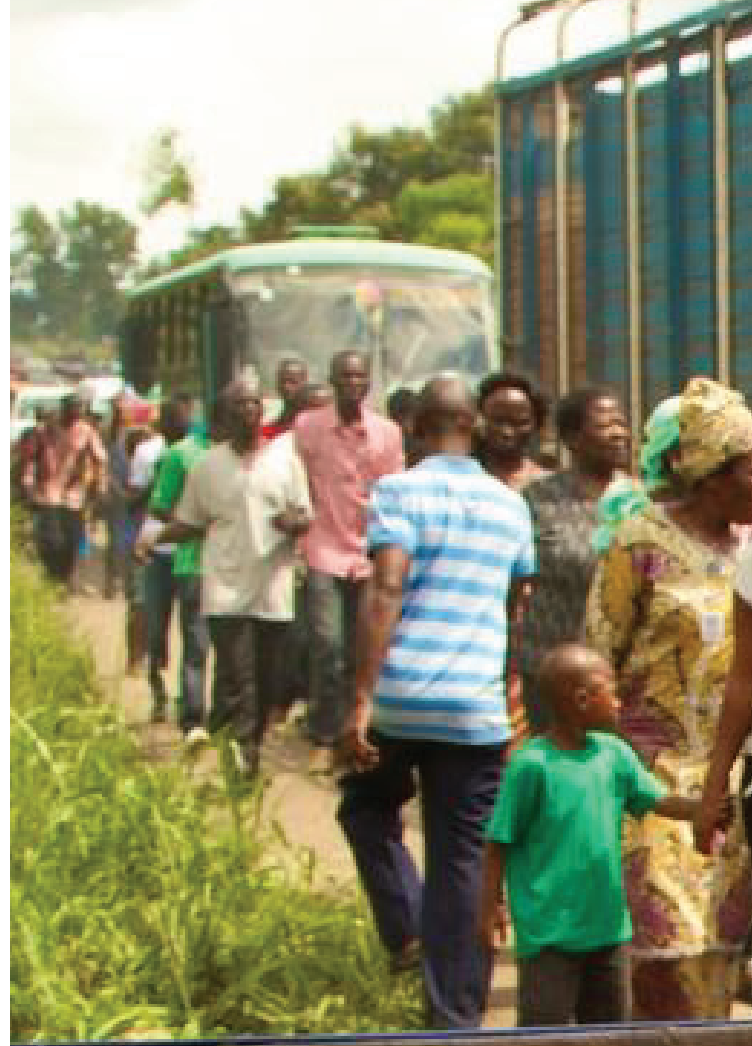


PART 2: GAP PRIORITIZATION

Part 2 for Gap Prioritization provides a framework for heading-level prioritization and item-level prioritization for the 3C Gap Analysis Tool.

PART 3: ACTION PLANNING

Part 3 for action planning provides a framework for identifying actions or solutions to the priority gaps.





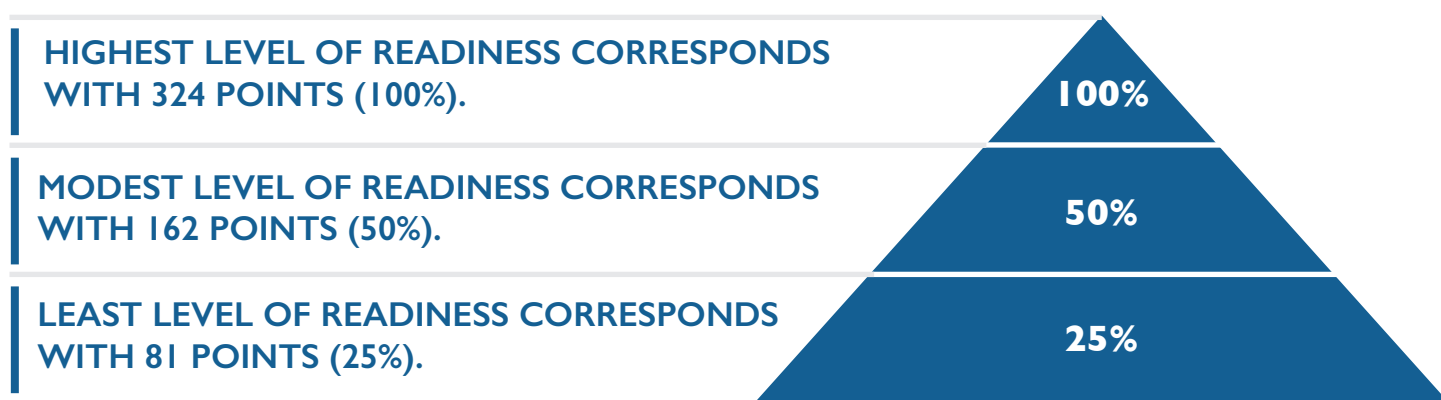


I. COMPLETE THE READINESS ITEM

To complete the readiness item scoring, read each readiness item, reflect and discuss with the team, tick (✓) and write one score corresponding to the response option that best reflects the country's current level of readiness regarding the item in question. At the end of the list of readiness items under each heading, you will be prompted to calculate a total score for the heading. Based on the total score for heading, you can calculate summary score for the heading as a percent score.

HOW TO INTERPRET THE OVERALL LEVEL OF READINESS SCORE?

Whereas overall level of readiness can range from 0-100%, as shown below, the three (3) critical overall levels of readiness are:



AN ILLUSTRATION OF HOW TO FILL IN THE READINESS ITEM SCORING:

| HEADING 1A. SITUATIONAL ANALYSIS FOR 3CS FOR EBOLA VACCINE DEPLOYMENT | | | | | | |
|---|---|--|---|---|--|------------|
| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
| IA.SA.01 | Has the EOC incorporated the distribution of 3Cs products and materials for Ebola vaccine deployment into the routine distribution system across the country? | Yes, information sources have been collected and analysed to context <input type="checkbox"/> | Yes, information has been collected but not yet analysed <input type="checkbox"/> | No, but plans in place to collect information <input type="checkbox"/> | No and no plans <input checked="" type="checkbox"/> | 0 |
| IA.SA.02 | Do the routine healthcare service delivery programmes in public and private health facilities integrate 3Cs for Ebola vaccine deployment? | Yes, information is available and analysed to context <input type="checkbox"/> | Yes, information is available but not yet analysed <input checked="" type="checkbox"/> | No, but plans in place to collect information <input type="checkbox"/> | No and no plans <input type="checkbox"/> | 2 |
| IA.SA.03 | Has the situational analysis and risk communications planning for the vaccination campaign included the following: 1. Identification and description of information related to known health effects of the vaccine; clinical management of anticipated AEFIs; and planned alert system and management locations/ protocol for AEFIs 2. Cultural meanings for anticipated AEFI symptoms and their management | 5 or more <input type="checkbox"/> | Only 4 or 3 <input type="checkbox"/> | Only 2 or 1 <input checked="" type="checkbox"/> | None <input type="checkbox"/> | 1 |
| Total Score for Heading (out of 9 total possible points) | | | | | | 3/9 |
| Percentage (%) score for Heading: | | | | | | 30% |

2. PRIORITIZE HEADING-LEVEL AND ITEM-LEVEL GAPS

TABLE MI.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| IA. | 30% | 1ST |
| IB. | 80% | 4TH |
| IC. | 60% | 3RD |
| ID. | 50% | 2ND |

TABLE MI.2.1

1ST PRIORITY HEADING CODE IA.

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|--|
| IA.SA.04 | 0 | Lack of SOP for quick KAP surveys |
| IA.SA.02 | 0 | Social mob are not part of rapid response team for Ebola |
| IA.SA.06 | 0 | Insufficient funds for SA for 3Cs |
| IA.SA.06 | 0 | A few in-country stakeholders trained in SA for 3Cs |

3. CREATE AN ACTION PLAN

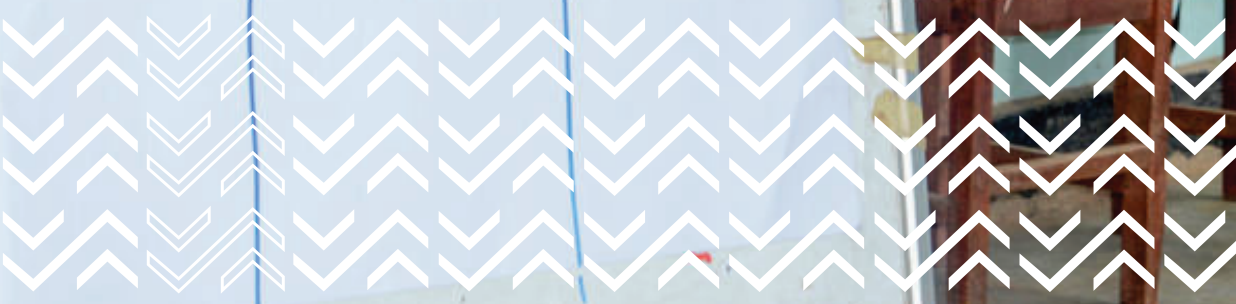
| PRIORITY GAPS | ACTION PLAN | RESPONSIBLE PERSON | TIMELINE | SUPPORT NEEDED |
|------------------------------------|------------------------|--------------------|----------|---|
| Lack of materials in usable format | Activate standing MoUs | Comm HPEC | 1 week | Funds for accessible format translation (etc..) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



**EBOLA VACCINE
COMMUNICATION,
COMMUNITY ENGAGEMENT
AND COMPLIANCE MANAGEMENT
(3C) GAP ANALYSIS TOOL**

MODULE I: STRATEGIC 3C ACTIVITIES

PART I.1.1: (GAP IDENTIFICATION AND SCORING) This module covers situational analysis, 3C strategy and plans, communication products and materials and 3C messaging to audience. MoH can use the module to determine their own readiness to conduct effective strategic planning in 3C for Ebola vaccine deployment.



HEADING 1A. SITUATIONAL ANALYSIS FOR 3C

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|-----------|--|--|--|---|--------------------------------|-------|
| I.A.SA.01 | Has information been collected on population distribution by age, sex, religion, ethnic group and socio-economics status of the area where the vaccine will be deployed? | Yes, information sources have been collected and analysed to context <input type="checkbox"/> | Yes, information has been collected but not yet analysed <input type="checkbox"/> | No, but plans in place to collect information <input type="checkbox"/> | No <input type="checkbox"/> | |
| I.A.SA.02 | Is there available detailed information on the targeted community's knowledge, attitude, beliefs, behaviours and perceptions on Ebola, Ebola vaccines, global partners, the government and health system? | Yes, information is available and analysed to context <input type="checkbox"/> | Yes, information is available but not yet analysed <input type="checkbox"/> | No, but plans in place to collect information <input type="checkbox"/> | No <input type="checkbox"/> | |
| I.A.SA.03 | Does the situational analysis for Ebola vaccine deployment include the following? 1. Identification and description of information related to known health effects of the vaccine; 2. Clinical management of anticipated AEFIs; 3. Planned alert system and management protocol for AEFIs 4. Cultural meanings for anticipated AEFI symptoms and their management 5. Others | All the 5 <input type="checkbox"/> | 3-4 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 0 <input type="checkbox"/> | |

HEADING IA. SITUATIONAL ANALYSIS FOR 3C

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|---|--|--------------------------------|-------------|
| IA.SA.04 | Are the 3C strategies and activities ⁷ for Ebola vaccine deployment informed by the findings of situation analysis? | Yes, all strategies and activities are informed by the situation analysis <input type="checkbox"/> | Yes, but not all strategies and activities are informed by the situation analysis <input type="checkbox"/> | No, but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IA.SA.05 | Is there capacity to conduct and utilise situation analysis findings for Ebola vaccine related 3C activities? | Yes, there's full capacity <input type="checkbox"/> | Yes, but partial capacity <input type="checkbox"/> | No, but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IA.SA.06 | Are there mechanisms ⁸ to conduct a rapid situation analysis during an emergency? | Yes, mechanisms are in place and functional <input type="checkbox"/> | Yes, but not all the mechanisms are functional <input type="checkbox"/> | No, but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 18 total possible points) | | | | | | / 18 |
| Percentage (%) score for Heading: | | | | | | % |

⁷Strategies/Activities include: Product & materials, Ebola Vaccine messages, Community Engagement, Ebola communication strategy etc.

⁸Mechanisms may include: Rosters, open data toolkits, contingency funds, protocol for rapid situation analysis etc.

HEADING 1A. SITUATIONAL ANALYSIS FOR 3C

MANUALS AND GUIDELINES

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 7.

- <https://sbccimplementationkits.org/ebola/preparedness-ikit/ chapter-7-situation-analysis/>

WHO. Public Health Situation Analysis (PHSA) Standard Operating Procedures.

- <https://www.who.int/health-cluster/resources/publications/Public-Health-Situation-Analysis-SOPs.pdf>

WHO. Emergency Response Framework 2nd Edition. Chapter 1.

- <https://apps.who.int/iris/handle/10665/258604>

SADC & FAO. Participatory Rural Communication Appraisal, Starting with the People: A Handbook. Chapter 2 Situation Analysis Framework in PRCA.

- <http://www.fao.org/3/y5793e/y5793e00.htm>

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 4. Conducting Rapid Assessments for Ebola Communication.

- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

SUCCESS STORIES

“A GOOD SITUATION ANALYSIS, THE KEY TO HANDLE MISINFORMATION AND RUMORS”

28 years' experience against rumors, or rather against negative information currently coming mostly from social networks.

- 1998: rumors against the Polio vaccine. Youssou Ndour (very famous Senegalese musician) helped us a lot with his messages. Journalists from Walfajiri (local TV channel) alerted us to rumors, the Prime Minister immediately set up a crisis committee around the Minister of Health. He has also vaccinated live on television his children against polio, which ended the rumor!

- With regard to measles vaccine, given the measles cases reported among Guineans in Senegal, we visited the ambassador of Guinea who immediately appointed 3 people to accompany the vaccine caravan. A musical tour was organized with these 3 people who supported the measles campaign.

- In the Niayes market gardening area where Peuhl cultivate, we encountered vaccine reluctance ... hence a change in communication by speaking Puular instead of French ... which solved the problem.

- In the case of the cervical cancer vaccine (HPV) among 9-year-old girls, it was the policy that posed a problem. In fact, it is the unresolved HPV issues that constitute blockages. Nevertheless, after the introduction in 2014, a total of 50,000 girls were vaccinated with 100,000 doses without experiencing any serious side effects. In the terminology of the HPV figure the word "uterus" which automatically refers to the idea of birth and therefore baptism, which obviously speaks to imams! Hence the feeling of being concerned by the HPV vaccine. We have worked with imams including a member of LISCA who is funding the treatment (400 000XOF) for the victims; the testimony of the husband of a victim was decisive to bring about the agreement of the imams. This illustrates that we must train these community relays and not focus on the main media!

HEADING 1B. STRATEGIES AND PLANS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|--|--|--|--------------------------------|-------------|
| IB.SP01 | Are there 3C Strategic and Operational plans for Ebola Vaccine Deployment (whether stand-alone or embedded in other plans) | Yes, both 3C strategic and operational plans exist <input type="checkbox"/> | Yes, but not both <input type="checkbox"/> | No but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IB.SP02 | Does the 3C Strategic Plan for Ebola Vaccine Deployment include all of the relevant 3C activities ⁹ ? | Yes, all relevant 3C activities are included <input type="checkbox"/> | Yes, but only few of the relevant 3C activities are included <input type="checkbox"/> | No, but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IB.SP03 | Does the 3C Strategic Plan for Ebola Vaccine Deployment reflect the principles for: 1. Community feedback 2. Interlinkage with broader Ebola response 3. Interlinkage with the routine health system 4. Close collaboration between supply and demand side teams 5. Others | All the 5 <input type="checkbox"/> | 3-4 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| IB.SP04 | Have the key stakeholders ¹⁰ that may provide technical, financial and material support to the 3C activities for Ebola vaccine deployment during emergency been identified? | Yes, all of them <input type="checkbox"/> | Yes, but a few of them <input type="checkbox"/> | No, but plans in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 12 total possible points) | | | | | | / 12 |
| Percentage (%) score for Heading: | | | | | | % |

⁹3C Activities include: Situational analysis for Ebola vaccine-related communication, community engagement and compliance management, Communication Products and Materials on Ebola vaccine, Messaging to Audience on Ebola vaccine, Public/ mass communication specific on Ebola vaccine, Interpersonal communication specific on Ebola vaccine, Community engagement for Ebola vaccine, Misinformation and rumor management for Ebola vaccine, AEFIs communication management for Ebola vaccine, Compliance management for Ebola vaccine, Collection and use of community level data for Ebola vaccine-related communication, community engagement and compliance management, Coordination with Communication, Community Engagement and Compliance Management Teams for Ebola vaccine, Human resources for Communication, Community Engagement and Compliance management for Ebola vaccine, Equipment and supplies for communication, community engagement and compliance management for Ebola vaccine, Ebola vaccine-related gender considerations, Ebola vaccine-related vulnerable groups considerations, Laws, ethics and human rights in Ebola vaccine, Enabling technologies for Ebola vaccine deployment and compliance management, Cross border management of Ebola vaccine related communications, community engagement and compliance management, M&E for Ebola vaccine related communications, community engagement and compliance management, Capacity building/training on Ebola vaccine related communications, community engagement and compliance management, General health system integration of Ebola vaccine related communications, community engagement and compliance management

¹⁰Stakeholders include: International technical agencies i.e.WHO, UNICEF, CDC, Vaccine and immunization experts, Ebola outbreak response experts, Ebola vaccination experts, Public / mass communication experts, Community engagement experts, Social media experts, Epidemiologists, Infection prevention and control specialists, Social-anthropologists, ICT and computer specialists, Health educationists , Health workers like nurses, Frontline workers (such as community health workers, borders security agents, etc.), Community group leaders, Religious leaders, Traditional healers, Cultural leaders, Political leaders, Humanitarian response NGOs, Burial groups, Environmental protection, Wildlife, Tourism, Agriculture, Livestock

MANUALS AND GUIDELINES

WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix G. Outline for communications strategy document for Ebola vaccine use.

- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf

WHO. Ebola Strategy. Companion tool to GEVIT Practical guidance on the use of Ebola vaccine in an outbreak response. Guidance for establishing AEFI surveillance systems in countries planning to use Ebola vaccines.

- https://www.who.int/csr/resources/publications/ebola/GEVIT_guidance_companion-tool_AEFI.pdf

WHO. Communicating Risk in Public Health Emergencies. A WHO Guideline for Emergency Risk Communication (ERC) policy and practice.

- <https://www.who.int/risk-communication/guidance/download/en/>

WHO. WHO outbreak communication planning guide.

- <https://www.who.int/ihr/publications/outbreak-communication-guide/en/>

Communication for behavioural impact (COMBI): a toolkit for behavioural and social communication in outbreak response.

- https://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

Communication for behavioural impact: field workbook. Field workbook for COMBI planning steps in outbreak response .

- https://www.who.int/ihr/publications/combi_toolkit_fieldwkbk_outbreaks/en/

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 7. Ebola Communication Strategy Guidance.

- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Appendix A. Illustrative Ebola Communication Strategy.

- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

HEADING IC. PRODUCTS & MATERIALS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|---|--|--------------------------------|------------|
| IC.MP01 | Is there an Office responsible for the approval of communication products and materials before production? | Yes, it exists at both strategic and operational levels <input type="checkbox"/> | Yes, but only at one of the levels <input type="checkbox"/> | No, but plan in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IC.MP02 | Does a set of guidelines exist for distribution of communication products and materials from points of production to health service delivery points and the communities? | Yes, guidelines exist and is operational <input type="checkbox"/> | Yes, but not followed <input type="checkbox"/> | No, but plans are in place <input type="checkbox"/> | No <input type="checkbox"/> | |
| IC.MP03 | Do existing guidelines have provisions for development, production and distribution of additional communication products and materials at times of emergencies, AEFIs, rumours and misinformation? | Yes, there are several provisions <input type="checkbox"/> | Yes, but limited provisions <input type="checkbox"/> | No but in process of review <input type="checkbox"/> | No <input type="checkbox"/> | |
| IC.MP04 | Are there standing Memorandum of Understandings (MoUs) or Open Purchase orders with printing, recording and publishing entities? | Yes, several and are flexible <input type="checkbox"/> | Yes, but are few or rigid to activate <input type="checkbox"/> | No, but negotiations are ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| IC.MP05 | Are there budget lines for development, production and distribution of communication products and materials? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but lobbying is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 15 total possible points) | | | | | | /15 |
| Percentage (%) score for Heading: | | | | | | % |

HEADING ID. 3C MESSAGING FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|--|--|---|--|------------------------------------|-------|
| ID.MA.01 | Are there systems ¹¹ for identification of previous Ebola vaccine deployments messages for adaptation and use in emergency scenarios? | Yes, systems exist and are functional <input type="checkbox"/> | Yes, but not functional <input type="checkbox"/> | No but system is being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| ID.MA.02 | Does a committee exist with a clear term of reference to develop messages? | Yes, committee exists and is functional <input type="checkbox"/> | Yes, but non functional <input type="checkbox"/> | No but the formation process has started <input type="checkbox"/> | No <input type="checkbox"/> | |
| ID.MA.03 | Is there a centralized compendium or resource centre where messages are routinely stored and easily retrieved whenever needed? | Yes, a functional centralized compendium or resource centre exists <input type="checkbox"/> | Yes, but non functional <input type="checkbox"/> | No but under development <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 1D. 3C MESSAGING FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|---|--|------------------------------------|------------|
| ID.MA.04 | <p>Are messages on AEFIs, rumours and misinformation incorporated (as appropriate) into materials for:</p> <ul style="list-style-type: none"> • Training frontline staff • Community engagement • Stakeholder engagement • Interpersonal communication • Public/mass communication • Others | <p>Yes, messages are incorporated and SOPs available</p> <input type="checkbox"/> | <p>Yes, messages are incorporated but SOPs are not available</p> <input type="checkbox"/> | <p>No, but plans are in place to incorporate messages or SOPs</p> <input type="checkbox"/> | <p>No</p> <input type="checkbox"/> | |
| ID.MA.05 | <p>Are there guidelines for development of messages (from identification of the need for the message up to production)?</p> | <p>Yes, guidelines exist and are operational</p> <input type="checkbox"/> | <p>Yes, but not operational</p> <input type="checkbox"/> | <p>No but under development</p> <input type="checkbox"/> | <p>No</p> <input type="checkbox"/> | |
| ID.MA.06 | <p>Are there budget lines for development of messages for 3C activities including:</p> <ul style="list-style-type: none"> • Content drafting • Translation of messages • Message pre-testing • Message piloting • Message review meetings • Others | <p>Yes, sufficient</p> <input type="checkbox"/> | <p>Yes, but insufficient</p> <input type="checkbox"/> | <p>Not but being considered</p> <input type="checkbox"/> | <p>No</p> <input type="checkbox"/> | |
| Total Score for Heading (out of 18 total possible points) | | | | | | /18 |
| Percentage (%) score for Heading: | | | | | | % |

¹Systems may include: Online repositories, resource centers; networks, associations or communities of practise etc.

MANUALS AND GUIDELINES

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.5 Message maps.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

WHO. Key messages for social mobilization and community engagement in intense transmission areas.

- <https://www.who.int/csr/resources/publications/ebola/social-mobilization-guidance/en/>

WHO. Ebola messages for the general public.

- <https://www.who.int/csr/disease/ebola/messages/en/>

CDC CERC. CERC Message development worksheet.

- https://emergency.cdc.gov/cerc/resources/pdf/message_development_for_communication.pdf

CDC CERC. CERC Anticipated questions.

- <https://emergency.cdc.gov/cerc/resources/pdf/anticipatedqa.pdf>

National Social Mobilisation Pillar, Sierra Leone. Consolidated Message Guide for Ebola Communication in Sierra Leone.

- https://reliefweb.int/sites/reliefweb.int/files/resources/consolidated_messaging_guide_sl_26_05_2015.pdf

Ministry of Health and Social Welfare, Liberia. Message Guide for Ebola Communication.

- <https://www.medbox.org/social-mobilisation/message-guide-for-ebola-communication-social-mobilization-sub-committee/toolboxes/preview?q=>

WHO. Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu.. Annex 8. Message maps.

- <https://apps.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf>

PART 2.1.1



GAP PRIORITIZATION

The Gap Prioritization Plan serves to assist in the identification and prioritization of gaps emerging from the completing Part 1 (Gap identification and Scoring). In addition, it is designed to support action planning to address critical gaps in readiness for Ebola vaccine deployment from the 3Cs perspective.

HOW TO CONDUCT GAP PRIORITIZATION?

After completing the Part 1 (Gap Identification and Scoring), Part 2 the Gap Prioritization Framework should be completed, followed by Part 3 (the Action Planning Framework), as they build upon each other. Each framework has instructions embedded.

The Gap Prioritization Framework undertakes two levels of prioritization: heading-level and item-level. Follow the illustrations and steps outlined below to fill in the Heading-level and Item-level Gap Prioritization Tables.

HOW TO FILL IN THE TABLES:

TABLE P2.1.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| IA. | 30% | 1ST |
| IB. | 80% | 4TH |
| IC. | 60% | 3RD |
| ID. | 50% | 2ND |

TABLE P2.1.2
1ST PRIORITY HEADING CODE IA.

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|--|
| IA.SA.04 | 0 | Lack of SOP for quick KAP surveys |
| IA.SA.02 | 0 | Social mob are not part of rapid response team for Ebola |
| IA.SA.06 | 0 | Insufficient funds for SA for 3Cs |
| IA.SA.06 | 0 | A few in-country stakeholders trained in SA for 3Cs |



HEADING-LEVEL PRIORITIZATION

1

For each heading, fill in the total percentage score for the heading.

2

For each heading, indicate the priority rank, based on the total percentage score. Heading/Area level prioritization whereby the headings with the lowest total percentage score will be the 1st priority, followed by the 2nd lowest and 3rd lowest in that order.

Choose priorities 1st – 3rd for the next step of item level prioritization below. Where there is tie in the priority rank, countries will have the discretion to choose one of them.

TABLE P2.1.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| IA. | | |
| IB. | | |
| IC. | | |
| ID. | | |

ITEM-LEVEL PRIORITIZATION

Item level gaps exist for items with scores of (0), (1), or (2). (See Box 1)

3

LIST ITEMS WITH A (0) SCORE.

Items with a (0) should be prioritized first, as this represents the most critical state that needs immediate attention.

4

LIST ITEMS WITH A (1) SCORE.

Items with a (1) score are the 2nd priority, and items with a (2) score are the 3rd priority.

5

REVIEW YOUR LISTS AND SET CUT OFFS.

Review your results in Tables 1 and 2 for headings and items. These represent your priority gaps.

BOX 1: INTERPRETING ITEM SCORES

- (3)** A score of 3 indicates readiness.
- (2)** A score of 2 indicates a situation where most elements are available or in place, but that some remaining aspects can be addressed.
- (1)** A score of 1 indicates a situation where not everything exists, but some minor aspects are either in place or underway towards readiness.
- (0)** A score of 0 indicates a state where nothing exists and no plan is in place to address the issue of concern.



6

REVIEW OF PRIORITIZATION

TABLE P2.1.2

1ST PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

TABLE P2.1.3

2ND PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

TABLE P2.1.4

3RD PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

PART 3.1.1



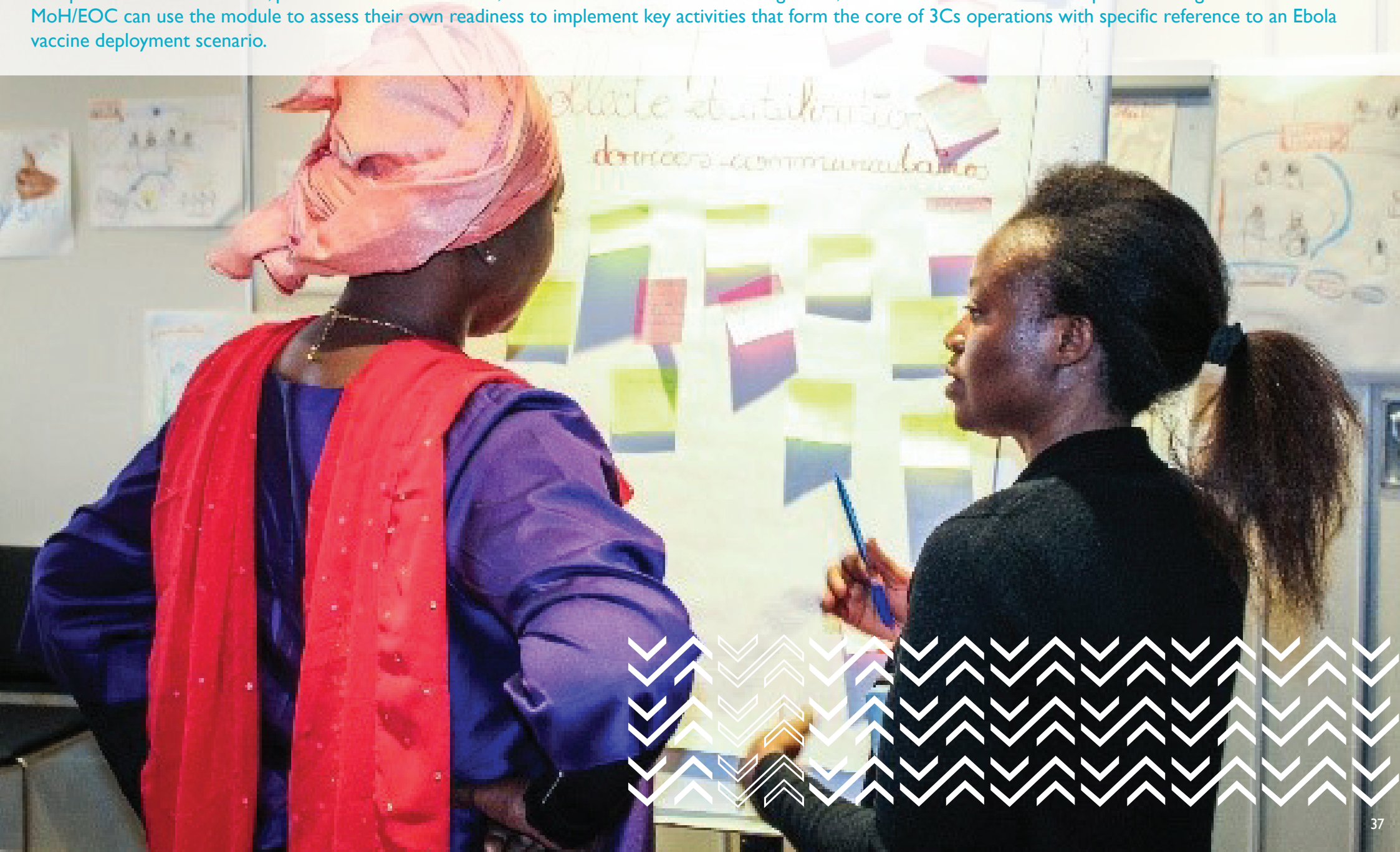
ACTION PLANNING

Instructions: Based on the identified priority gaps, develop an action plan for addressing the gaps. The first row shows an example.

| PRIORITY GAPS | ACTION PLAN | RESPONSIBLE PERSON | TIMELINE | SUPPORT NEEDED |
|------------------------------------|------------------------|--------------------|----------|---|
| Lack of materials in usable format | Activate standing MoUs | Comm HPEC | 1 week | Funds for accessible format translation (braille, etc.) |
| | | | | |
| | | | | |
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MODULE 2: OPERATIONAL 3C ACTIVITIES

PART 1.2.1: (GAP IDENTIFICATION AND SCORING) The Operational 3Cs activities module covers community engagement, interpersonal communication, public/mass communication, rumour and misinformation management, AEFIs communication and compliance management for EBODAC. MoH/EOC can use the module to assess their own readiness to implement key activities that form the core of 3Cs operations with specific reference to an Ebola vaccine deployment scenario.



HEADING 2A. COMMUNITY ENGAGEMENT FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|---|---|--|--|--|-------|
| 2A.CE.01 | Have formal ¹² and informal ¹³ community entry gatekeepers ¹⁴ been identified in the target and surrounding area for vaccine deployment? | Yes, 4 or more targets <input type="checkbox"/> | Yes, but just 1 or 2 targets <input type="checkbox"/> | Plan in place to include the target groups <input type="checkbox"/> | No and no plan <input type="checkbox"/> | |
| 2A.CE.02 | Have formal and informal legitimate influential community stakeholders ¹⁵ been identified? | Yes, two-way communication exists via multiple channel/procedures <input type="checkbox"/> | Yes, two-way communication exists via single channel/procedures <input type="checkbox"/> | No, but one-way communication exists <input type="checkbox"/> | No plan <input type="checkbox"/> | |
| 2A.CE.03 | Have community segments with previous vaccination resistance and low routine vaccine uptake been identified? | Yes, 4 or more Ebola vaccine compliance specific information are being shared <input type="checkbox"/> | Yes, 2-3 of the Ebola vaccine compliance specific information are being shared <input type="checkbox"/> | Yes, just 1 of the Ebola vaccine compliance specific information is being shared <input type="checkbox"/> | No plans <input type="checkbox"/> | |
| 2A.CE.04 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include the following engagement activities: 1. Training of community stakeholders 2. Sensitization meetings for various community stakeholders 3. Community dialogues 4. Focus Group Discussions 5. Community action planning 6. One on one engagement meetings with community leaders and stakeholders 7. Others | Yes, teams have been established at all operational levels <input type="checkbox"/> | Yes, but in some operational level <input type="checkbox"/> | No but plans are in place to establish <input type="checkbox"/> | No plans <input type="checkbox"/> | |

HEADING 2A. COMMUNITY ENGAGEMENT FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|--|--|--|------------|
| 2A.CE.05 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include target groups for engagement, such as: 1. Community stakeholders 2. Community targeted for vaccination and the surrounding 3. Specific low routine vaccine uptake areas 4. Specific high routine vaccine uptake areas 5. Others | Yes, 4 or more targets <input type="checkbox"/> | Yes, but just 1 or 2 targets <input type="checkbox"/> | Plan in place to include the target groups <input type="checkbox"/> | No and no plan <input type="checkbox"/> | |
| 2A.CE.06 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include platforms ¹⁶ to provide two-way communication between the 3C team and the community? | Yes, two-way communication exists via multiple channel/procedures <input type="checkbox"/> | Yes, two-way communication exists via single channel/procedures <input type="checkbox"/> | No, but one-way communication exists <input type="checkbox"/> | No plan <input type="checkbox"/> | |
| 2A.CE.07 | Does the Ebola vaccine compliance information shared with the community include: 1. Eligibility for Ebola vaccination such as: contacts of suspects, contact of contacts, health workers and frontline workers 2. Importance of vaccinating: contacts of suspects, contact of contacts, health workers and frontline workers 3. Vaccine dosage; 4. Duration between dosage (in case of two dose Ebola vaccine); 5. Importance of second dosage (in case of two dose Ebola vaccine) 6. Information on vaccination eligibility: pregnant and lactating mothers, infants, children, adolescents and elderly 7. Others | Yes, 4 or more Ebola vaccine compliance specific information are being shared <input type="checkbox"/> | Yes, 2-3 of the Ebola vaccine compliance specific information are being shared <input type="checkbox"/> | Yes, just 1 of the Ebola vaccine compliance specific information is being shared <input type="checkbox"/> | No plans <input type="checkbox"/> | |
| 2A.CE.08 | Have 3C teams for Ebola vaccine deployment been established at all operational levels in the targeted areas? | Yes, teams have been established at all operational levels <input type="checkbox"/> | Yes, but in some operational level <input type="checkbox"/> | No but plans are in place to establish <input type="checkbox"/> | No plans <input type="checkbox"/> | |
| Total Score for Heading (out of 24 total possible points) | | | | | | /24 |
| Percentage (%) score for Heading: | | | | | | % |

¹²Formal community entry gatekeepers may include: local political leaders, religious leaders, cultural/traditional leaders. ¹³Informal community entry gatekeepers may include: Musicians, Businessmen/women, Community activists. ¹⁴Community entry gatekeepers: People with formal or informal authority who have to be consulted before or during entry into their communities to conduct any sort of activity. This often includes political office bearers, religious leaders, cultural or traditional leaders. ¹⁵Community stakeholders: Formal and informal institutions/organizations, groups and influential personalities operating within the community who have direct or indirect roles in planning, implementation or evaluation of community-based activities, including health interventions. ¹⁶Platforms to provide two-way communication may include: Suggestion boxes, toll-free lines, dialogues, beneficiary feedback surveys, exit interviews, radio/TV talk shows, beneficiary support groups, community based engagement and reporting systems

MANUALS AND GUIDELINES

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.9 Tips for community engagement.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

Social Mobilisation Action Consortium (SMAC). SMAC Field Guide.

- <https://restlessdevelopment.org/file/smac-clea-field-manual-pdf>

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 5. Community Engagement through Social Mobilization in the Ebola Response.

- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

HEADING 2B. INTERPERSONAL COMMUNICATION FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|---|---|---|--|---|------------------------------------|-----------|
| 2B.IC.01 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include interpersonal communication (IC) activities ¹⁷ ? | Yes, at both strategic and operational levels <input type="checkbox"/> | Yes, but at only one level <input type="checkbox"/> | No, but plans are in place to include IC activities <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2B.IC.02 | Does the mapping of stakeholders for interpersonal communication (IC) include? 1. Community entry gatekeepers 2. Formal and informal community leaders and influencers 3. Persons to facilitate consent and assent process for Ebola vaccination 4. Vulnerable, marginal and difficult-to-reach groups 5. Others | 4 or more <input type="checkbox"/> | 2-3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| Total Score for Heading (out of 6 total possible points) | | | | | | /6 |
| Percentage (%) score for Heading: | | | | | | % |

¹⁷Interpersonal communication activities may include one-on-one face-to-face meetings, phone calls and emails

HEADING 2B. INTERPERSONAL COMMUNICATION FOR EBOLA VACCINE DEPLOYMENT

MANUALS AND GUIDELINES

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.10 How to communicate.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

WHO. Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu. Annexes 1 & 2. Talking Points.

- <https://apps.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf>

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 6. Key Considerations for Effective Ebola Communication.

SUCCESS STORIES

“LIFE TESTIMONY BROKE THE RELUCTANCE AGAINST POLIO IMMUNIZATION”

A head of household refused to vaccinate his child routinely and during anti-polio campaigns. The head of the family lives in a village and the mother had moved to another city where one morning he wakes up and loses the use of his legs. The mother tells the head of the family who orders the mother not to go to a health facility and bring the child back to the village. He does all the mystical and traditional processes without success.

The Head Nurse of the health post is informed. After questioning, the nurse sends the information to the health district that sends the epidemiological surveillance focal point to make the samples that will be sent to the Institute Pasteur Dakar. Result: the sample is positive for polio. A team from the National Service of Education and Information for Health (SNEIPS) sends to the medical region a program to trace the story of this child. In a documentary film, the boy's journey is traced and the father of the child expresses his regrets and calls all parents to vaccinate their children.

This documentary film was screened in a city with high vaccine reluctance and the same night all parents decided to vaccinate their children and they were vaccinated. The capitalization and the documentation of the data makes it possible to manage challenges and bring evidences for the future challenges.

HEADING 2C. PUBLIC/MASS COMMUNICATION FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|--|--|--|--|--------------------------------|-------|
| 2C.MC.01 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include public/mass communication activities? | Yes at both strategic and operational levels <input type="checkbox"/> | Yes, but only at one level <input type="checkbox"/> | No but plans are in place to include them <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.02 | Have the different targeted audiences, channels and appropriate Messengers been mapped? | Yes, all are mapped <input type="checkbox"/> | Yes, but some <input type="checkbox"/> | No, but plans are in place to map them <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.03 | Have the mechanisms ¹⁸ for measuring the reach of messages to the targeted communities been set up? | Yes, mechanisms exist and are operational <input type="checkbox"/> | Yes, but are not operational <input type="checkbox"/> | No, but there are being set up <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.04 | Have standing Memorandum of Understandings (MoUs) with media houses to disseminate messages to targeted audiences during emergencies been established? | Yes, MoUs with several media houses exist and are flexible <input type="checkbox"/> | Yes, but with a few media houses <input type="checkbox"/> | No, but MoUs templates have been developed <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 2C. PUBLIC/MASS COMMUNICATION FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|--|--|--------------------------------|------------|
| 2C.MC.05 | Have community communication systems ¹⁹ been set up to ensure border communities and communities beyond borders receive communication in a timely way? | Yes, system exist and are operational <input type="checkbox"/> | Yes, but are not operational <input type="checkbox"/> | No, but systems are being set up <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.06 | Do the team involved in public/mass communication activities have the relevant competencies for mapping: <ul style="list-style-type: none"> • Targeted audiences in the communities • Communication channels • Appropriate messengers for the targeted audiences | Yes, all the competencies <input type="checkbox"/> | Yes, but some <input type="checkbox"/> | No, but plans are underway for training and/or recruitment <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.07 | Are there budget lines to implement public/mass communication activities for Ebola vaccine deployment? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is underway to include budget lines <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2C.MC.08 | Has an official spokesperson been designated with a clear Terms of Reference (ToR) for communication about the Ebola vaccine deployment to the public? | Yes, official spokesperson is designated with clear ToR <input type="checkbox"/> | Yes, but role is ad hoc <input type="checkbox"/> | No, but plans in place to designate <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 24 total possible points) | | | | | | /24 |
| Percentage (%) score for Heading: | | | | | | % |

MANUALS AND GUIDELINES

WHO Effective Media Communication during Public Health Emergencies:WHO Handbook.

- <https://apps.who.int/iris/handle/10665/43511>

WHO Effective Media Communication during Public Health Emergencies:WHO Fieldguide.

- <https://apps.who.int/iris/handle/10665/43477>

The Health Communication Capacity Collaborative HC3. A theory-based framework for media selection in demand generation programs.

- <http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/07/Media-Selection-in-Demand-Generation-Programs-FINAL.pdf>

HEADING 2D. MANAGEMENT OF MISINFORMATION & RUMOURS RELATED TO EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|--|--|---|---|--------------------------------|-------|
| 2D.RM.01 | Have the existing sources, triggers and spreaders of rumours about routine vaccines been mapped? | Yes, comprehensive mapping is available <input type="checkbox"/> | Yes, but partial mapping <input type="checkbox"/> | No, but mapping is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2D.RM.02 | Have physical and digital systems been established for Ebola vaccination related misinformation and rumour monitoring and alerting such as: <ul style="list-style-type: none"> • Social anthropologists or community health workers in community spaces²⁰ • Software with configurations for social media monitoring and alerting | Yes, systems are in place and functional <input type="checkbox"/> | Yes, but not functional <input type="checkbox"/> | No, but under development <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2D.RM.03 | Have channels and messengers been identified for dispelling misinformation and rumour? | Yes, both have been identified <input type="checkbox"/> | Yes, but only one of them <input type="checkbox"/> | No, but identification is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2D.RM.04 | Has a team been designated (with clear TORs) to rapidly investigate and manage rumours and misinformation about vaccines? | Yes, have clear TORs and can be used for Ebola vaccine <input type="checkbox"/> | Yes, but team is adhoc <input type="checkbox"/> | No, but designation process ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 2D. MANAGEMENT OF MISINFORMATION & RUMOURS RELATED TO EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|---|--|--------------------------------|------------|
| 2D.RM.05 | Is there a multidisciplinary team to oversee rumour management ²¹ ? | Yes, and functional <input type="checkbox"/> | Yes, but not functional <input type="checkbox"/> | No, formation is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2D.RM.06 | Have the teams involved in vaccine related rumours and misinformation management been trained on Ebola vaccine issues? | Yes, all the teams <input type="checkbox"/> | Yes, but a few of the teams <input type="checkbox"/> | No, but there are plans for training <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2D.RM.07 | Are there budget lines for Ebola vaccine rumour and misinformation? <ul style="list-style-type: none"> • Monitoring systems • Alerting systems • Investigations • Management | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy for budget lines is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 21 total possible points) | | | | | | /21 |
| Percentage (%) score for Heading: | | | | | | % |

²⁰Community spaces may include: bars, taxi stages, markets, worship, healthcare facilities, political, schools and scientific communities etc ²¹Rumor management includes making decisions on the following questions: at what point should rumors be considered too serious/at what point do you decide to monitor them more closely, or consider them 'normal' and 'acceptable' in the context? Should these levels of rumors be pre-determined or considered on a case-by-case basis?

HEADING 2D. MANAGEMENT OF MISINFORMATION & RUMOURS RELATED TO EBOLA VACCINE DEPLOYMENT

MANUALS AND GUIDELINES

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.8 Managing misinformation and rumours.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Annex III. Rumour tracking tool.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

SUCCESS STORIES

“OVERCOMING STIGMA IN VACCINE TRIAL”

There were many difficulties in recruiting for vaccine trials. This obstacle was unexpected given the many awareness and information activities carried out among the different actors involved in the operation of the site. Emphasis was placed on parents' associations and student associations (concerning the HPV trial) but also in different health structures, associations and neighborhood groups (concerning Ebola trials). Surveys of students who did not participate in the study showed that the main reasons for refusing to participate in the project were: misinformation sometimes led by professors working in the structure (notion of experimentation, use as guinea pigs, sterilization ...), the refusal of the responsible person (parent, guardian ...) and the taking of blood samples. These problems have been noted in clinical trials or vaccinations in developing countries that have clarified that informed consent is influenced by several factors including the social context: the phenomenon of mimicry, the order of the husband or the legal representative for minors played an important role.

In general, low adhesion during a trial presages the occurrence of possible vaccine acceptance problems, when it is placed on the market or inserted into a national program. National vaccination programs have suffered from this type of stigma, with a significant negative impact on the results achieved. This problem is further exacerbated when the vaccination targets a specific group and in particular young subjects of childbearing age as it was in our case with HPV. The idea of a strategy to reduce fertility is very quickly advanced by the people. This can be the same with Ebola vaccine as Ebola Virus Disease (EVD) is a source of fear and stigma.

The causes of withdrawals and lost to follow-up that we have listed, were dominated by the change of opinion of participants due to misinformation, the occurrence of an unforeseen situation (pregnancy, marriage, moving ...) and the change of mind of a parent.

The numerous refusals and withdrawals of subjects during clinical trials are most often due to three major causes: the demonization of medical research, the victimization of populations, that is to say the confused notion of experimentation, and finally the blood samples.

In the case of a vaccination trial, or in case of vaccination against a disease such as EVD which is unknown, the rumor that the populations are guinea pigs can be disseminated in the intellectual circles and through specific articles of the press. This justifies the need to inform as much as possible with target potential participants, their entourage, the press if possible and anyone interested in the study (or vaccination in the case of EBODAC). The information should be precise with maximum transparency. Moreover, in order not to be confronted with many withdrawals or lost to follow-up, the level of education of the participants should be taken into account. Indeed, it was realized for this study that most of the withdrawals and lost to follow-up were made in the group of girls who did not have a high level of education and in particular those recruited outside high school. These girls are a vulnerable population, because they are easily influenced. They are quick to adhere to a clinical or vaccine trial like any other, but can withdraw just as quickly when false rumors occur.

HEADING 2E. COMMUNICATIONS AROUND THE ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI) FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|---|---|--------------------------------|------------|
| 2E.AE.01 | Is there a data-system ²² that collates Ebola vaccine AEFIs information ²³ to guide 3C activities? | Yes, and fully functional <input type="checkbox"/> | Yes, but partially functional <input type="checkbox"/> | No, but under development <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2E.AE.02 | Are there mechanisms for messages about Ebola vaccine AEFIs ²⁴ related to: 1. Producing messages 2. Identifying appropriate channels 3. Identifying appropriate audience | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 2E.AE.03 | Have staff and stakeholders been trained in Ebola vaccine AEFIs? | Yes, all staff and stakeholders <input type="checkbox"/> | Yes, but only a few <input type="checkbox"/> | No, but trainings are being planned <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2E.AE.04 | Are there budget lines for 3C activities ²⁵ to address Ebola vaccine AEFIs? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No but advocacy is underway <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 12 total possible points) | | | | | | /12 |
| Percentage (%) score for Heading: | | | | | | % |

²²Data-systems include: Technologies, equipment and tools for collection, analysis and reporting of data

²³AEFI information to inform 3C activities may include information or data on: beliefs/rumours, behaviours/practices antagonist to public guidance/by-laws, -feedback on performance of /acceptability of AEFI rapid response team, -feedback on acceptability of multidisciplinary AEFI treatment and resource centres (see above) other community concerns related to AEFIs, their investigation, management or follow up

²⁴This may include information known/potential AEFIs (if relevant); Cultural beliefs/practices relating to AEFI symptoms; AEFI treatment and resource centres network; Any implications for contact tracing and case management/observation, detainment/quarantine for reporting AEFIs; Emergent concerns/rumours related to AEFI and their management; Emergent information relating to the above

²⁵3C activities to address Ebola vaccine AEFIs may include: incorporation of AEFI information and messaging into trainings; accessing network of permanent and mobile health clinics that serve as a multi-disciplinary AEFI treatment and resource centres (for the clinical management of AEFI symptoms, psychological support related to AEFIs, and risk communications on the Ebola vaccine); establishing a mobile and multi-disciplinary AEFI investigation, response and follow up team (for clinical/case management, surveillance/epidemiology, social science research, risk communication, community engagement).

MANUALS AND GUIDELINES

WHO. Ebola Strategy. Companion tool to GEVIT Practical guidance on the use of Ebola vaccine in an outbreak response. Guidance for establishing AEFI surveillance systems in countries planning to use Ebola vaccines.

- https://www.who.int/csr/resources/publications/ebola/GEVIT_guidance_companion-tool_AEFI.pdf

WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix Q. Standard Practical Steps.

- <https://www.who.int/csr/resources/publications/ebola/AppendixP-StandardPracticalSteps.pdf>

SUCCESS STORIES

“USING THE MTRAC PLATFORM TO BRIDGE INFORMATION FLOW BETWEEN COMMUNITIES AND HEALTH CARE PROVIDERS FOR IMPROVED HEALTH SERVICE DELIVERY IN UGANDA”

In Uganda, for ease of community and health management information flow and timely improvement by the healthcare sector, the mTrac (mobile tracking) system was designed for real time entry, submission and receiving of information between communities and healthcare sector and even within the healthcare sector. mTrac is a government of Uganda led initiative that was designed to digitize, simplify and quicken the transfer of information from the community to the health sector or within the healthcare sector via mobile phones. It has a computer application (app) or dashboard that does transmission of messages based on RapidSMS; a free and open source framework for dynamic data collection, coordination and communication, leveraging basic short message service (sms) mobile phone technology (Ministry of Health Uganda and mTrac).

The drive behind the development of the mTrac platform was to enable transfer of weekly health management information system (HMIS) including surveillance reports (covering diseases and outbreaks), provide a platform for community members to give feedback on health service delivery and empower health professionals and the district health teams to improve by providing them with timely information. Messages sent into the mTrac system can be received on the mobile phones of all stakeholders registered into the system, including facility health workers, district health teams, local health development partners, Ministry of Health (MoH) headquarter staffs, resource centre, epidemiology surveillance division, and national health development partners.

HEADING 2F. COMPLIANCE MANAGEMENT²⁶ FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|---|--|---|---|------------------------------------|-------|
| 2F.VC.01 | Do the guidelines for Ebola vaccine compliance management include clear specifications on: <ol style="list-style-type: none"> 1. Responsibilities of teams²⁷ involved in compliance management 2. Role of security sector 3. Role of local political leaders 4. Procedures related to sharing of confidential health information of persons line listed for vaccination 5. Others | 4 or more <input type="checkbox"/> | 2-3 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 2F.VC.02 | Are there systems ²⁸ for line listing people to be vaccinated and for maintaining database of those already vaccinated? | Yes, and adapted for Ebola vaccination <input type="checkbox"/> | Yes, but not yet adapted <input type="checkbox"/> | No, but it's being set up <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2F.VC.03 | Are there identification systems ²⁹ for people line listed for vaccination? | More than 1 including biometric <input type="checkbox"/> | More than 1 but not including biometric <input type="checkbox"/> | No, but a system is under development <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 2F. COMPLIANCE MANAGEMENT²⁶ FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|--|--|--------------------------------|-------------|
| 2F.VC.04 | Are there reminder system ³⁰ for recipients of two dose vaccines? | Yes, and adapted for Ebola vaccination <input type="checkbox"/> | Yes, but not yet adapted for Ebola vaccination <input type="checkbox"/> | No, but it's being set up <input type="checkbox"/> | No <input type="checkbox"/> | |
| 2F.VC.05 | Does the Ebola response team have members ³¹ with specialisation in appropriate technologies? | Yes, team covers all required expertise for selected technologies <input type="checkbox"/> | Yes, but team doesn't cover all required expertise <input type="checkbox"/> | No, but hiring in progress <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 15 total possible points) | | | | | | / 15 |
| Percentage (%) score for Heading: | | | | | | % |

²⁶ Compliance management is related to ensuring the correct target beneficiaries are vaccinated at prime and boost dose (if applicable).

²⁷ The teams involved in compliance management may include: community health care workers, frontline Ebola response workers, health care workers, etc.

²⁸ System for line listing people to be vaccinated may include paper-based register; mobile data collection platform or other electronic register

²⁹ Identification system may include and not limited to: National IDs, Vaccination Cards, Physical address, Phone numbers of patients or family members or local authorities, Photo systems, Iris scans, Biometric fingerprints etc.

³⁰ Reminder systems can be pre-recorded voice reminder, a SMS, Community Health Worker physical home-visits etc.

³¹ Technology teams may include: ICT Specialists, Biomedical Engineers, HMIS experts, Information Specialists/Scientists etc



GAP PRIORITIZATION

The Gap Prioritization Plan serves to assist in the identification and prioritization of gaps emerging from the completing Part 1 (Gap identification and Scoring). In addition, it is designed to support action planning to address critical gaps in readiness for Ebola vaccine deployment from the 3Cs perspective.

HOW TO CONDUCT GAP PRIORITIZATION?

After completing the Part 1 (Gap Identification and Scoring), Part 2 the Gap Prioritization Framework should be completed, followed by Part 3 (the Action Planning Framework), as they build upon each other. Each framework has instructions embedded.

The Gap Prioritization Framework undertakes two levels of prioritization: heading-level and item-level. Follow the illustrations and steps outlined below to fill in the Heading-level and Item-level Gap Prioritization Tables.

HOW TO FILL IN THE TABLES:

TABLE P2.1.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 2A. | 10% | 1ST |
| 2B. | 20% | 4TH |
| 2C. | 10% | 3RD |
| 2D. | 20% | 2ND |
| 2E. | 20% | 5TH |
| 2F. | 20% | 6TH |

TABLE P2.2.2
1ST PRIORITY HEADING CODE 2A.

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|--|
| 2A.CE.01 | 0 | Lack of SOP for quick KAP surveys |
| 2A.CE.02 | 0 | Social mob are not part of rapid response team for Ebola |
| 2A.CE.03 | 0 | Insufficient funds for SA for 3Cs |
| 2A.CE.04 | 0 | A few in-country stakeholders trained in SA for 3Cs |



HEADING-LEVEL PRIORITIZATION

1

For each heading, fill in the total percentage score for the heading.

2

For each heading, indicate the priority rank, based on the total percentage score. Heading/Area level prioritization whereby the headings with the lowest total percentage score will be the 1st priority, followed by the 2nd lowest and 3rd lowest in that order.

Choose priorities 1st – 3rd for the next step of item level prioritization below. Where there is tie in the priority rank, countries will have the discretion to choose one of them.

TABLE P2.2.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 2A. | | |
| 2B. | | |
| 2C. | | |
| 2D. | | |
| 2E. | | |
| 2F. | | |

ITEM-LEVEL PRIORITIZATION

Item level gaps exist for items with scores of (0), (1), or (2). (See Box 1)

3

LIST ITEMS WITH A (0) SCORE.

Items with a (0) should be prioritized first, as this represents the most critical state that needs immediate attention.

4

LIST ITEMS WITH A (1) SCORE.

Items with a (1) score are the 2nd priority, and items with a (2) score are the 3rd priority.

5

REVIEW YOUR LISTS AND SET CUT OFFS.

Review your results in Tables 1 and 2 for headings and items. These represent your priority gaps.

BOX 1: INTERPRETING ITEM SCORES

- (3)** A score of 3 indicates readiness.
- (2)** A score of 2 indicates a situation where most elements are available or in place, but that some remaining aspects can be addressed.
- (1)** A score of 1 indicates a situation where not everything exists, but some minor aspects are either in place or underway towards readiness.
- (0)** A score of 0 indicates a state where nothing exists and no plan is in place to address the issue of concern.



6

REVIEW OF PRIORITIZATION

TABLE P2.2.2
1ST PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

TABLE P2.2.3
2ND PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

TABLE P2.2.4
3RD PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

PART 3.2.1



ACTION PLANNING

Instructions: Based on the identified priority gaps, develop an action plan for addressing the gaps. The first row shows an example.

| PRIORITY GAPS | ACTION PLAN | RESPONSIBLE PERSON | TIMELINE | SUPPORT NEEDED |
|------------------------------------|------------------------|--------------------|----------|---|
| Lack of materials in usable format | Activate standing MoUs | Comm HPEC | 1 week | Funds for accessible format translation (braille, etc.) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

MODULE 3: INTEGRATION OF 3C BEST PRACTICES AND GUIDELINES

PART 1.3.1: (GAP IDENTIFICATION AND SCORING) The Integration of Best Practices and Guidelines module covers capitalization on experiences in 3Cs, gender considerations in 3Cs, vulnerable groups' considerations in 3Cs, ethics and human rights considerations in 3Cs, integration of 3Cs across broader healthcare systems and cross border considerations in 3Cs for EBODAC. Countries can use the module to assess their own readiness or preparedness consider past experiences, gender, vulnerable groups, ethics, human rights, broader health system and cross border best practices and principles in their 3Cs for EBODAC in emergency and non-emergency settings.



HEADING 3A. CAPITALIZATION ON PAST EXPERIENCES FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|--|--|--------------------------------|-------------|
| 3A.PE.01 | Are there efforts to identify relevant best practices for 3C for Ebola vaccine deployment in emergency or non-emergency situations, specifically for? (can be rephrase better): 1. Communication 2. Community engagement 3. Compliance management | For all 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 3A.PE.02 | Do mechanisms ³² exist to allow for the integration of best practices, lessons learnt and recommendations into 3C activities for Ebola vaccine deployment? | Yes, mechanisms exist and best practices are being adapted to the local context <input type="checkbox"/> | Yes, mechanisms exist but best practices not adapted <input type="checkbox"/> | No, but plans are in place to establish mechanisms <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3A.PE.03 | Are there budget lines for conducting review of 3C for Ebola vaccination plans, strategies and activities based on lessons learnt, experiences and recommendations? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3A.PE.04 | Do the team involved in Ebola vaccine deployment have competencies to: • Review and adapt 3C for Ebola vaccination plans, strategies and activities based on lessons learnt, experiences and recommendations • Develop and keep a repository of knowledge products ³³ from experiences, lessons learnt and recommendations | Yes, 3Cs team has all those skills <input type="checkbox"/> | Yes, but just one of those skills <input type="checkbox"/> | No, but plan is in place for capacity building <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 12 total possible points) | | | | | | / 12 |
| Percentage (%) score for Heading: | | | | | | % |

³²Mechanisms for integration of best practices may include: Access to successfully used IEC materials in past outbreak responses, capacity building using experienced personnel from past outbreak responses, field trips to successful outbreak response models, etc.

³³Knowledge products may include: Reports, publications, briefs, etc.

MANUALS AND GUIDELINES

BBC Media Action. Using Media and Communication to Respond to Public Health Emergencies: Lessons Learned from Ebola.

- <https://www.bbc.co.uk/mediaaction/publications-and-resources/policy/practice-briefings/ebola>

Toppenberg-Pejcic et al. 2018. Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever.

- <https://doi.org/10.1080/10410236.2017.1405488>

Bedson et al. 2019. Community Engagement during outbreak response: standards, approaches, and lessons from the 2014-2016 Ebola outbreak in Sierra Leone.

- <https://doi.org/10.1101/661959>

Bastide. 2018. Crisis Communication During the Ebola Outbreak in West Africa: The Paradoxes of Decontextualized Contextualization.

- https://doi.org/10.1007/978-3-319-74098-0_7

Ebola Gbalo Research Group. Responding to the Ebola virus disease outbreak in DR Congo: when will we learn from Sierra Leone?

- [http://dx.doi.org/10.1016/S0140-6736\(19\)31211-5](http://dx.doi.org/10.1016/S0140-6736(19)31211-5)

HEADING 3B. GENDER AND VULNERABLE GROUPS CONSIDERATIONS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|---|--|---|--|--------------------------------|-------|
| 3B.VG.01 | <p>Have gender issues³⁴ and vulnerable groups³⁵ been considered³⁶ in the Communication and Community Engagement Strategy for Ebola Vaccine Deployment during the following activities:</p> <ol style="list-style-type: none"> 1. Situational analysis 2. Communications audience mapping 3. Communications channel mapping 4. Communication messenger mapping 5. Communications and Community engagement stakeholder mapping 6. Others | 5 or more <input type="checkbox"/> | 3-4 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 3B.VG.02 | Are data management ³⁷ systems (from data collection tools, databases, analysis, visualisation and reporting) for Ebola vaccine deployment disaggregated by sex and vulnerable groups? | Yes, fully disaggregated with supporting SOPs <input type="checkbox"/> | Yes, but partial disaggregation <input type="checkbox"/> | No, but disaggregation integration ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3B.VG.03 | Are there inbuilt procedures ³⁸ for reflecting on gender and vulnerable group social norms and Ebola vaccination decision making and health-care seeking behaviour? | Yes, procedures are inbuilt at both strategic and operational levels <input type="checkbox"/> | Yes, but partially inbuilt <input type="checkbox"/> | No, but advocacy to consider gender and vulnerable groups is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3B.VG.04 | Have gender and vulnerable group differences in Ebola vaccine acceptance, AEFI reporting and compliance been considered in the Communication and Community Engagement Strategy for Ebola Vaccine Deployment? | Yes, and there are specific SOPs <input type="checkbox"/> | Yes, but no specific SOPs <input type="checkbox"/> | No, but SOPs are being developed <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 3B. GENDER AND VULNERABLE GROUPS CONSIDERATIONS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|---|---|--|--|--------------------------------|------------|
| 3B.VG.05 | Are gender and family dynamics in decision making and caregiving responsibilities incorporated into SOPs ³⁹ for consenting and tracing of people targeted for Ebola vaccination? | Yes, fully incorporated in the SOPs <input type="checkbox"/> | Yes, but partially incorporated <input type="checkbox"/> | No, but plans to incorporate in progress <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3B.VG.06 | Have staff and stakeholders involved in Communication and Community Engagement activities for Ebola vaccine deployment been trained in gender and vulnerable group mainstreaming? | Yes, all staff and stakeholders have been trained <input type="checkbox"/> | Yes, but not all have been trained <input type="checkbox"/> | No, but plans are in place to train <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3B.VG.07 | Are there budget lines for gender and vulnerable group mainstreaming in Communication and Community Engagement activities for Ebola vaccine deployment? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 21 total possible points) | | | | | | /21 |
| Percentage (%) score for Heading: | | | | | | % |

³⁴ Gender issues may include: gender norms, gender roles, power dynamics, etc. ³⁵ Vulnerable groups may include: Persons living in conflict zones, nomadic populations, people living in remote areas, refugee populations, etc. ³⁶ Considerations may include: Being a beneficiary or belonging to the beneficiary's family, community-based responders and as decision makers ³⁷ Data management include: data processing, storing and organizing

³⁸ Inbuilt procedures for reflecting on gender and vulnerable groups may include: coordination meeting agenda point, action plan trigger, training on action plan trigger

³⁹ SOPs details may include: Tracing strategy for beneficiaries, guide on how to approach more than one family contacts, guide on contact selection processes that are responsive to social norms, consent procedure guidelines that are responsive to community, family and individual decision making.

MANUALS AND GUIDELINES

Inter-Agency Standing Committee (IASC). IASC Operational Guidelines on Protection of Persons in Situations of Natural Disasters.

- <https://interagencystandingcommittee.org/meeting-humanitarian-challenges-urban-areas/documents-public/iasc-operational-guidelines-protection>

Inter-Agency Standing Committee (IASC). IASC Policy on Protection in Humanitarian Action.

- <https://interagencystandingcommittee.org/protection-priority-global-protection-cluster/documents/iasc-policy-protection-humanitarian-action>

CDC CERC. CERC Special populations assessment.

- <https://emergency.cdc.gov/cerc/resources/pdf/special-populationsassessment.pdf>

HEADING 3C. HEALTH SYSTEM INTEGRATION OF 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|---|--|---|---|--|--------------------------------|-----------|
| 3C.HS.01 | Has the distribution of communication and community engagement products and materials for Ebola vaccine deployment been integrated into the routine distribution system? | Yes, integrated and fully functional <input type="checkbox"/> | Yes, but not functional <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3C.HS.02 | Are there guidelines for leveraging the existing communication and community engagement structures and programs ⁴⁰ within the routine healthcare service delivery systems for Ebola vaccine deployment? | Yes, guidelines exist and are operational <input type="checkbox"/> | Yes, but not operational <input type="checkbox"/> | No, but guidelines are being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3C.HS.03 | Are Ebola vaccine messages integrated into the routine health communication products, materials and messaging to audiences? | Yes, fully integrated <input type="checkbox"/> | Yes, but partially integrated <input type="checkbox"/> | No, but integration ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 9 total possible points) | | | | | | /9 |
| Percentage (%) score for Heading: | | | | | | % |

⁴⁰3C structures and programs may include all health facility-based and community-based routine health services in the country

HEADING 3D. ETHICS AND HUMAN RIGHTS CONSIDERATIONS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|---|--|---|---|---|--------------------------------|-----------|
| 3D.HR.01 | <p>Have best practices for ethical⁴¹ conduct and human rights been integrated into the Ebola vaccination campaign-related materials including:</p> <ol style="list-style-type: none"> 1. Training materials for front-line workers⁴², health workers and stakeholders (including the security sector) 2. Codes of conduct for front-line workers, health workers and stakeholders (including the security sector) 3. Messaging content 4. Others | 3 or more <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 3D.HR.02 | Have staff and stakeholders involved in 3C activities for Ebola vaccine deployment been trained in codes of conduct, ethics and human rights? | Yes, all staff and stakeholders have been trained <input type="checkbox"/> | Yes, but some have been trained <input type="checkbox"/> | No, but plans are in place to train <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3D.HR.03 | <p>Are there budget lines to cover:</p> <ul style="list-style-type: none"> • Inclusion of social science expertise in ethical decision making; • Integration of ethical issues into training materials, • Conduct of training on codes of conduct, ethics and human rights? | Yes, sufficient <input type="checkbox"/> | Yes but insufficient <input type="checkbox"/> | No but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 9 total possible points) | | | | | | /9 |
| Percentage (%) score for Heading: | | | | | | % |

⁴¹Ethical issues relating to: Standards of care and clinical management of AEFIs related to an Ebola vaccine; confidentiality, privacy, and information disclosure for those vaccinated, community stakeholders engaged in 3C activities, Individual autonomy vs. common good in relation (such as personal movement restrictions/detainment) to contact tracing, clinical management, vaccine 2nd dosage compliance; Research conduct and oversight (including rapid review mechanism), including for research related to 3C; data security, stewardship and sharing, including for 3C related data; protection of community members and staff, including for those engaged in 3C-related activities

⁴²Frontline workers may include: Community Health Workers, Health-facility gatemen, cleaners, security officers, porters, burial teams, surveillance officers, social mobilization teams, check-point officers, immigration staff, ambulance drivers etc

MANUALS AND GUIDELINES

Schopper et al. 2017. Research Ethics Governance in Times of Ebola. .

- <https://doi.org/10.1093/phe/phw039>

Vaccine Confidence Project. Vaccine Confidence Handbook. Chapter 2. Ethical Challenges.

- <https://www.vaccineconfidence.org/ebohandbook-ethics/>

Saxena et al. 2019. Ethics preparedness: facilitating ethics review during outbreaks – recommendations from an expert panel.

- <https://doi.org/10.1186/s12910-019-0366-x>

WHO. WHO guidelines on ethical issues in public health surveillance.

- <https://www.who.int/ethics/publications/public-health-surveillance/en/>

WHO. Guidance for Managing Ethical Issues in Infectious Disease Outbreaks.

- <https://www.who.int/ethics/publications/infectious-disease-outbreaks/en/>

WHO. Ethics in epidemics, emergencies and disasters: Research, surveillance and patient care. WHO Training Manual.

- <https://www.who.int/ethics/publications/epidemics-emergencies-research/en/>

Global Health Training Centre. Course: Ethics in epidemics, emergencies and disasters: Research, surveillance and patient care Course.

- <https://globalhealthtrainingcentre.tghn.org/research-ethics-epidemics-pandemics-and-disaster-situations/>

HEADING 3E. CROSS-BORDER CONSIDERATIONS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|---|--|--|---|---|--------------------------------|-----------|
| 3E.CB.01 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment incorporate the management of 3C special cross border considerations ⁴³ ? | Yes, several special cross border considerations <input type="checkbox"/> | Yes, but a few <input type="checkbox"/> | No, but being considered <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3E.CB.02 | Have coordination mechanisms ⁴⁴ been established with cross-border stakeholders? | Yes, established and fully harmonised <input type="checkbox"/> | Yes, but partially harmonised <input type="checkbox"/> | No, but contact has been made between cross-border stakeholders <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3E.CB.03 | Are there budget lines to cover cross-border coordination activities and other special 3C cross border considerations? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 9 total possible points) | | | | | | /9 |
| Percentage (%) score for Heading: | | | | | | % |

⁴³Special cross border considerations may include border language, culture, behavior, attitudes, beliefs, mass media channels, migrant communities, internet connectivity, telephone networks etc.

⁴⁴Coordination mechanisms (could be via WHO, UNHCR, immigration) and may include: cross-border coordination protocols approved at United Nations (UN) and ministry level; cross-border coordination meetings to facilitate bi-lateral meeting of health teams, security, immigration etc

HEADING 3E. CROSS-BORDER CONSIDERATIONS FOR 3C FOR EBOLA VACCINE DEPLOYMENT

MANUALS AND GUIDELINES

WHO. Technical note for Ebola preparedness planning for entry screening at airports, ports and land crossings.

- <https://www.who.int/csr/resources/publications/ebola/entry-screening-poe/en/>

WHO. Interim guidance for Ebola event management at points of entry.

- <https://www.who.int/csr/resources/publications/ebola/event-management-poe/en/>

WHO. Travel and transport risk assessment: Travel guidance for health authorities and the transport sector.

- <https://www.who.int/csr/resources/publications/ebola/travel-guidance/en/>

SUCCESS STORIES

“HARMONIZED CROSS-BORDER IDENTIFICATION INFORMATION CAPTURE, COMMUNICATION AND COORDINATION HELPS TO DELAY SPILLOVER OF EBOLA OUTBREAK FROM DRC INTO UGANDA”

As the Ebola Viral Disease (EVD) outbreak spirals in the Democratic Republic of Congo (DRC) from its onset in August 2018, the major worry was the spillover of the outbreak into Uganda as there are mass population movements in either direction of the border. Despite having no confirmed case of EVD during early months of the DRC outbreak, as a preparedness activity, the Uganda Ministry of Health and Emergency Operation Centre (EOC) convened the National Taskforce (NTF) for Ebola preparedness and response.

To particularly address the risk of spill over, in September 2018 there was an inter-governmental cross-border meeting between health officials from the two countries (DRC and Uganda) held at an immigration office in DRC organized by the World Health Organization (WHO). At the meeting, Uganda and DRC resolved to increase awareness among the population on both sides of the border by intensifying risk communication and community engagement to address the issue of misconceptions, rumors and myths on Ebola in the border area. The Uganda team also shared experiences about the functionality of the different pillars in the EVD preparedness response. From that, the DRC team particularly appreciated the use of Village Health Teams (VHT) aka Community Health Workers to conduct community level risk communication and community engagement in Uganda. They also welcomed this community-based approach, promising to apply it in the DRC context. Officials from both countries attended the meeting, including health, security, immigration, the World Health Organization (WHO), and the Uganda Red Cross officials.

To also improve cross-border communication and coordination, the officials in the meeting agreed to harmonize the data collection tools to ensure that similar identification information is captured at the security screening points along the Uganda-DRC borders in both countries. The officials also highlighted the need to map out all the points of entry along the border to ensure that no border entry point lacks a security screening point. The medical screening is managed by healthcare workers, however the security screening and crowd control is being implemented by security officers on either side of the border.

The harmonized data collection tools in particular, ensured similar identification information captured on the DRC side of the border are relayed to Uganda side of the border and eventually to the health workers and NTF for medical decision making. This similar identification capture and relay system made it possible to identify several alert cases trying to cross from DRC into Uganda as described below:

There was a case of a man connected to a suspected Ebola case who was trying to cross from DRC into Uganda. The Ugandan Security Officers operating on the Ugandan side of the border were relayed his identification information by the Officers from the DRC side of the border. With the identification information available, the Security Officers on the Uganda side were able to identify the contact at the border point and returned him to DRC for possible vaccination.

Another case was a woman that tried to sneak from Beni in DRC into Uganda. She first mingled into mobile pastoral community operating near the DRC side of the border and slowly came close to the Uganda side of the border and tried to cross. However, she fell sick and became weak. The Security Officers on the Uganda side of the border were able to identify her. She was denied entry into Uganda purely for health reasons and was returned to DRC for clinical care.

Important to note is that in the repatriation process, the security officers are trained not to violate human rights. The harmonized cross-border identification information capture and relay system is being implemented in a private and confidential manner without disclosing it to the community to avoid stigma and eliciting of dehumanizing feeling that comes with receiving instructions from security officers. If the suspect or contact is detained, it is mandatory that they are fed and well taken care of. If the decision is for the detained person to be transported to another location such as health facility for clinical care, the security officers provide the transportation at no cost to the person.

HEADING 3F. HUMAN RESOURCES FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|---|---|---|--|---|--------------------------------|-----------|
| 3G.HR.01 | Are there guidelines ⁴⁵ for emergency recruitment and deployment of human resources (HR) for 3C activities for Ebola vaccine deployment in emergency scenario? | Yes, guidelines exist and are operational <input type="checkbox"/> | Yes, but not operational <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3G.HR.02 | Is there a national or sub-national roster or database of the trained and or experienced HR ⁴⁶ required for 3C activities for Ebola vaccine deployment? | Yes, accessible and updated <input type="checkbox"/> | Yes, but not accessible or not updated <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 3G.HR.03 | Are there budget lines for emergency HR recruitment, deployment, remuneration and tooling for 3C for Ebola vaccine deployment? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 9 total possible points) | | | | | | /9 |
| Percentage (%) score for Heading: | | | | | | % |

⁴⁵Emergency recruitment and deployment guidelines should cater for whether to advertise the vacancies or handpick from roster, integrity issues like preference for citizen before foreigners, gender, culture, language, equity, database or roster of experts, remunerations, risk allowance, capacity building, equipment, support supervision, code of conduct and psychological support system considerations in the recruitment.

⁴⁶HR required 3C activities for Ebola vaccine deployment may include health workers, community health workers, socio-anthropologists, journalists, security officials, community leaders, community stakeholders, government spokespersons etc.

MANUALS AND GUIDELINES

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.12 Role of social scientists.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

CDC CERC. CERC staff planning workbook.

- https://emergency.cdc.gov/cerc/resources/pdf/cercstaffing_planning.pdf



GAP PRIORITIZATION

The Gap Prioritization Plan serves to assist in the identification and prioritization of gaps emerging from the completing Part 1 (Gap identification and Scoring). In addition, it is designed to support action planning to address critical gaps in readiness for Ebola vaccine deployment from the 3Cs perspective.

HOW TO CONDUCT GAP PRIORITIZATION?

After completing the Part 1 (Gap Identification and Scoring), Part 2 the Gap Prioritization Framework should be completed, followed by Part 3 (the Action Planning Framework), as they build upon each other. Each framework has instructions embedded.

The Gap Prioritization Framework undertakes two levels of prioritization: heading-level and item-level. Follow the illustrations and steps outlined below to fill in the Heading-level and Item-level Gap Prioritization Tables.

HOW TO FILL IN THE TABLES:

TABLE P2.3.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 3A. | 10% | 1ST |
| 3B. | 20% | 4TH |
| 3C. | 10% | 3RD |
| 3D. | 20% | 2ND |
| 3E. | 20% | 5TH |
| 3F. | 20% | 6TH |

TABLE P2.3.2
1ST PRIORITY HEADING CODE 3A.

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|--|
| 3A.PE.01 | 0 | Lack of SOP for quick KAP surveys |
| 3A.PE.02 | 0 | Social mob are not part of rapid response team for Ebola |
| 3A.PE.03 | 0 | Insufficient funds for SA for 3Cs |
| 3A.PE.04 | 0 | A few in-country stakeholders trained in SA for 3Cs |



HEADING-LEVEL PRIORITIZATION

1

For each heading, fill in the total percentage score for the heading.

2

For each heading, indicate the priority rank, based on the total percentage score. Heading/Area level prioritization whereby the headings with the lowest total percentage score will be the 1st priority, followed by the 2nd lowest and 3rd lowest in that order.

Choose priorities 1st – 3rd for the next step of item level prioritization below. Where there is tie in the priority rank, countries will have the discretion to choose one of them.

TABLE P2.3.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 3A. | | |
| 3B. | | |
| 3C. | | |
| 3D. | | |
| 3E. | | |
| 3F. | | |

ITEM-LEVEL PRIORITIZATION

Item level gaps exist for items with scores of (0), (1), or (2). (See Box 1)

3

LIST ITEMS WITH A (0) SCORE.

Items with a (0) should be prioritized first, as this represents the most critical state that needs immediate attention.

4

LIST ITEMS WITH A (1) SCORE.

Items with a (1) score are the 2nd priority, and items with a (2) score are the 3rd priority.

5

REVIEW YOUR LISTS AND SET CUT OFFS.

Review your results in Tables 1 and 2 for headings and items. These represent your priority gaps.

BOX 1: INTERPRETING ITEM SCORES

- (3)** A score of 3 indicates readiness.
- (2)** A score of 2 indicates a situation where most elements are available or in place, but that some remaining aspects can be addressed.
- (1)** A score of 1 indicates a situation where not everything exists, but some minor aspects are either in place or underway towards readiness.
- (0)** A score of 0 indicates a state where nothing exists and no plan is in place to address the issue of concern.



6

REVIEW OF PRIORITIZATION

TABLE P2.3.2

1ST PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

TABLE P2.3.3

2ND PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

TABLE P2.3.4

3RD PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

PART 3.3.1



ACTION PLANNING

Instructions: Based on the identified priority gaps, develop an action plan for addressing the gaps. The first row shows an example.

| PRIORITY GAPS | ACTION PLAN | RESPONSIBLE PERSON | TIMELINE | SUPPORT NEEDED |
|------------------------------------|------------------------|--------------------|----------|---|
| Lack of materials in usable format | Activate standing MoUs | Comm HPEC | 1 week | Funds for accessible format translation (braille, etc.) |
| | | | | |
| | | | | |
| | | | | |
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MODULE 4: SUPPORTIVE AND ENABLING ENVIRONMENT FOR 3C

SECTION A4: (GAP IDENTIFICATION AND SCORING) This Supportive and enabling environment module covers enabling technologies in 3Cs, M&E in 3Cs, capacity building/trainings in 3Cs, fundraising for 3Cs and coordination with 3Cs teams for EBODAC. Countries can use the module to assess their own readiness or preparedness to incorporate and ensure supportive and enabling environment such as enabling technologies, M&E, coordination with communication and community engagement teams and funding for 3Cs for EBODAC in emergency and non-emergency settings.



HEADING 4A. ENABLING TECHNOLOGY FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|---|--|--|---|--------------------------------|-------|
| 4A.ET.01 | Does the Ebola Preparedness and Response Strategy enlist enabling technologies for: 1. Patient identification ⁴⁷ 2. Patient tracking ⁴⁸ 3. Data capture ⁴⁹ 4. Remote training ⁵⁰ 5. Reporting or feedback ⁵¹ 6. Others | 5 or more <input type="checkbox"/> | 3-4 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 4A.ET.02 | Have feasibility and acceptability assessments ⁵² on how to incorporate enabling technologies into 3C activities for Ebola vaccine deployment been conducted? | Yes, both <input type="checkbox"/> | Yes, but just 1 of the 2 <input type="checkbox"/> | No, but the assessment is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4A.ET.03 | Have community technology engagement and sensitization activities ⁵³ to improve technology awareness, mitigate resistance, alleviate fears and facilitate successful adoption of the technologies in Ebola response (including vaccination) been conducted? | Yes, conducted and report accessible <input type="checkbox"/> | Yes, but report not accessible <input type="checkbox"/> | No, engagement and sensitisation is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4A.ET.04 | Have alternatives ⁵⁴ or ways of improving existing electricity supply in locations where the enabling technologies will be used been identified? | Yes, identified and feasible <input type="checkbox"/> | Yes, but not feasible <input type="checkbox"/> | No, but identification is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 4A. ENABLING TECHNOLOGY FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|--|--|--|--------------------------------|------------|
| 4A.ET.05 | Have alternatives ⁵⁵ or ways of improving existing internet connectivity in locations where the enabling technologies will be used been identified? | Yes, identified and feasible <input type="checkbox"/> | Yes, but not feasible <input type="checkbox"/> | No but identification is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4A.ET.06 | Have standing Memorandums of Understanding (MoUs) with national and international technology companies and communications firms to leverage existing capacities and infrastructure been established? | Yes, several and flexible <input type="checkbox"/> | Yes, a few or rigid <input type="checkbox"/> | No, but MoU negotiations are ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4A.ET.07 | Are there teams and policies established to support the set up and use of enabling technologies in Ebola response (including vaccination)? | Yes, both teams and policies are available and operational <input type="checkbox"/> | Yes, but not operational <input type="checkbox"/> | No, but the setup of teams and policies is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 21 total possible points) | | | | | | /21 |
| Percentage (%) score for Heading: | | | | | | % |

⁴⁷Enabling technologies for patient identification may include: biometrics such as finger prints, facial and voice recognition technology and iris scanners, etc. ⁴⁸ Enabling technologies for patient tracking may include: mobile apps, GPS mapping systems, bar codes, VAXTRAC, etc.

⁴⁹Enabling technologies for data capture may include: Mobile applications such as open data toolkits (ODK), REDCAP, etc. ⁵⁰ Enabling technologies for remote training may include: MOTECH based applications such as MOBILE Training and Support Services (MOTS), etc.

⁵¹Enabling technologies for reporting and feedback may include: mTrac, UReport, mHero, etc. ⁵² Feasibility and acceptability assessments may be aimed at determining the existing infrastructure onto which the new technologies would be built and also for determining whether the new technology solutions would be acceptable.

⁵³Community technology engagement and sensitization outreach activities may include collaboration with governments in particular the Ministries of health, ICTs, science, technology and innovations; meetings with local chiefs, local politicians, religious leaders and community group leaders and members

⁵⁴Alternative of electricity may include use of batteries, solar chargers or petrol-powered generators ⁵⁵ Alternative of internet connectivity may include: satellite technology, agreements with telephone network providers or configuring the technology to function offline, local area network

HEADING 4A. ENABLING TECHNOLOGY FOR 3C FOR EBOLA VACCINE DEPLOYMENT

MANUALS AND GUIDELINES

WHO. Monitoring and Evaluation of Digital Health Interventions: A practical guide to conducting research and assessment.

- <https://apps.who.int/iris/handle/10665/252183>

WHO. WHO Guideline. Recommendations on digital interventions for health system strengthening.

- <https://apps.who.int/iris/handle/10665/311980>

Biometric Institute. Ethical Principles for Biometrics.

- <http://www.biometricsinstitute.org/wp-content/uploads/Biometrics-Institute-Ethical-Principles-VFinal2019.pdf>

SUCCESS STORIES

“IMPROVING VACCINE COMPLIANCE BY USING BIOMETRIC IDENTIFICATION SYSTEM IN EBOVAC SALONE TRIAL SIERRA LEONE”

The issue of participant impersonation (false participants):

The EBOVAC Salone study is conducting a two dose (prime-boost) vaccine regimen such that participants who receive the prime are 'importantly' those who will receive the boost dose else. However, the issue in this incidence was the assurance that people who showed up at the clinic are real participants and what was the extent of their interaction with the study. These are study integrity issues, which requires resolution of accurate assurance that people who show up at the clinic are actual study participants and those who received the prime dose are exactly those who will receive the boost dose of the vaccine.

The Biometric Identification system as a solution:

Biometrics technology is a method of verifying an individual's identity based on measurement of their physical features or repeatable actions that are unique to the individual and are measurable. The technology was employed for the enrolment, identification and verification of all persons who show up at the clinics as a participant. At the initial visit after consenting, the biometrics (Iris and Fingerprint) of the participant are captured and stored as templates within the biometric system then synchronized to other systems that relies on the information to further maintain study integrity. During subsequent visit, the participant goes through the identification and verification process, i.e., in this instance, they first go through the biometric system to be sure that they are actual participants in the study. They will have a recapture of their biometric and the image is compared with existing templates in the system, if the system returns a match it means the participant is positive else, a negative returns shows impersonation.

Achievements from Biometric Identification system:

Since the start of implementation on 30th September 2015, 1,631 participants are accurately enrolled into the biometric system and to this day, the system can trustfully identify each of these participants at any time they show up. With this certainty, eight impersonations (false participants) were identified during the course of the study and the issues were escalated to the site coordinator(s) present. Indeed, the impersonators attested to the fact that they were not participants in the study. This shows that the technology has strongly contributed to maintain the integrity of the study. It is a clear solution to the deterrence of impersonation especially in a situation of a two or three dose Extended Program on Immunisation (EPI) campaign.

Best practises for the conduct of Biometric Identification system

Some key considerations for conducting of biometrics:

- Biometric trace(s) are the key identifiers of individuals as such it is very important that the images are perfectly captured during the enrolment process else, identification and verification during subsequent visits can be problematic
- Additional identifiers should be included in participant's records (Photo, Identification numbers etc.) because it is possible for the system to return a false positive (never happened in our case)
- In a close distance setting such as the EBOVAC Salone study, it is important that individual units within the system synchronise data in real-time
- Equipment should be manufactured and designed to match the local context especially in terms of technological interdependencies
- GXP should be continuously revamped during the implementation of the technology

HEADING 4B. MONITORING AND EVALUATION (M&E) FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|--|--|--|--|--------------------------------|-------|
| 4B.ME.01 | <p>Are there accessible expertise in Monitoring & Evaluation (M&E) and or related specializations to support Ebola vaccine deployment such as:</p> <ol style="list-style-type: none"> 1. Monitoring and Evaluation (M&E) 2. Behaviour change or risk communication 3. Health management information system 4. Information science 5. Geographic information systems 6. Information Communications and Technology (ICT)⁵⁶ 7. Others | 6 or more <input type="checkbox"/> | 3-5 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 0 <input type="checkbox"/> | |
| 4B.ME.02 | Does the Communication and Community Engagement Strategy for Ebola Vaccine Deployment include key M&E components? ⁵⁷ | Yes, fully inclusive <input type="checkbox"/> | Yes, but partially inclusive <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4B.ME.03 | Have data architecture schema ⁵⁸ for monitoring data from 3C activities for the Ebola vaccine deployment been developed? | Yes, fully developed <input type="checkbox"/> | Yes, but partially developed <input type="checkbox"/> | No, but development is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 4B. MONITORING AND EVALUATION (M&E) FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|--|---|---|-------------|
| 4B.ME.04 | Have SOPs ⁵⁹ for data management, including the ones for 3C activities been developed? | Fully available <input type="checkbox"/> | Partially available <input type="checkbox"/> | Being developed <input type="checkbox"/> | Not available <input type="checkbox"/> | |
| 4B.ME.05 | Are there guidelines and related capacity building at strategic and operational levels for: <ul style="list-style-type: none"> • Data management • Data analysis • Data visualization • Data dissemination and use | Yes, fully developed and endorsed <input type="checkbox"/> | Yes, but partially developed or not endorsed <input type="checkbox"/> | No, but development ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4B.ME.06 | Are there budget lines for 3C activity-related data collection, management, analysis, visualization, dissemination and use during Ebola vaccine deployment? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 18 total possible points) | | | | | | / 18 |
| Percentage (%) score for Heading: | | | | | | % |

⁵⁴Expertise in ICT may include: ICT infrastructure/operations; Community Information System/Health information system/HMIS, data management and quality assurance; health, social, and geographic data analysis and visualization.

⁵⁵Key M&E components may include: • Logical framework / theory of change, including explicitly defined theories of behavior change, context and social factors, inputs, process for 3Cs activities, outputs, outcomes (including those related to knowledge, attitude (including trust, fear), and behavior change related to the Ebola vaccine, the vaccine deployment or any of its components). • Indicator/metric list (definition, data source, disaggregation (gender, age, key groups), frequency of data collection) for processes for 3Cs activities (inputs, outputs, fidelity to SOPs) and outcomes (knowledge, attitude, or behavior change, or proxies thereof). • Evaluation plan

⁵⁶Conceptual/semantic data model (including data entities); logic data model (including how data are linked); physical/technology model, outlining processes and functionality (including incorporation of existing technology infrastructure (digital) and/or team networks (paper-based, oral reporting). Models should take into account: integration, where needed, with existing databases (e.g., case management, surveillance, burials/Civil registration and vital statistics, EPI, AEFI, community health); interoperability; anonymization of data at different levels and confidentiality; and data security.

⁵⁹SOPs for data management may include aspects like: Governance and stewardship, security, interoperability, sharing, confidentiality, anonymization, and use of data.

HEADING 4B. MONITORING AND EVALUATION (M&E) FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

MANUALS AND GUIDELINES

- WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix N. Monitoring plan during delivery.
- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf
- WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix O. Assessment plan after vaccine delivery.
- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf
- WHO. Ebola Strategy. Companion tool to GEVIT Practical guidance on the use of Ebola vaccine in an outbreak response. Guidance for establishing AEFI surveillance systems in countries planning to use Ebola vaccines.
- https://www.who.int/csr/resources/publications/ebola/GEVIT_guidance_companion-tool_AEFI.pdf
- WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Annex III. Rumour tracking tool.
- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>
- WHO. Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu. Annex 7. Theory of Change.
- <https://apps.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf>
- WHO. Risk Communication and Community Engagement Preparedness and Readiness Framework: Ebola Response in the Democratic Republic of Congo in North Kivu. Annex 4. M&E Framework.
- <https://apps.who.int/iris/bitstream/handle/10665/275389/9789241514828-eng.pdf>
- IASC. IASC Guidelines for Common Operational Datasets in Disaster Preparedness and Response.
- <https://interagencystandingcommittee.org/information-management/documents-public/iasc-guidelines-common-operational-datasets-disaster-0>
- Figueroa et al. 2017. A Theory-Based Socioecological Model of Communication and Behavior for the Containment of the Ebola Epidemic in Liberia.
- <https://doi.org/10.1080/10810730.2016.1231725>
- ECDC. Public Health Preparedness Logic Model.
- https://cdn1.sph.harvard.edu/wpcontent/uploads/sites/1609/2016/11/ECDC-Public-Health-Preparedness-Logic-Model_4-29-16.pdf
- Wilkinson et al. 2015 Comment: The FAIR Guiding Principles for scientific data management and stewardship.
- <https://doi.org/10.1038/sdata.2016.18>
- FAIR Principles. - <https://www.go-fair.org/fair-principles/>
- Humanitarian Data Exchange. HDX Tools. - <https://data.humdata.org>
- CDC. Health Behavior Change Theory Picker. - <https://www.orau.gov/hsc/theorypicker/index.html>
- The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Appendix D. Ebola Communication Framework.
- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>
- The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Appendix E. Health Communication Theories.
- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

HEADING 4C. CAPACITY BUILDING FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|---|--|--------------------------------|-------------|
| 4C.CB.01 | Does the plan for capacity building of staff and stakeholders include 3C for Ebola vaccine deployment? | Yes, and operational <input type="checkbox"/> | Yes, but not operational <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4C.CB.02 | Does the plan for capacity building of staff and stakeholders include specific trainings in 3C for Ebola vaccine deployment for special cadres or groups ⁶⁰ ? | Yes, fully inclusive <input type="checkbox"/> | Yes, but partially inclusive <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4C.CB.03 | Are there training manuals and guidelines ⁶¹ for 3C for Ebola vaccine deployment? | Yes, fully accessible <input type="checkbox"/> | Yes, but not accessible <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4C.CB.04 | Are there relevant SOPs such as for AEFIs, rumours, media engagement incorporated into the training manuals and guidelines? | Yes, all are fully incorporated <input type="checkbox"/> | Yes, but partially incorporated <input type="checkbox"/> | No but being incorporated <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4C.CB.05 | Are there budget lines for capacity building of staff and stakeholders including in 3C for Ebola vaccine deployment? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but budgeting is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 15 total possible points) | | | | | | / 15 |
| Percentage (%) score for Heading: | | | | | | % |

⁶⁰Special cadres or groups may include: the media, armed forces, community influencers, traditional healers, burial groups, cross border stakeholders, etc.

⁶¹Training manuals and guidelines may be for: Ebola vaccine deployment, training, rumor management, Community Engagement, code of conduct, Risk communication during outbreak, development, translation and dissemination of communication of product & materials, financing mechanism, installation of enabling technology equipment, etc.

MANUALS AND GUIDELINES

WHO. Online course: Risk Communication essentials.

- <https://openwho.org/courses/risk-communication>

WHO. Effective Communications: participant handbook for WHO staff.

- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf

HEADING 4D. COORDINATION FOR 3C FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|---|---|---|--------------------------------|-------------|
| 4D.CO.01 | Are there communication and community engagement committees at strategic and operational levels for Ebola vaccine deployment? | Yes, at both levels and mechanisms exist to activate them <input type="checkbox"/> | Yes, but at one of the levels or there are no mechanisms to activate them <input type="checkbox"/> | No but being formed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4D.CO.02 | Are there clear ToRs ⁶² for communication and community engagement committees for Ebola vaccine deployment? | Yes, TORs are approved <input type="checkbox"/> | Yes, but not yet approved <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4D.CO.03 | Are there mechanisms ⁶³ for linkages and feedback between communication and community engagement committees and responders at strategic and operational levels? | Yes, and functional <input type="checkbox"/> | Yes, but not functioning <input type="checkbox"/> | No, but development ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4D.CO.04 | Are there guidelines for integrating community-based stakeholders into communication and community engagement committees at strategic and operational levels? | Yes, and are operational <input type="checkbox"/> | Yes, but not operational <input type="checkbox"/> | No, but being developed <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4D.CO.05 | Are there budget lines to cover 3C coordination activities, equipment and personnel costs at strategic and operational levels? | Yes, sufficient budget <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 15 total possible points) | | | | | | / 15 |
| Percentage (%) score for Heading: | | | | | | % |

⁶²ToRs may cover: ensuring members from the communication and community engagement committees are part of the rapid response team at the national and sub-national levels, compilation and sharing of Situational Reports (Sitreps), periodic coordination meetings, incident reporting, set up of reporting portals/ hotlines and digital systems to support information flow and coordination across response, developing communication tools/ reference guide and share across the vaccine response, etc.

⁶³Mechanisms may include: Hotlines and digital systems to support the information flow and scheduling of meetings (e.g. 117 toll free line in Sierra Leone, mTrack in Uganda), actual meetings, focal persons, etc.

MANUALS AND GUIDELINES

WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix D. Proposed composition and subgroups of Ebola Vaccine Programme Committee.

- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf

WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix C. Overview of proposed roles and responsibilities of constituencies involved in Ebola vaccine outbreak activities.

- https://www.who.int/csr/resources/publications/ebola/gevit_guidance_may2016.pdf

WHO. Risk Communication and Community Engagement Considerations: Ebola Response in Democratic Republic of the Congo. Section III.7 Coordinating Partners.

- <https://apps.who.int/iris/bitstream/handle/10665/272767/9789241514217-eng.pdf>

The Health Communication Capacity Collaborative 3C. Ebola Preparedness Implementation Toolkit. Chapter 3. Coordination Mechanisms for Ebola Communication.

- <https://sbccimplementationkits.org/ebola/courses/ebola-preparedness-i-kit/>

HEADING 4E. RESOURCE MOBILIZATION FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|----------|---|---|---|---|--------------------------------|-------|
| 4E.RM.01 | Is there budget for epidemic preparedness and response including Ebola? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4E.RM.02 | Are there specific budget lines for 3C activities within the broader budget for epidemic preparedness and response including Ebola? | Yes, sufficient <input type="checkbox"/> | Yes, but insufficient <input type="checkbox"/> | No, but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4E.RM.03 | Is there a national emergency rapid response fund with clear guidelines ⁶⁴ for quick access and accountability? | Yes, and endorsed <input type="checkbox"/> | Yes, but not yet endorsed <input type="checkbox"/> | No, but under development <input type="checkbox"/> | No <input type="checkbox"/> | |

HEADING 4E. RESOURCE MOBILIZATION FOR 3CS FOR EBOLA VACCINE DEPLOYMENT

| RI CODE | READINESS ITEM | 3 | 2 | 1 | 0 | SCORE |
|--|--|--|--|--|--------------------------------|-------------|
| 4E.RM.04 | Is the emergency rapid response funding mechanism responsive to capacity ⁶⁵ of community-based organizations? | Yes, very flexible <input type="checkbox"/> | Yes, but rigid <input type="checkbox"/> | No but advocacy is ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4E.RM.05 | Are there funding agreements with partners for allocation of resources towards epidemics, preparedness and response? | Yes, several <input type="checkbox"/> | Yes, but a few <input type="checkbox"/> | No, but negotiations are ongoing <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4E.RM.06 | Are stakeholders ⁶⁶ involved in advocacy for funds for 3C activities during Ebola vaccine deployment? | Yes, several <input type="checkbox"/> | Yes, but a few <input type="checkbox"/> | No, but under development <input type="checkbox"/> | No <input type="checkbox"/> | |
| Total Score for Heading (out of 18 total possible points) | | | | | | / 18 |
| Percentage (%) score for Heading: | | | | | | % |

⁶⁴Guidelines may include: identification external firms for audits and public/mass communication campaigns to transparently share financial information.

⁶⁵Capacity building in financial management and channeling of the resources

⁶⁶Stakeholders may include: public/ mass communication experts; community engagement experts; compliance management experts; NGOs; telecom companies; computer companies; oil, mining and energy companies; religious leaders; local chiefs; community health workers; finance and economists from both national and district/local levels

MANUALS AND GUIDELINES

WHO. Draft Global Ebola Vaccine Implementation Team (GEVIT) Practical guidance on the use of Ebola vaccine in an outbreak response. Appendix Q. Macro Planning Template.
- https://www.who.int/csr/resources/publications/ebola/GEVIT_guidance_AppendixQ.xlsx

PART 2.4.1



GAP PRIORITIZATION

The Gap Prioritization Plan serves to assist in the identification and prioritization of gaps emerging from the completing Part 1 (Gap identification and Scoring). In addition, it is designed to support action planning to address critical gaps in readiness for Ebola vaccine deployment from the 3Cs perspective.

HOW TO CONDUCT GAP PRIORITIZATION?

After completing the Part 1 (Gap Identification and Scoring), Part 2 the Gap Prioritization Framework should be completed, followed by Part 3 (the Action Planning Framework), as they build upon each other. Each framework has instructions embedded.

The Gap Prioritization Framework undertakes two levels of prioritization: heading-level and item-level. Follow the illustrations and steps outlined below to fill in the Heading-level and Item-level Gap Prioritization Tables.

HOW TO FILL IN THE TABLES:

TABLE P2.4.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 4A. | 10% | 1ST |
| 4B. | 20% | 4TH |
| 4C. | 40% | 3RD |
| 4D. | 20% | 2ND |
| 4E. | 10% | 5TH |

TABLE P2.4.2
1ST PRIORITY HEADING CODE 4A.

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|--|
| 4A.ET.01 | 0 | Lack of SOP for quick KAP surveys |
| 4A.ET.02 | 0 | Social mob are not part of rapid response team for Ebola |
| 4A.ET.03 | 0 | Insufficient funds for SA for 3Cs |
| 4A.ET.04 | 0 | A few in-country stakeholders trained in SA for 3Cs |



HEADING-LEVEL PRIORITIZATION

1

For each heading, fill in the total percentage score for the heading.

2

For each heading, indicate the priority rank, based on the total percentage score. Heading/Area level prioritization whereby the headings with the lowest total percentage score will be the 1st priority, followed by the 2nd lowest and 3rd lowest in that order.

Choose priorities 1st – 3rd for the next step of item level prioritization below. Where there is tie in the priority rank, countries will have the discretion to choose one of them.

TABLE P2.4.1

| HEADING CODE | TOTAL PERCENTAGE SCORE (%) | PRIORITY RANK |
|--------------|----------------------------|---------------|
| 4A. | | |
| 4B. | | |
| 4C. | | |
| 4D. | | |
| 4E. | | |

ITEM-LEVEL PRIORITIZATION

Item level gaps exist for items with scores of (0), (1), or (2). (See Box 1)

3

LIST ITEMS WITH A (0) SCORE.

Items with a (0) should be prioritized first, as this represents the most critical state that needs immediate attention.

4

LIST ITEMS WITH A (1) SCORE.

Items with a (1) score are the 2nd priority, and items with a (2) score are the 3rd priority.

5

REVIEW YOUR LISTS AND SET CUT OFFS.

Review your results in Tables 1 and 2 for headings and items. These represent your priority gaps.

BOX 1: INTERPRETING ITEM SCORES

- (3)** A score of 3 indicates readiness.
- (2)** A score of 2 indicates a situation where most elements are available or in place, but that some remaining aspects can be addressed.
- (1)** A score of 1 indicates a situation where not everything exists, but some minor aspects are either in place or underway towards readiness.
- (0)** A score of 0 indicates a state where nothing exists and no plan is in place to address the issue of concern.



6

REVIEW OF PRIORITIZATION

TABLE P2.4.2
1ST PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

TABLE P2.4.3
2ND PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

TABLE P2.4.4
3RD PRIORITY HEADING CODE _____

| ITEM CODE | SCORE | STATEMENT OF THE GAP IDENTIFIED |
|-----------|-------|---------------------------------|
| | | |
| | | |
| | | |

PART 3.4.1



ACTION PLANNING

Instructions: Based on the identified priority gaps, develop an action plan for addressing the gaps. The first row shows an example.

| PRIORITY GAPS | ACTION PLAN | RESPONSIBLE PERSON | TIMELINE | SUPPORT NEEDED |
|------------------------------------|------------------------|--------------------|----------|---|
| Lack of materials in usable format | Activate standing MoUs | Comm HPEC | 1 week | Funds for accessible format translation (braille, etc.) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

ANNEXES





LIST OF PROJECT STEERING COMMITTEE MEMBERS

| SIERRA LEONE PROJECT STEERING COMMITTEE | |
|--|---|
| NAME | TITLE |
| Ansumana G Foday | Logistician CH/EPI, MoHS |
| Daniel Carpenter | ITC Engineer, MoHS/DHSE |
| Dayo Spencer Walters | Independent |
| Dr A J Moosa | Deputy Director DHSE, MoHS |
| Dr Dennis Marke | Former EPI Manager, HSS |
| Dr Francis Samai | PI, Strive Team/ Director of Research & Training, MoHS/COMAHS |
| Dr Joseph S Kanu | Department Manager, Surveillance, MoHS/DHSE |
| Dr Mohammed Vandi | Director - Health Security & Emergencies, MoHS |
| Dr Thompson Igbu | TI-Epi, WHO |
| Dr Tom Sesay | Epi/Child Health Programme Manager - Directorate Of Reproductive & Child Health, MoHS |
| Gandi Kallon | HCO MoHS/DHSE |
| Harold Thomas | Risk Communications - DHSE, MoHS |
| Ibrahim S Koroma | HED, MoHS |
| Mohamed Kanu | I I 7 Manager, MoHS/DHSE |
| Onomie Thomas Abiri | Pharmacovigilance, Adverse Events, MoHS/Pharmacy Board |
| Patrick Lansana | Communications Officer, DHSE/MoHS |
| Salieu Jalloh | C4D Officer, UNICEF |
| Umu Macarthy | Project Coordinator, Ehealth Africa |

| SENEGAL PROJECT STEERING COMMITTEE | |
|---|---|
| NAME | TITLE |
| Amadou Cisse | Head of the Network of NGOs, CONGAD/ RESSIP |
| Baytir Samb | President of the National Network of CHW's, ROCBACS |
| Bineta Bocoum | Head of Communication, COUS |
| Boly Niang | Nurse, Fann University Hospital MoHSA |
| Dr Bailo Diallo | Epidemiologist, WHO |
| Dr Kemo Diedhiou | Head of the SNEIPS |
| Dr Khady Seck | Head of Community Health, MoHSA |
| Dr Koura Coulibaly Diack | Surveillance & Response Program Officer, PATH |
| Dr Ousseynou Badiane | Head of Immunization, MoHSA |

LIST OF PROJECT STEERING COMMITTEE MEMBERS

| UGANDA PROJECT STEERING COMMITTEE | |
|---|---|
| NAME | TITLE |
| Benjamin Sensasi | Communication Specialist, WHO Uganda |
| Dr Bernard Opar Replaced by Dr Alfred Driwale | Assistant Commissioner Health Services, Clinical & Curical Services, MoH |
| Dr Eva Kabwongera | Health Specialist, UNICEF |
| Dr Flora Banage | Policy & Partnership Advisor, CDC Uganda |
| Dr Hannah Kibuuka | Executive Director and PI EBOVAC – Makerere University Walter Reed Project |
| Dr Henry Mwebesa | Director General Health Services MoH – Chair |
| Dr Issa Makumbi | Manager Public Health Emergency Operations Centre, MoH |
| Dr Mohammed Vandi Replaced by Dr Annet Kisakye | Team Leader Emergency, WHO Uganda |
| Dr Miriam Nanyunja | Commissioner Health Services – National Disease Control – Co-Chair |
| Emmanuel Ainebyoona | Senior Public Relations Officer, MoH |
| Richard Kabanda | Ag. Commissioner Health Services – Health Promotion, Education & Communication – Co-Chair |



LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|---------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | 1:1 Consultation Expert |
| Abass Kamara | CHW/PS MoHS Kambia | Sierra Leone | | ✓ | |
| Abdul Bangura | Country Director, Traditional Medicine | Sierra Leone | | ✓ | |
| Abdul K. Bah | National Coordinator, SLAES | Sierra Leone | | ✓ | |
| Abdul T. Deen | Community Liaison Lead, EBOVAC (LSHTM) | Sierra Leone | | ✓ | |
| Abdulai Boye Bah | Field Manager, IPA | Sierra Leone | | ✓ | |
| Adama Tall | Program Manager, Institut Pasteur, Dakar | Senegal | | ✓ | |
| Agatha Lamin | Community Member, Bo | Sierra Leone | | ✓ | |
| Agustine Alpha | M&E Officer, DHSE/MoHS | Sierra Leone | | ✓ | |
| Augustine Fatoma | Section Chief, Bo District | Sierra Leone | | ✓ | |
| Aissatou Mbaye | National Coordinator of JAMRA NGO | Senegal | | ✓ | |
| Alassane Cisse | President of AJSPD | Senegal | | ✓ | |
| Albert Musinguzi | ICT Manager - Makerere University Walter Reed Project | Uganda | | ✓ | |
| Alexander N. Squire | Community Member, Bo District | Sierra Leone | | ✓ | |
| Alhaji M Conteh | Freelance Researcher | Sierra Leone | ✓ | | |
| Alusine Bakarr | Research Consultant, Trio Development | Sierra Leone | ✓ | | |
| Amadou Cisse | Head of the Network of NGOs, CONGAD/ RESSIP | Senegal | ✓ | | |
| Amadou Fall | Responsible for Service Quality, ONG ACDEV | Senegal | | ✓ | |
| Amadou Godio Diop | Agent in General Directorate of Social Action of MoHSA | Senegal | | ✓ | |
| Amath Sow | Co-CEO of KARANGUEP project | Senegal | | ✓ | |
| Aminata Diagne | Health Educator, SNEIPS | Senegal | | ✓ | |
| Amjata Bayoh | Freelance Researcher | Sierra Leone | ✓ | | |
| Ashaba Annet | Administrator - National Disease Control Program, MoH | Uganda | ✓ | | |



LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|-------------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | 1:1 Consultation Expert |
| Austin Thomas | Deputy Editor, Awoko News | Sierra Leone | | ✓ | |
| Bagonza Majid | Senior Health Educator - Bundibugyo District | Uganda | | ✓ | |
| Bailor I Barrie | ICT & General Services Consultant | Sierra Leone | ✓ | | |
| Barnabas Fornah | Medical Student Rep DMO, Port Loko | Sierra Leone | | ✓ | |
| Baytir Samb | President of the National Network of Community Health Workers, ROCBACS | Senegal | ✓ | | |
| Benjamin Sensasi | Communication Specialist, WHO Uganda | Uganda | | | ✓ |
| Bineta Bocoum | Head of Communication, COUS | Senegal | ✓ | | |
| Birungi Betty | Secretary, Health Promotion & Education Department, MoH | Uganda | ✓ | | |
| Boly Niang | Nurse, Fann University Hospital MoHSA | Senegal | ✓ | | |
| Bukenya Henry | Technical Supervisor - Uganda Virus Research Institute | Uganda | | ✓ | |
| Cecilia Okoth | Journalist / Reporter - New Vision Uganda | Uganda | | ✓ | |
| Cheptoek Emily | Principal Nursing Officer, MoH | Uganda | | ✓ | |
| Christian Robert | Hed Officer; HED/MoHS | Sierra Leone | | ✓ | |
| Christine Nantumbwe | Health Educator - Bundibugyo District | Uganda | | ✓ | |
| Claudia Marah | Community Liaison Team Lead, EBODAC | Sierra Leone | | ✓ | |
| Connie Olwit | Lecturer - Nursing Department, Makerere University & Central Supervisor - Immunisation Activities, MoH | Uganda | ✓ | | |
| Daraus Bakihire | Communication Specialist, Call Centre, MoH | Uganda | | ✓ | ✓ |
| David J. Allieu | Advocate, Health for All Coalition | Sierra Leone | | ✓ | |
| David Matsekete | Health Officer, UNICEF | Uganda | | | ✓ |
| David Mutegeki | Senior Health Educator - Department of Health Promotion Education & Communication, MoH | Uganda | | ✓ | |
| Dieng Elizabeth Pauline | CONGAD/RESSIP Member | Uganda | | ✓ | |
| Dinavence Kebirungi | Public Health Specialist, Uganda Virus Research Institute | Uganda | ✓ | | |

LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|--------------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | 1:1 Consultation Expert |
| Dorothy Nabunya | Administrator - Public Health Emergency Operation Center, MoH | Uganda | ✓ | | |
| Dr Alfred Driwale | Assistant Commissioner Health Services - Clinical & Curative Services, MoH (replaced Dr Bernard Opar in PSC) | Uganda | ✓ | | ✓ |
| Dr Allan Murata | Assistant Commissioner National Disease Control, MoH | Uganda | | ✓ | |
| Dr Bailo Diallo | Epidemiologist, WHO | Senegal | | ✓ | |
| Dr Betty Mwesigwa | Clinical Research Manager, Makerere University Walter Reed Project | Uganda | | ✓ | |
| Dr Doudou Diop | Physician, MEASURE EVALUATION | Senegal | | ✓ | |
| Dr Ian Wurie | Medical Doctor, Ola Daring Childrens' Hospital, MoHS | Sierra Leone | ✓ | | |
| Dr Ibrahima Sonko | Head of surveillance department, COUS | Senegal | | ✓ | |
| Dr Isa Makumbi | Manager Public Health Emergency Operations Centre, MoH | Uganda | | | ✓ |
| Dr Jerlie Roka | Epidemiologist, Manager, CDC | Senegal | | ✓ | |
| Dr Kemo Diedhiou | Head of the SNEIPS | Senegal | | ✓ | |
| Dr Khadiatou Dia | Infectious Diseases Physician, Fann University Hospital MoHSA | Senegal | | | ✓ |
| Dr Khady Seck | Head of Community Health, MoHSA | Senegal | ✓ | | ✓ |
| Dr Khardiata Diallo | Fann University Hospital, MoHSA | Senegal | ✓ | | |
| Dr Khoudia Sow | (Anthropologist and Researcher) Head of Social Science Team, IRD | Senegal | | ✓ | ✓ |
| Dr Koura Coulibaly Diack | Surveillance & Response Program Officer, PATH | Senegal | ✓ | | ✓ |
| Dr Mohamed Bella Jalloh | Medical Doctor, Connaught Hospital, MoHS | Sierra Leone | ✓ | | ✓ |
| Dr Mohamed Smith | Medical Doctor, Connaught Hospital, MoHS | Sierra Leone | ✓ | | |
| Dr Mohammed Vandi | Director - Health Security & Emergencies, MoHS | Sierra Leone | | | ✓ |
| Dr Ousseynou Badiane | Head of Immunization, MoHSA | Senegal | | | ✓ |
| Dr Pierre Ndiaye | Head of Clinical trials Unit, IRESSEF | Senegal | ✓ | | ✓ |
| Dr Samba Cor Sarr | Director of Research & Co-ordinator of the Ethics Committee, MoHSA | Senegal | | ✓ | |



LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|-----------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | 1:1 Consultation Expert |
| Dr Seynabou Gaye Faye | Head of the PECADOM, National Malaria Programme | Senegal | | | ✓ |
| Dr Siry Dieye | Clinical Trials Epidemiologist, IRESSEF | Senegal | ✓ | | |
| Dr Songor Koedoyoma | Medical Doctor, Connaught Hospital, MoHS | Sierra Leone | ✓ | | |
| Dr T.T. Samba | DCMO - Public Health, MoHS | Sierra Leone | | | ✓ |
| Dr Tom Sesay | EPI/Child Health Programme Manager - Directorate Of Reproductive & Child Health, MoHS | Sierra Leone | | ✓ | ✓ |
| Dr. John Mark Bwanika | e-Health Specialist - Infectious Diseases Institute and The Medical Concierge Group | Uganda | | ✓ | |
| Dr. Josephine Okwera | Director Health - Uganda Red Cross Society | Uganda | | ✓ | |
| Dr. Kimbugwe Geoffrey | Head of Research Compliance and Quality Assurance - Medical Research Council /Uganda Virus Research Institute and LSHTM Uganda Research Unit | Uganda | | ✓ | |
| Duba Kamara | PHS, HED/MoHS | Sierra Leone | | ✓ | |
| Edward Metzger | Intern, DHSE | Sierra Leone | | ✓ | |
| Elizabeth Dieng | Assistant Coordinator, OAFRESS | Senegal | | ✓ | |
| Emanuel Margao | Pharmacist, Pharmacy Board/MoHS | Sierra Leone | | ✓ | |
| Emau John Badram | Records Assistant - Health Promotion Education & Communication, MoH | Uganda | | ✓ | |
| Emmanuel Ainebyoona | Senior Public Relations Officer, MoH | Uganda | | ✓ | |
| Engena Robert | Cold Chain Technician - National Medical Stores | Uganda | | ✓ | |
| Eriko Sam | District Biostatistician and HMIS Focal person, Lira District Health Office, Uganda | Uganda | | | ✓ |
| Evelyne Chevalier | Publishing Consultant | Senegal | | | |
| Fr. Joseph Ubemu | Parish Priest, Catholic Faith | Uganda | | | ✓ |
| Geoffrey Babughirana | Health Technical Specialist, EBODAC (WV) | Sierra Leone | | ✓ | |
| Harold Thomas | Risk Communications - DHSE, MoHS | Sierra Leone | | | ✓ |
| Hawa P. Kargbo | PHS, MoHS | Sierra Leone | | ✓ | |
| Ibrahim S Koroma | HED, MoHS | Sierra Leone | ✓ | ✓ | |

LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|----------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPI Facilitation Team | CPI Participant | 1:1 Consultation Expert |
| Ibrahima LO | President of DEFI NGO | Senegal | | ✓ | |
| Ismail Odubi | Muslim Sheikh, Muslim Supreme Council | Uganda | | | ✓ |
| Janet M Koroma | Community Health Worker, MoHS, Bo | Sierra Leone | | ✓ | |
| Jenesio Olarker | Cultural Leader, Alur Cultural Institution | Uganda | | | ✓ |
| Jennifer Tambadou | Project Assistant IOM (International Organization for Migration) | Senegal | | | |
| Kabuye Ivan | Photo Journalist / Reporter - New Vision Uganda | Uganda | | ✓ | |
| Kadiatu K. Dumbuya | Chairlady, Kambia District | Sierra Leone | | ✓ | |
| Kaggwa Ddumba | EPI Technical Officer, MoH | Uganda | | ✓ | |
| Kalu H. Kamara | Community Member, Kambia | Sierra Leone | | ✓ | |
| Katunguka Fred | Social Mobiliser, MoH | Uganda | | ✓ | |
| Kisiriko Vincent | Journalist, Radio One | Uganda | | ✓ | |
| Komakech Isaac | Statistics Officer - Kampala City Council Authority | Uganda | | ✓ | |
| Kwabena Owusu-Kyei | Salone Trial Coordinator, EBOVAC (LSHTM) | Sierra Leone | | ✓ | |
| Kwansiima Dinnah | Senior Health Educator - Department of Health Promotion Education & Communication, MoH | Uganda | | ✓ | |
| Lansanah Conteh | Principal Medical Officer - Epidemiology Surveillance Division, MoH | Uganda | ✓ | | |
| Mabumba Elly | Principal Medical Officer - Epidemiology Surveillance Division, MoH | Uganda | | ✓ | |
| Madjiguene Ndiaye | Retired Communication Specialist | Senegal | | ✓ | |
| Mame Diara Diagne | Supervisor, Medical Region, Dakar | Senegal | | ✓ | |
| Marie Catherine Daba | Master student in political sciences, Gaston Berger University (UGB), St Louis/Senegal | Senegal | | | |
| Milton Makobe | Logistics Officer - Public Health Emergency Operation Center, MoH | Uganda | ✓ | | |
| Mohamed Kanu | I I 7 Manager, MoHS/DHSE | Sierra Leone | ✓ | | |
| Mohamed Kebe | M&E, MoHS/DPPI | Sierra Leone | | ✓ | |

LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|---------------------------|---|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | I-I Consultation Expert |
| Mohammed Bai-Jalloh | Chief Executive Officer (CEO), FOCUS 1000 | Sierra Leone | | ✓ | |
| Mr Baba Gallé Com | Focal Person - Anti-Smoking/Tabacco, MoHSA | Senegal | | | ✓ |
| Mugamba Stephen | Community Documentation Officer - Makerere University Walter Reed Project | Uganda | | ✓ | |
| Abass Kamara | CHW/PS MoHS Kambia | Sierra Leone | | ✓ | |
| Musa Brima | Youth Leader Murray Town Community, Freetown | Sierra Leone | | ✓ | |
| Mustapha Manneh | Religious Leader, ISLAG | Sierra Leone | | ✓ | |
| Nakyanzi Prossy | District Technical Officer – Maternal and Child Survival Program (MCSP), John Snow Inc. | Uganda | | ✓ | |
| Ndeye Mingue Ndiaye | Head of the Gender Unit, MoHSA | Senegal | | | ✓ |
| Pa Adikalie Sesay | Section Chief, Kambia | Sierra Leone | | ✓ | |
| Patrick Lansana | Communications Officer, DHSE/MoHS | Sierra Leone | | ✓ | |
| Philippe Mutwa | Technical advisor, USAID, Dakar | Senegal | | ✓ | |
| Prince M. Kanneh | Communications Officer, Christian Aid | Sierra Leone | | ✓ | |
| Professor Mworozzi Edison | Senior Paediatrician, The Uganda Paediatric Association | Uganda | | ✓ | |
| Rachel Kyeyune | Medical Doctor - National Drug Authority | Uganda | | ✓ | |
| Rev Alimamy P. Kargbo | Religious Leader, Inter Religious Council | Sierra Leone | | ✓ | |
| Richard Kabanda | Ag. Commissioner Health Services – Health Promotion, Education & Communication – Co-Chair | Uganda | | ✓ | |
| Richard Okwir | Senior Health Educator - Department of Health Promotion Education & Communication, MoH | Uganda | ✓ | | |
| Dr Samba Cor Sarr | Director of Research & Co-ordinator of the Ethics Committee, MoHSA | Senegal | ✓ | | |
| Sasira Syson | Administrator - National Disease Control Program, MoH | Uganda | | | |
| Seye A.M. | Assistant director, AFRIVAC | Senegal | | ✓ | |
| Shaminah Kauma | Senior Health Educator - Department of Health Promotion Education & Communication, MoH | Uganda | | ✓ | |
| Sidi Mustapha | Student, MoHS | Sierra Leone | | ✓ | |



LIST OF EXPERTS CONSULTED IN THE TOOL DEVELOPMENT PROCESS

| NAME | TITLE | COUNTRY | PARTICIPATION | | |
|-------------------|--|--------------|-----------------------|-----------------|-------------------------|
| | | | CPJ Facilitation Team | CPJ Participant | 1:1 Consultation Expert |
| Souleymane Sow | Sociologist, CRCF | Senegal | ✓ | | |
| Swalicho Vandi | Media Reporter, AYV-TV | Sierra Leone | | ✓ | |
| Tamba H. Ngongon | Logistics, DHSE | Sierra Leone | | ✓ | |
| Tom Mooney | EBOVAC Communications Manager, EBOVAC (LSHTM) | Uganda | ✓ | | |
| Tony Walter Onera | Officer - Infectious Disease Research Network | Uganda | | ✓ | |
| Umar T. Sesay | Co-Chair IRCSL, Kambia District | Sierra Leone | | ✓ | |
| Umu Macarthy | Project Coordinator, Ehealth Africa | Sierra Leone | | ✓ | |
| Valerie Oriol | Global Medical Affairs Lead, EBODAC (Janssen) | Senegal | | ✓ | |
| Abass Kamara | CHW/PS MoHS Kambia | Sierra Leone | | ✓ | |
| Yacine Ndiaye | Nurse & Head of the Health Post Parcelles, Hospital MoHSA | Senegal | | | ✓ |
| Yasin Kertho | Local Council Political Leader, Community Policing | Uganda | | | ✓ |
| Yvette Wibabara | Epidemiologist - Makerere University School of Public Health | Uganda | | ✓ | |



LIST OF 3C GAP ANALYSIS TOOL PILOT PARTICIPANTS

| NAME | TITLE | COUNTRY | ROLE |
|--------------------------|--|---------|-------------|
| Jude Okiria | Health Educator, Ministry of Health | Uganda | Participant |
| Tabuzibwa Michael | Senior Health Educationist, Ministry of Health | Uganda | Participant |
| Enginyu Sam | Communication Consultant, UNICEF/Ministry of Health | Uganda | Participant |
| Dr. Kimbugwe Geofrey | Head of Research Compliance and Quality Assurance, MRC/UVRI and LSHTM Uganda | Uganda | Participant |
| Dr. Musa Sekamatte | Senior Epidemiologist /National One Health Platform Coordinator, Ministry of Health | Uganda | Participant |
| Emmanuel Ainebyoona | Senior Public Relations Officer, Ministry of Health | Uganda | Participant |
| Tabley Bakayayita | Assistant Commissioner Health Services, Health Promotion Education and Communication, Ministry of Health | Uganda | Facilitator |
| Benjamin Sensasi | Communication Specialist, World Health Organization Uganda | Uganda | Facilitator |
| Nagawa Zainab | Health Educator, Ministry of Health | Uganda | Participant |
| Katunguka Fred | Social Mobiliser, Ministry of Health | Uganda | Participant |
| Ronald Kakuru Tibihenda | Community Social Worker, MSF/Epicenter Mbarara Research Base | Uganda | Participant |
| Mpeirwe Doreen | Head Community Social Workers, MSF/Epicenter Mbarara Research Base | Uganda | Participant |
| Birungi Betty | Data Officer, Ministry of Health | Uganda | Participant |
| Nambooze Edrine | Health Economist, Ministry of Health | Uganda | Participant |
| Richard Okwii | Senior Sociologist, Health Promotion, Education and Communication Department, Ministry of Health | Uganda | Facilitator |
| Kyasiimire Ruth | Administrator, Ministry of Health | Uganda | Participant |
| Dr. Nabukenya Immaculate | Senior Project Manager, Ministry of Health - NAPHS Team | Uganda | Participant |
| Sharmina Kauma | Senior Health Promotion Officer, Ministry of Health | Uganda | Participant |
| Dr. Nakinsinge Ann | Senior Medical Officer, Ministry of Health | Uganda | Participant |
| Jauhara Nanyondo | Community Outreach Coordinator, Makerere University Walter Reed Project | Uganda | Participant |

LIST OF 3C GAP ANALYSIS TOOL PILOT PARTICIPANTS

| NAME | TITLE | COUNTRY | ROLE |
|------------------------|--|--------------|-------------|
| Dr. Eldard Mabumba | Senior Epidemiologist, Ministry of Health | Uganda | Facilitator |
| Dinnah Kwarisiima | Senior Health Educationist, Ministry of Health | Uganda | Participant |
| Dorothy Nabunya | Administrator, Public Health Emergency Operations Center | Uganda | Participant |
| Dr. Luzze Henry | Principal Medical Officer, Ministry of Health | Uganda | Participant |
| Dr. Joyce Nguna | Senior Epidemiologist, Ministry of Health | Uganda | Participant |
| Koura Coulibaly | Resource Person | Senegal | Facilitator |
| Bineta Bocoum | Communications Officer | Senegal | Facilitator |
| Boly Ameth Niang | Health manager/service supervisor/IDE | Senegal | Facilitator |
| Khady Seck | Head of Community Health Cell/MOH | Senegal | Facilitator |
| Ousseynou Badiane | Coordinator of Expanded program of vaccination (EPV) | Senegal | Moderator |
| Barnabe Gning | Technical Adviser - Ministry of Health | Senegal | Moderator |
| Ibrahima Mamby Keita | Physician (DGS/MSAS) | Senegal | Participant |
| Lamine Balde | Programme Manager | Senegal | Participant |
| El H Baytir Samba | Participant | Senegal | Participant |
| Khardiata Diallo Mbaye | Infectologist/Lecturer at Cheikh Anta Diop university | Senegal | Participant |
| Fatoumata Diene | Physician Epidemiologist | Senegal | Participant |
| Amy Mbacke | | Senegal | Participant |
| Bokary Danfakh | Army Force Health Service | Senegal | Participant |
| Mohamed B Jalloh | Medical Doctor Connaught Hospital | Sierra Leone | Facilitator |
| Shegbe Momoh | Logistics Officer | Sierra Leone | Participant |



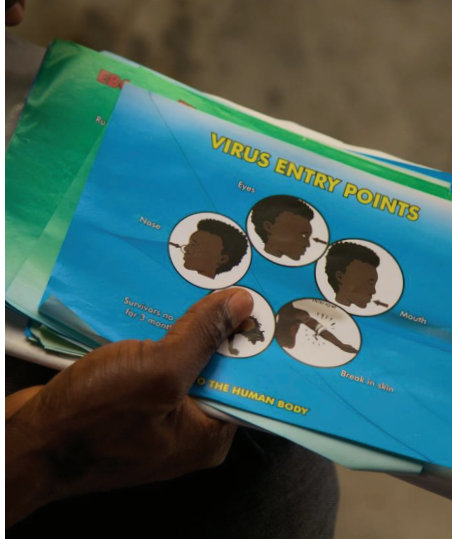
LIST OF 3C GAP ANALYSIS TOOL PILOT PARTICIPANTS

| NAME | TITLE | COUNTRY | ROLE |
|---------------------------|-----------------------------------|--------------|-------------|
| Harold Thomas | Risk Communication | Sierra Leone | Participant |
| Thomas A Conteh | PV-Clinical practice | Sierra Leone | Participant |
| Dr. Joseph Kanu | Deputy Program Manager | Sierra Leone | Participant |
| Sallieu Jalloh | National Surveillance Officer | Sierra Leone | Participant |
| Major George Gindeh Kiawu | Head of Communication HQ JFC | Sierra Leone | Participant |
| Christiana Roberts | Health Education | Sierra Leone | Participant |
| Mukeh K. Fanhbulleh | Public Health Emergency Mgt. | Sierra Leone | Participant |
| Daniel A.H. Cooper | Deputy Coordinator Point of Entry | Sierra Leone | Moderator |
| William T. Pesima | CHO | Sierra Leone | Participant |
| Andrew Charles | CMO Admin | Sierra Leone | Participant |
| Diana Shehab | Medical Doctor Connaught Hospital | Sierra Leone | Participant |
| Ian Wurie | Medical Doctor ODCH | Sierra Leone | Facilitator |
| Bobson D Fofanah | Infection and Prevention Officer | Sierra Leone | Facilitator |
| Mariama Musa | RN Staff Nurse | Sierra Leone | Facilitator |
| Bailor Barrie | ICGS | Sierra Leone | Facilitator |
| Aminata Saccoh | One Health | Sierra Leone | Participant |
| Umu Macarthy | EMP – Project Coordinator | Sierra Leone | Participant |
| Alexander Taylor | 117 | Sierra Leone | Participant |
| Patrick Lansana | Communications/EOC | Sierra Leone | Participant |
| Rashid Fofanah | Watch Officer | Sierra Leone | Participant |



PROJECT ACTIVITY PHOTOS





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