

# Coordination and presidential leadership for Covid-19 vaccine deployment in Ghana

## INTRODUCTION

On the 12th of March 2020, Ghana became the sixth country in West Africa to report a case of Covid-19. The country gained later much recognition in the implementation of its pandemic response activities by being the first to receive vaccines through the COVAX initiative.

The image of the President Nana Akufo Addo receiving an injection of Covid-19 vaccine remains a symbol of Ghana immunization leadership, and one of the communication actions that have received the greatest response across Africa and the world. Unicef not only provided technical support for the coordination of the response to the disease but also contributed to the process of the deployment of vaccines and in achieving an outstanding leadership and coordination performance.



As a result of a strong collaboration with partners like Unicef, WHO, European Union (EU) and the World Bank, Ghana has established institutional frameworks for a safe and effective deployment of vaccines. The introduction of new vaccines is mainly managed by technical groups, notably the Inter-agency National Technical Coordinating Committee (NTCC) and the Emergency Operations Centre (EOC), all working to ensure the success of related campaigns. Generally, there is strong coordination between the regulatory mechanisms that exist in the country contributing to deciding how immunization delivery is organized. The introduction plan, the related communication plan and communities' engagement plan determine the orientation of the efforts to be made. The overall architecture, vaccine logistics and process elements to be implemented and monitored for new vaccines deployment are therefore fairly well known.

As far as Covid-19 vaccines are concerned, the specificity and scale of the pandemic, which has become a major global uncertainty, have given special perspectives to the preparation and support from stakeholders in Ghana. The creation of an inter-ministerial committee chaired by the President of Ghana provided the tool to support the Ministerial Advisory Board of the Ministry of Health. The power of many entities like NTCC was improved with the advent of the Inter-Ministerial Presidential Taskforce. The introduction of vaccines, to be the expected relief, was contingent in Africa on factors like the effectiveness of the international partnership, the leadership of decision-makers and internal acceptability. The time lag between the availability of vaccines and their delivery to African populations highlighted the importance of two factors: coordination and leadership of authorities. These aspects considered of great relevance need to be documented according to those in charge of the Expanded Program on Immunization in Ghana.

## IMPLEMENTATION

### Partners involved

The specific coordination framework in the Covid-19 vaccine deployment process was the Interministerial Coordinating Committee (IMCC). As its name suggests, it brought together the heads of all the ministries involved in implementing the vaccination. Chaired by the President of the Republic in person, it included ministries such as the health, finance and environmental ministries. Coordination also involved structures and bodies such as the National Immunization Vaccine Safety Group and the Food and Drugs Authority (FDA), Surveillance Department, and other departments of the Ghana Health Service, WHO, the Technical Working Group (TWG) and immunization champions. Ministries of Health, Information, Interior, Communication, Education, Local Government, Trade and Industries, Environment and Sanitation, Environment Science and Technology, and Aviation were all assigned specific tasks in the national COVID-19 response effort. Unicef was a key actor in this partnership.

### **Planning: *Training, mapping of needs and raising funds***

The IMCC was responsible for making the big decisions and forming other committees. Program-level committees were also formed which were made up of departmental heads. The TWG designed thematic areas of training for health staff ensuring that it did not cause distortions to information that is already in the system. Safety surveillance training, vaccine administration training and cold chain training were some of the thematic areas of training. The TWG worked on crafting tailored information that carries what the health service wants the population to know. This was done based on a Knowledge, Attitude and Practices (KAP) survey to identify where knowledge was lacking and what kind of information to give. Another important activity was raising funds and mapping out what was needed and where. A cold chain inventory was done in the country from the sub-district level to the national level to identify the support needed.

### **Rollout organizational context and contributions**

The National Immunization Vaccine Safety Group was helpful in the initial choice of vaccines and the target population as well as providing other guidance which was very critical in the initial take-off of the vaccination campaigns. With the evolving epidemiology of the disease, they reviewed the available data and directed the program and the Ministry of Health accordingly with their recommendations. When it comes to the regulatory mechanisms, the robust Food and Drugs Authority (FDA), which is at the maturity level three had the WHO recognized authority for it. The FDA was able to help in granting emergency authorization to obtain the vaccines and set up a technical advisory committee that met every two weeks to review the data on vaccine safety that was generated in the country. FDA also monitored the safety of the vaccines, although not in real-time, the periodic updates published with safety data on the use of the vaccine in the country, helped change the confidence that the public had in the COVID-19 vaccines, and so for that matter also, ensure that the people are receiving the vaccine. This also helped curb the rampant misinformation about the vaccine that was going on in the country. In Ghana, EPI is always working with the FDA by using its structures and expertise to support the program. FDA is always updated on what is done at EPI. In Ghana, the surveillance department also with the other Ghana Health Service (GHS), is looking at the risk of the disease with its associated mortality. Also, when a vaccine cuts across another department, for example, the malaria vaccine being linked to the National Malaria Control Program, EPI collaborate with that program to ensure a successful implementation. In addition

to all this, the functionality of the TWG was also a good practice for the rollout of the COVID-19 vaccination campaign. The TWG together with other stakeholders helped to make the campaign a success.

### **Coordination**

Regarding Covid-19, the issue of coordinating all the vaccine deployment efforts has required the establishment and collaboration of various entities. For the EPI, the Inter-Agency Coordinating Committee (ICC) for immunization plays a high-level oversight role. To avoid duplication of effort and roles, the committee coordinates technical and material contributions to the program, reinforces technical coordination, and ensures that technical, material and financial resources are used efficiently to achieve greater impact. The Inter-Ministerial Coordination Committee (IMCC) and the GHS Emergency Operations Centre (EOC) are the main coordination points for preparedness and response to COVID-19 in Ghana. The National Immunization Technical Advisory Group (NITAG) is responsible for providing independent, evidence-based advice to policymakers and the EPI program on policy issues related to the roll-out of the COVID-19 vaccine.

In the COVID-19 vaccine deployment process, the ICC provides technical and management support and leads the resource mobilization campaign. It participates in the immunization program's planning, monitoring and evaluation mechanisms, and makes recommendations when necessary. To support the activities of the Ghana Health Service Directorate General, the Technical Working Group (TWG) for the preparation and deployment of the COVID-19 vaccine has been set up. This group is responsible for the planning and deployment of COVID-19 vaccines. The TWG has seven sub-committees responsible for the following aspects: coordination and resource mobilization, training and service delivery, regulation and safety, data management, logistics and waste management, communication, research and surveillance.

Coordination of prevention and preparedness was an important element of the Covid-19 national vaccine deployment plan. In view of the many cost implications of coordination, it has been duly considered in financial planning. This makes it possible to support the various aspects of coordination between ministries and sectoral agencies.

### **Presidential leadership**

The National Immunization management team considers the presidential leadership as the principal and most effective ingredient to the success of Covid-19 vaccine deployment and uptake in the country.

**Presence:** The presence of the President in decision making spaces by chairing the inter-ministerial committee was remarkable. By being present, the President made it almost impossible for other actors to miss the coordination meetings. This was also an agile approach to make all participants accountable and obliging them to provide the needed results at each session. In addition to his presence at decision making levels the President was also widely present in the media for regular updates on the disease and on related policy actions. Finally, the President was present on the field to support the effort of health workers and partners.

**Communication:** As to communication, the President's communication covered many aspects of the fight against the disease. In terms of crisis communication, the President was able to present the situation and the magnitude of the danger. The consequences of the disease in many countries were used to present the context as an exceptional moment requiring specific policy measures. This effort was instrumental in justifying all regulations and restrictions imposed on the population. The President was also involved in risk communications that help in raising awareness as to the danger. The effort of the country leader for action motivation, altruism building and managing disinformation was obvious. As the leader of the committee, the President used to give on national television concerning COVID-19 and this improved

the drive for vaccination with the periodic updates. His effort kept the COVID-19 vaccination on the front page. More than just encouraging people to go for vaccination, the President was involved in managing and combatting misinformation.

**Action:** As already mentioned, Ghanaian President acted at both international and national levels. The President was instrumental in finding the appropriate procedures that would ensure that his country and the population is not left out when vaccines will be available. His implication contributed to building the appropriate partnership and signing funding agreements with partners like the World Bank and European Union. To convince the population as to the safety of the vaccine, the President was the first to be injected. The President was also active in suggesting local production of vaccines to put the country out of all situations of international shortage.

## Resources used for implementation

Resources are mainly donor-funded through the support of partners such as GAVI and UNICEF. Stakeholder meetings are held to engage partners and map out what is needed and identify which partner will support what according to the interest of the donors. The main source of financial support for immunization activities in the country is GAVI, although other partners contribute from time to time. The government of Ghana also contributes to the resources needed for a successful campaign. The health staff used during the vaccination rollout are employed by the government who is responsible for their salaries. The government also funded the tracing of contacts of people who had contracted COVID-19. The government procured some cold chain equipment needed for the campaign and procured some COVID-19 vaccines. Some administrative delays, however, sometimes give the impression to the donors that funds allocated for COVID-19 vaccination are not absorbed fully, although, in the country, the funds are used.

## RESULTS

**Results 1:** The lifting of lockdowns and travel bans was a happy moment for everyone in the country, and this was made possible by the proper coordination during the rollout of the vaccine, which helped increase the uptake of the vaccine, reduce the morbidity and mortality of the infection, and return life to normalcy. This best practice really helped ensure that life, as it was before the COVID-19 era could return quickly.

**Results 2:** The coordination also brought on some new partners to support with the COVID-19, and the partners are still engaged in supporting other activities due to the proper coordination of activities.

**Results 3:** The construction of new cold rooms at the national level and in some regions is another good result to show for the proper coordination during the COVID-19 vaccine rollout.

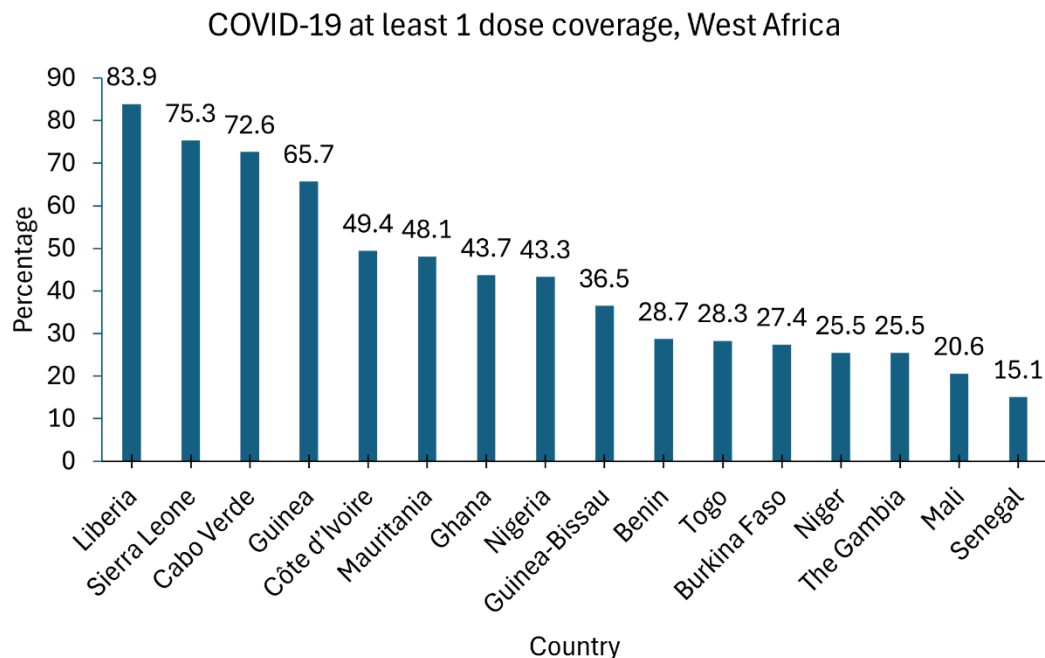
**Results 4:** the President's regular updates helped largely to reach the target population. It also became clear when the vaccination uptake started dwindling when the president's periodic updates were reduced.

**Results 5:** The high vaccination coverage of the COVID-19 vaccine is also a positive result of good coordination, with over 28.5 million doses of the vaccine administered as of December 2023.

**Table 1: Result of the coordination and presidential leadership in the Covid-19 vaccine deployment**

Area of result	Specifics	Period
<i>Quality of life</i>	Returning to pre-covid era	20/05/2023
<i>Timeliness</i>	Timeliness in knowledge transfer from analysts and policymakers Timeliness in policymaking, development of policies and legislative instruments. Rapid implementation of the policy decisions.	Regularly
<i>Partnership</i>	New, renewed and intensified partnership established for immunization activities <sup>i</sup>	Ongoing
<i>Equipment</i>	New cold rooms and more than 6000 tablets	When required
<i>Confidence</i>	President address had positive impact on uptake of Covid-19 vaccines	Lasting effect
<i>Coverage</i>	28.5 million doses of the vaccine administered	12/ 2023.

Compared to neighboring countries Ghana succeeded in achieving a good Covid-19 vaccine coverage with 43.7% of the eligible population having received at least 1 dose of the Covid-19 vaccine.



**Figure 1: Covid-19 vaccine coverage in West Africa (at least 1 dose)**

## BEST PRACTICES

***Best Practice 1: The interministerial committee role in financial resources mobilization:*** The strong coordination of the interministerial committee was very crucial in having a successful COVID-19 vaccination rollout. Because the committee consisted of the heads of all stakeholders and was chaired by the President of the country, it was easy to provide the resources required for the rollout and the subsequent vaccination exercises without going to several bureaucracies. Without the support from this interministerial committee, the rollout would not have been very successful. During the lockdown period, it was very easy to obtain passes for health workers who still needed to leave their homes and provide health services. Mobilization of funds for activities was also smooth as all the stakeholders frequently met at one table and did not require going through several processes.

***Best Practice 2: Provision of resources for social mobilization activities:*** Without the interministerial committee's strong coordination and frequent meetings, the system would have encountered several delays in acquiring the resources and support that were needed. Social mobilization activities relied on the vans of the Information Ministry and other departments for public announcement and transportation. Without this committee, there would have been delays as it would have required the health Ministry to move to the information Ministry for their support. The response to misinformation and other issues that needed quick reactions would have been delayed, having the team go through some bureaucracies. This in turn would have increased vaccine hesitancy, reduced the coverage rates of the vaccine, increased the morbidity and mortality burden as well as delayed the country's return to normal activities.

***Best Practice 3: Reinforcing vaccine logistics and infrastructure:*** The functionality of the Technical Working Group (TWG) was also a good practice for the rollout of the COVID-19 vaccination campaign. The TWG together with other stakeholders helped to make the campaign a success. There was proper coordination with partners to provide cold chain equipment during COVID-19, as it increased the country's cold chain capacity requirement. New cold chain storage equipment like ultra-low freezers and walk-in cold rooms were obtained with the support of partners like UNICEF.

***Best Practice 4: President's leadership in the rollout and in vaccine uptake communication.***

As already mentioned, on the 3<sup>rd</sup> of March 2021, President Nana Akufo Addo was vaccinated through a public event with a high level of media coverage. This was not only to show his full commitment to promoting immunization as the means to fight the disease but also to show accountability as to the issue. From March 2020 to May 2023, the President had delivered 29 presidential "updates"<sup>ii</sup>. By so doing he impacted his population perception and motivated many of his fellow citizens for vaccination. As already mentioned, uptake of the vaccine was positively correlated to the appearance of the President in the media. However, the Best Practice to be reported is not only about the presence of President and the airtime. The words and content of the speech were also of good consideration. The President in his effort in the battle against Covid-19 took the position of a warrior considering the pandemic as the enemy to defeat.

***Best Practice 5*** There was also the use of "immunization champions" who are prominent figures in the country and various communities such as media personnel, community leaders and religious leaders to support the advocacy and community engagement for the COVID-19 vaccination. The chiefs and assembly members in the communities were also involved in the community engagement as well as the community sensitization on the COVID-19 vaccines. In the cold chain department too, there was strong coordination. Several partners were involved in supporting the purchase of cold chain equipment and storage space for the equipment.



**Best Practice 6** The use of technology (ODK/Kobo Collect) to assess the preparedness of the agencies for the vaccine rollout, using the technology to track coverages in real-time and make decisions on data was also a good practice. The ability to adapt already existing data collection, monitoring and supervision tools for use in the COVID-19 vaccination rollout was another good practice. It must be noted that all these tools were electronic and did not require any printout, saving trees in the process. The electronic data collection, monitoring and supervision tool also ensured that reports were submitted near real-time, and analysis was far simpler, as opposed to the use of printout where it took months for districts to submit reports after an activity, also accounting for some data loss.

**Best Practice 7: Coordination, leadership, and timely knowledge transfer and use for decision making:** As reported in the outcomes, the Interministerial committee also includes scientists from different institutes who provide decision makers with up-to-date information. International knowledge was collected and reviewed and brought to the panel by researchers. In addition, through electronic data collection, analysis was almost available as early as needed for decision-making. Decisions about changes and improvements to be made were made and feedback was channeled from the center till the peripheral areas. This helps to ensure timely and evidence-based policymaking, policy development of and legislative instruments. Rapid implementation of the policy decisions was promoted.

## LESSONS LEARNT

**Lessons learnt 1-** Early engagement of stakeholders around the same table is crucial as it helps drive the spirit and commitment of the stakeholders and improves immunization uptake and coverage levels. Decision time is cut down as the decisions are taken with them rather than given to them. It helps also to operationalize existing or new laws and regulations, support coordination among sectoral ministries and agencies, and support the MoH on the caring of health and other frontline personnel involved in pandemic control activities with IPC measures and psychosocial support when distressed<sup>iii</sup>.

**Lessons learnt 2-** The safety of vaccines is a major drive for vaccine uptake and so the regulatory and safety framework or mechanisms are also strengthened so that regular and periodic assessment of cases is also strengthened. Vaccine safety data should be used for decision-making and be made transparent so that the population trust the vaccines.

**Lessons learnt 3-** Information given on vaccines should be tailored to answer the questions of the population. Pre-rollout service should be prepared to address all concerns that have been reported regarding the vaccine. It is important that misinformation and misconceptions are seriously addressed to reduce hesitancy.

**Lessons learnt 4 -** There is the need to always map stakeholders' support to prevent duplication of the support. Stakeholder analysis and donor management are important domains for success. Donors' management requires building donor data base and maps using appropriate user-friendly tools. Duplication of support may happen when donors provide support along their capacity but not according to the needs of the partner.

**Lessons learnt 5-** Coordination of actors with common goals and a clear task division is important. Each actor participating is assigned an area of contribution where he can contribute to the best of his capacity. Coordination helps also keep all partners at the same level of information.

**Lessons learnt 6 –** Above all, leadership was proved to be the most effective ingredient. The active involvement of the President and his presence during the activities made the difference. In being around the table, he did not only oblige national actors and heads of programs to be present, but he also ensures the implication of all international partners of the country to be there. His actions proved that leadership

is an essential factor in the success of immunization programs and specifically in new vaccines introduction activities. The effect of this leadership could even be monitored through the uptake of the vaccine. It was documented that when the number of interventions of the President in the media decreased the uptake of the vaccines also went down.

### **Possibility of replication**

Immunization has become a political and paradigmatic issue. World leaders have different perceptions and attitudes regarding vaccines and specifically Covid-19 vaccines. In addition, leadership is related to knowledge and personal engagement and transforming political leadership to immunization leadership relates more to will and interest. Thus, replication of the immunization leadership as experienced in Ghana, while possible, will remain contingent to political interest of the leader. Replicating and organizing a more efficient and effective coordination is easier to succeed. Factors and components related to both structure and mechanism can be identified redesigned and implemented if adequate resources are available. This does require more effort in resource mobilization and use. Recognition of the effectiveness of Ghana's approach prompted requests for experience sharing from neighboring countries such as Côte d'Ivoire, which ended up with higher vaccination coverage than Ghana.

## **CONCLUSION**

The practice of strong coordination and leadership in the COVID-19 vaccination rollout in Ghana was a result of good partnership and collaboration. Unicef contribution in both resources mobilization and coordination contributed to the process and to the outcome. With this practice Ghana was successful in securing funds for the adequate response to the pandemic, improving communication and decision-making. This contributed in motivating populations to seek for vaccines and prevent the disease. The social and economic context was improved. There is a need to maintain this political engagement and extend it to the whole EPI. The decision to build local vaccine production infrastructures to address international uncertainties as to vaccine availability should be operationalized with a regional perspective. The coordination and leadership effort as experienced in Ghana can be replicated and improved with the application of the documented lessons learnt. An approach to motivating decision-makers needs to be designed for advocacy targeting country leaders at regional level. However, it is important indicate that the presence of the Civil Society Organization (CSO) remains very helpful to echo leaders' communication for successful social mobilization and demand generation vaccination. There is a strong intersectoral collaboration in the Ghana Health Service, which promotes health services, including vaccination and most recently, the COVID-19 vaccination campaign during the outbreak. The EPI in Ghana has been robust for several years but faces some challenges now, however, plans are in place with the support of Unicef to help improve EPI in Ghana.



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