

# Community-led vaccination programs

## *Getting the fundamentals right*

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**IN SEPTEMBER 2021**, South Sudanese Australians in Canberra, ACT, piloted a community-led vaccination program. Arranged by the ACT Government and Aspen Medical, 120 vaccines were administered by nurses in a local school hall. Follow-up clinics were organised, and the program was scaled up in other Australian states and territories. This editorial highlights the program's key aspects.

### **The South Sudanese community in Australia**

South Sudanese Australians are recent migrants, living in approximately 3000 households across Australia. Eighty per cent of households include children aged <15 years, and many South Sudanese Australians hold low paying jobs.<sup>1</sup>

Many members of this community have been hesitant about COVID-19 vaccination.<sup>2</sup> The reasons have not been entirely clear, but misinformation, distrust of authorities and prejudice by some media outlets contributed.<sup>3</sup> Because the median age of community members is only 33 years,<sup>1</sup> members are highly mobile, and outbreaks could rapidly spread within the community's strong social networks. In addition, many were not vaccinated when older age groups were prioritised.

### **The problems with primary care, mass clinics and pop-up centre-based approaches**

Low health literacy, inconsistent engagement with health systems, poor English language skills and challenges with online scheduling contributed to low vaccination rates.<sup>4</sup>

Trust in authorities has also been a significant challenge.<sup>2</sup> Trust is a prerequisite for successful contact tracing, quarantine enforcement and achievement of high vaccination rates. Pharmacy and mass clinic approaches do little to build trust. Even local pop-up clinics are limited if they only promote physical access.

A community-led, whole-of-household approach targets all eligible members of the household, brings vaccines to a convenient location and harnesses community and religious leaders to build confidence and trust.

### **Our community-led approach**

The community-led vaccination clinic was preceded by intense community engagement, initially aimed at containing the COVID-19 outbreak and defusing vaccine hesitancy, and later facilitated vaccination scheduling.

Trust deficit and poor uptake of health information hampered the pandemic response. When Canberra entered lockdown in August 2021, the public health response was plagued by poor contact tracing because some individuals were reticent to engage with authorities. Some individuals also broke quarantine

rules, especially when in-home supplies were lacking.

To strengthen the effectiveness of the pandemic response, the ACT Government engaged South Sudanese Australian community leaders to help set goals, codesign best approaches and provide the necessary support. A short video was produced in partnership with an ACT Health public health registrar for South Sudanese Australians in the ACT.<sup>5</sup>

A customised response was essential. Community leaders made check-in calls to families in quarantine and ensured home deliveries were culturally appropriate and commensurate to needs. The ACT Government provided financial support for home deliveries, as did social service agencies, individuals and organisations across Canberra. Community leadership also identified volunteers who cooked preferred cuisines.

Moreover, the ACT Government provided clearance for double-vaccinated community members to help with home deliveries and patrol addresses where poor compliance with quarantine was expected. These patrols were preceded by check-in calls from the community leadership, which provided reassurance and facilitated comprehensive contact tracing. In other instances, friends were asked to quarantine together when identified as close contacts, while the rest of their own households remained negative for COVID-19. Leaders' insights into social networks enabled this segmentation and supported the compliance of affected members.

Health professionals and other community leaders were instrumental in trust-building. An emergency summit on COVID-19 and vaccination was convened online to sensitise the nationwide South Sudanese community.<sup>6</sup> A COVID-19 Taskforce was formed, and community representatives were invited in order to engage the entire community. Strong social networks and online connectivity facilitated rapid mobilisation.

Broad-based buy-in was necessary. A closed discussion addressed community leaders' concerns about the pandemic and access to vaccines. Thereafter, the community and religious leaders expressed confidence in the vaccine and felt empowered to counter vaccine hesitancy and organise community-led vaccination. The second session was conducted over Zoom and broadcast on Facebook, with capacity for the online audience to pose questions to a panel of health practitioners and community leaders.<sup>6</sup> This session was attended by at least one state health minister and representatives of government departments and non-government agencies.

Further community sensitisation to vaccination followed over familiar platforms: radio services and social media, including religious congregations. Zoom and Facebook were used for older adults, and WhatsApp and Instagram for youth.

Government responsiveness was critical. It was understood from health information sessions that hesitancy was greatest for the AstraZeneca vaccine. ACT Health secured sufficient doses of the Pfizer vaccine for the pilot clinic, which was planned at a local primary school. Scheduling was initially done by community leaders, and then online using Eventbrite.<sup>7</sup> Aspen Medical, a private firm, provided the health workforce for the community-led clinic.

Community ownership was also important. Community leaders staffed the clinic's front counters to provide reassurance, verify eligibility and enable consent in preferred languages. Clinic attendees demonstrated excellent vaccine uptake and described a feeling of ease that surpassed previous experiences. Zero adverse events were reported.

## Conclusion

Structural barriers affect various aspects of pandemic management and approach to vaccination. Early engagement and community-led processes build trust and confidence for effective pandemic response.

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