

USAID COVID-19 Vaccine Technical Assistance Implementing Partners Forum

Addressing COVID-19 vaccine hesitancy among key populations (KPs) and PLHIV in India

Sumita Taneja¹, Padmavathi Kandimalla¹

1. FHI 360 India

Reaching hard-to-reach and priority populations

CHALLENGE

In India, key populations (KP) and people living with HIV (PLHIV) experienced unique drivers of COVID-19 vaccine hesitancy (Figure 1), resulting in low rates of vaccination. To address these challenges, 32 local KP-led community-based organizations (CBOs) and networks of PLHIV in the PEPFAR priority states of Maharashtra and Telangana rolled out risk communication and community engagement (RCCE) and vaccine promotion activities.

Figure 1. Causes of vaccine hesitancy among key and vulnerable populations in Telangana State, India

Transgender people:	Female sex workers:	PLHIV:
<ul style="list-style-type: none"> • Fear of side effects • Concerns about vaccine interaction with hormonal therapy • Concerns about personal information related to sex and gender identity required on government's vaccination appointment app • Desire to avoid crowded places due to stigma 	<ul style="list-style-type: none"> • Loss of daily wage due to vaccination side effects • Myth that people cannot drink alcohol after vaccination results in fear of lost wages because clients of FSWs like to drink alcohol with FSWs • Stigma and discrimination when seeking health services • Lack of awareness about vaccines 	<ul style="list-style-type: none"> • Fear of side effects • Fear of disclosure of HIV status during vaccination due to stigma and discrimination • Concerns about interaction with HIV treatment, oral substitution therapy, or tuberculosis medicines • Long waiting time for vaccination due to queue in hospitals

INNOVATION

From September 2021 through September 2022, the Meeting Targets and Maintaining Epidemic Control (EpiC) project supported the CBOs to increase vaccination among their KP and PLHIV members. Key approaches included identifying unvaccinated or semi-vaccinated KPs and PLHIV, addressing their concerns and myths related to COVID vaccination, and ensuring access to vaccination services.

EpiC trained peer volunteers and counselors on vaccine promotion and community mobilization, with an emphasis on peer-to-peer messaging. Peers shared personal testimonies and explained that disclosure of HIV or KP status is not mandatory for vaccination. Help desks were established at government Anti-Retroviral Therapy (ART)

Centres for PLHIV to register for vaccine appointments on the government's CoWIN App, and peer volunteers accompanied some individuals for moral support.

EpiC trained healthcare workers on provision of KP-friendly, stigma-free vaccination services and collaborated with the health department to organize KP-friendly vaccination sites. To generate demand, EpiC developed RCCE materials on COVID-19 vaccination unique to each KP group, and trained CBO staff on use of the materials. In addition, the project introduced digital reporting formats to ensure timely and accurate reporting of COVID-19 vaccination services among KPs and PLHIV.



A client receives a COVID-19 vaccine at Chest Hospital in Hyderabad after counseling from a helpdesk at an ART center. Photo by EpiC India.



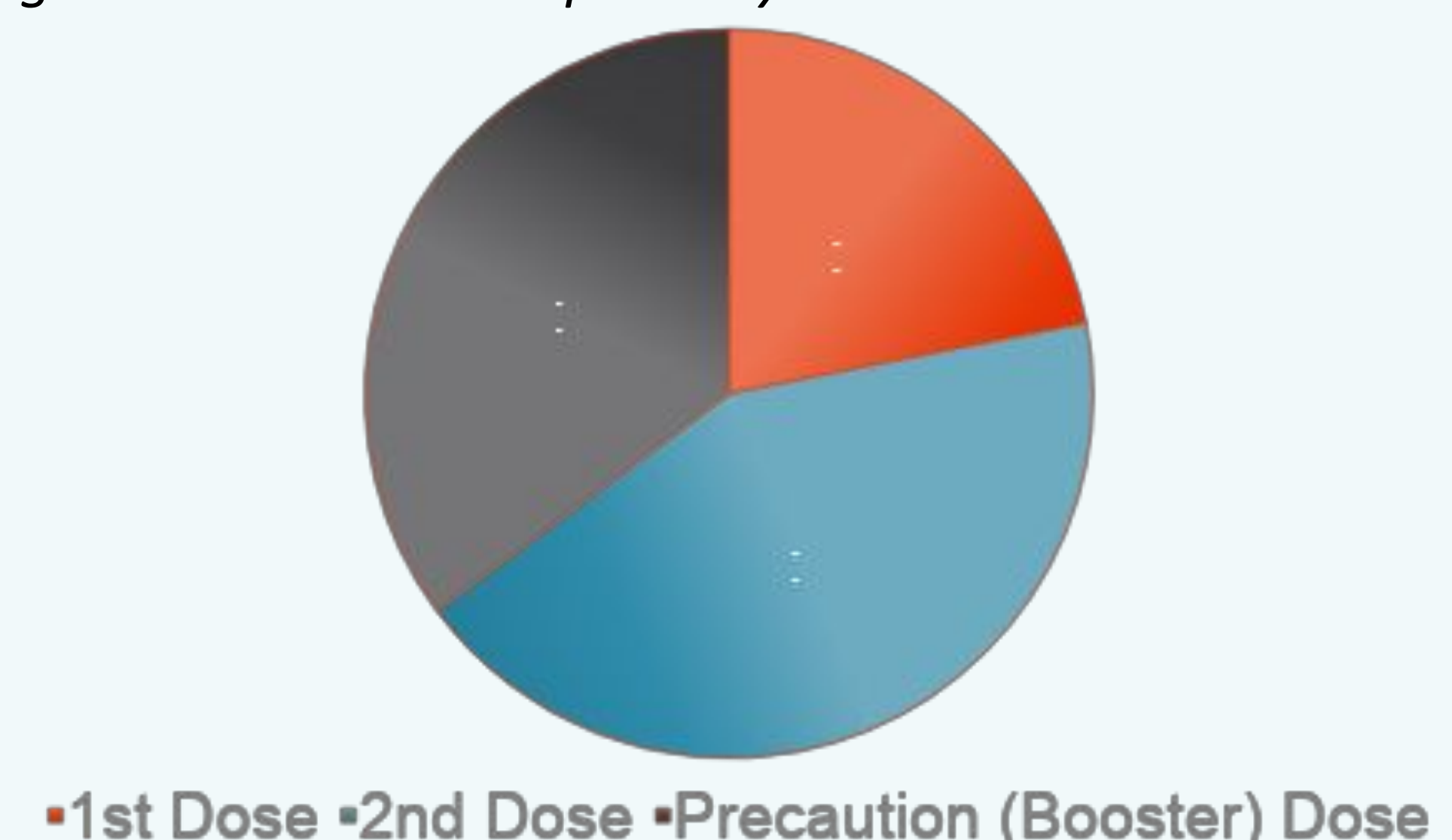
RCCE materials containing messages on COVID-19 prevention and vaccination were adapted by local partner Lepra Society and distributed near vaccine sites.

RESULTS/OUTCOMES

Between September 2021 and September 2022:

- 47,517 KP members and PLHIV were reached with COVID-19 vaccine-related messaging.
- 20,244 KP members and PLHIV received one dose of a COVID-19 vaccine (Figure 2).
- 454 peer volunteers and frontline workers were trained on risk communication and COVID-19 vaccine-related topics.
- 13 COVID-19 helpdesks were established in EpiC project areas.

Figure 2. Vaccination uptake by KP members and PLHIV



APPLICATION TO ROUTINE IMMUNIZATION OR PRIMARY HEALTH CARE

COVID-19 is no longer a public health emergency, but COVID-19 services continue to be offered through the primary health care system in India. The pandemic has aptly demonstrated the catalytic role that community-based organizations (CBOs) have played in ensuring equitable access to life saving services for marginalized communities at the last mile. Government agencies and donor funded projects such as EpiC in India continue to work with CSOs to build community preparedness for ongoing (e.g., HIV) and future disease outbreaks (e.g., Monkeypox, others).

We would like to thank USAID, our partner organizations Lepra Society, Sosva Training and Promotion Institute (STAPI), 32 civil society organizations and PLHIV networks, and community members involved in the implementation of the project.

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