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2024 CLA CASE COMPETITION

COLLABORATE • LEARN • ADAPT

Case Title:

Using adaptive learning to improve COVID-19 vaccine interventions in Eastern Europe

Name:

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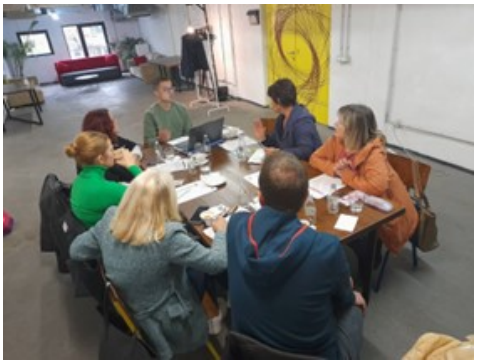
Organization:

MOMENTUM Routine Immunization Transformation and Equity



Learning exchange with project facilitators. Credit: Association for Emancipation, Solidarity and Equality of Women

Summary:

The COVID-19 pandemic put immense pressure on Moldova, North Macedonia, and Serbia ' s healthcare systems. Despite vaccine rollouts, coverage remained low due to misinformation, lack of health worker training, and ineffective communication. Pregnant women and people with chronic disease 45 years and older (priority populations) were particularly hesitant to get vaccinated, and their health providers inconsistently recommended the vaccine.

To address these challenges, MOMENTUM Routine Immunization Transformation and Equity (the project) used a behavioral integration approach to design, implement, and monitor activities promoting two key behaviors: 1) Priority populations get the full course of COVID-19 vaccine and, 2) providers recommend the COVID-19 vaccine to priority populations. The project used collective engagement (CE) participatory workshops and continuing medical education (CME) training to promote these behaviors. Given the difficulties engaging vaccine-hesitant populations, the project integrated adaptive learning approaches such as after-action reviews, monthly pause-and-reflect meetings, and quarterly learning exchanges to create rapid feedback cycles. These approaches helped make key adaptations in program strategies.

Some adaptations included the creation of a frequently asked questions document for CME trainers, and an updated curriculum in Moldova to include information on influenza and measles vaccinations. In Serbia, the project gave CE workshop participants take-home gifts to remind them about the importance of getting the COVID-19 vaccine and implemented pilot workshops in homes with family members.

Adaptations appeared to have increased participant satisfaction and enhanced the two desired behaviors. Additionally, the project demonstrated that adaptive learning can be effectively integrated into program cycles to support continuous improvement.

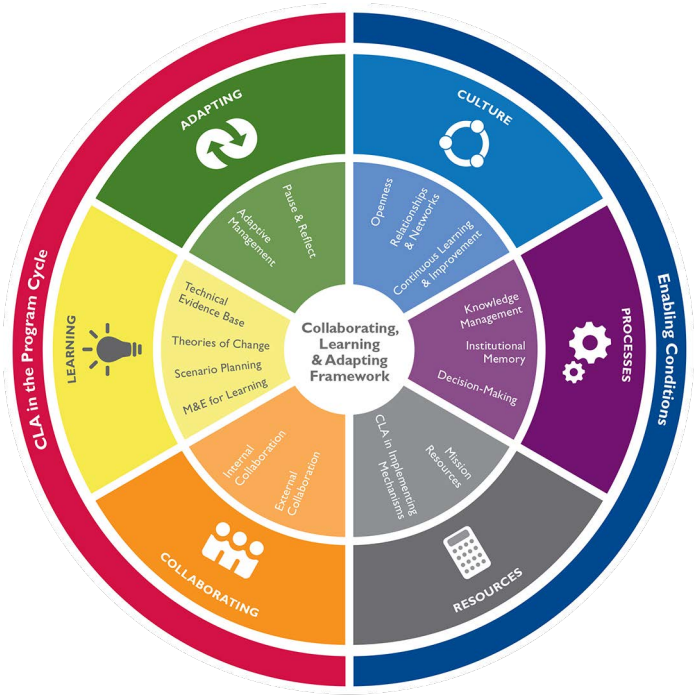
1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

Moldova, North Macedonia, and Serbia all reported their first cases of COVID-19 in early March 2020 and the subsequent infection waves put tremendous pressure on the health care systems amid uncertainty regarding vaccine availability. Despite widespread vaccine rollout, COVID-19 vaccination coverage remained low due to extensive mis- and disinformation, lack of training for health workers, and non-targeted communication strategies. A large proportion of priority populations (pregnant women and people 45 years and older living with chronic disease) remained hesitant about the vaccine and health providers received little to no training or information on COVID-19 vaccines and so did not recommend them to patients. As the pandemic continued, fatigue over COVID-19 resulted in ministries of health, health providers, and the general public deprioritizing vaccination. Against this backdrop, USAID-funded MOMENTUM Routine Immunization Transformation and Equity (the project), developed interventions to encourage pregnant women and individuals with chronic diseases aged 45 years and older to get the COVID-19 vaccine through collective engagement (CE) participatory workshops. The project also aimed to increase providers ' recommendation of the vaccine by providing continuing medical education (CME) training. Given the novelty of these approaches and the challenge of working with highly vaccine-hesitant populations and providers who had limited information about the vaccine, the project incorporated adaptive learning into its design. This process involved conducting frequent rapid feedback cycles through after-action reviews, monthly pause-and-reflect meetings, and quarterly learning exchanges to gather real-time input from CME trainers, CE facilitators, and workshop participants to quickly adjust programming.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

Continuous Learning & Improvement

M&E for Learning



3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

The project used a behavior integration (BI) methodology, drawing on a formative assessment, to design, implement, and monitor its activities.Through application of BI, the project identified two main priority behaviors: 1) providers recommend the COVID-19 vaccine to pregnant women (PW) and people with chronic disease 45 years and older and 2) PW and people with chronic disease 45 years and older get the full course of COVID-19 vaccine. Adaptive learning was an essential component of the project to be able to rapidly implement adaptations to activities and monitor results.

Quantitative and qualitative data were collected during program implementation. The project tracked the number of health providers trained in the CME course in each country and implemented pre- and post-tests to assess their knowledge of the COVID-19 vaccination before and after the CME course. The CME post-test also included an evaluation section, where participants indicated their confidence applying knowledge gained from the course, if they learned new information, and general input on the quality of the course. For the CE activities, the project conducted follow-up calls three weeks after participants' involvement to determine their vaccination status and understand if they kept their commitments to get the COVID-19 vaccine. Following CE activities, the project assessed two main motivators of COVID-19 vaccine seeking behaviors with participants every three weeks: (i) trust in information from health professionals, and (ii) perception of COVID-19 as a health concern.

After follow-up calls, the project interviewed CE participants, purposively selecting two participants from each country—one vaccinated and one unvaccinated—who were available to reflect on the factors that influenced their decision to get vaccinated or not. CME trainers and CE workshop facilitators were also asked to complete an after action review following every event to note aspects of the event that went well, challenges they faced, and what they would do differently next time.

These qualitative and quantitative data were synthesized and used to design monthly pause-and-reflect meetings and quarterly learning exchanges with program implementing partners, CME trainers, and CE workshop facilitators. The intentional moments of reflection and collaboration allowed the project to iterate on the program strategy and contributed to several key programmatic adaptations.

For example, the CME curriculum was adapted into a modular format with optional activities to fit the busy schedules of medical professionals and the project created a frequently asked questions document to help trainers with facilitation techniques. In Moldova, adaptations were made specifically to support the Ministry of Health's broader vaccination goals; the project updated the curriculum to include information on the influenza vaccine and measles vaccination due to local outbreaks.

In Serbia, the project adapted the CE workshop so that participants received take-home gifts, including a tote bag with take-home materials from the workshop (a puzzle and a notepad) to encourage them to use tools from the workshops at home with their families and friends. Based on feedback from CE facilitators and participants in Serbia about the critical role family plays in healthcare decision-making, the project also conducted 10 pilot CE workshops with partners and family members. These workshops aimed to strengthen family dialogue about COVID-19 vaccines and encourage partners to support the participant with the decision to get vaccinated. In North Macedonia, participants originally received multiple SMS reminders each week. Following feedback on the frequency, the project reduced the frequency to one follow-up SMS reminder.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

The project's implementation of CLA approaches created spaces for intentional reflection, and enabled program adaptations that appear to have led to greater satisfaction among CE and CME participants, and may have enhanced the practice of two recommended behaviors. Interviews with CME trainers revealed that the new adaptations contributed to an increase in the participants' motivation to ask questions and actively participate. For CME trainers, the adaptations helped the trainers to feel more confident in their role, and establish and maintain appropriate group dynamics during the training. CME training participants reported that the adaptations enabled them to apply the material from the workshops, especially the Client Quality Service Module, in their everyday work with patients, and gave them more confidence communicating about the COVID-19 vaccine.

CE facilitators felt that adaptations such as take-home gifts and workshops in participants ’ homes with family members were well received. Gifts were not only appreciated, but served as reminders of the activities and commitments made. CE participants who took part in the 10 pilot workshops in participants' homes reported perceiving their home as a safe space, being more willing to cooperate, and more open to new ideas. Additionally, involving families and partners educated participants about the importance of vaccination for their loved ones, and increased their willingness to receive a vaccination following the workshop.

From the programmatic side, the project determined that adaptive learning processes are feasible to implement even within programs with limited evaluation budgets. The pause and reflect sessions, documentation of adaptations, and rapid implementation of the findings are tools which the project ’ s local partners have embraced and are already using in their own work.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

The project integrated multiple approaches to support ongoing adaptive learning throughout the program's implementation cycle. It actively engaged with program implementers, including CME trainers and CE facilitators, who completed after-action reviews after each activity; periodically interviewed CME trainers, CE facilitators, and participants for insights; and held quarterly learning exchanges. However, some CME trainers and CE facilitators, exhausted from long sessions, were not always able to complete after-action review reports promptly. Their responsibilities for quantitative reporting further added to their time demands. Managing surveys in multiple languages, as the project did for Moldova, North Macedonia, and Serbia, also added complexity to the data collection process, and required additional resources/time at the central level.

Aggressive implementation timelines and the project's broad scope also affected what could be achieved within the available time-frame. For example, although there was notable interest in adaptive learning processes from program implementers and stakeholders at ministries of health, expanding our efforts to provide ongoing training opportunities was challenging. While adaptive learning can be supported with a limited budget, the project observed that the success of incorporating adaptive learning processes into the program cycle heavily depends on the program implementers' interest and their broader organizational culture's willingness to engage with adaptive learning processes.

To address these challenges, we recommend planning realistic timelines, simplifying reporting processes, and integrating adaptive learning training opportunities into regular check-in meetings.

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