

Policy Brief

November, 2022

ADDRESSING THE COVID-19 VACCINE HESITANCY AMONG THE YOUTHS IN NIGERIA



**AFRICA
YOUTH
PARTNERSHIP**
TO ADVOCATE AN EQUITABLE RECOVERY
FROM THE GLOBAL COVID-19 PANDEMIC

NIGERIA YOUTH TASK TEAM

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EXECUTIVE SUMMARY

One of the most effective means for combating the global Coronavirus Disease, COVID-19 pandemic is vaccination against the novel disease. The effectiveness of the vaccination has been demonstrated in the acts of several countries including Nigeria, scrambling to produce and/or obtain vaccines with the aim of combating the effect of the pandemic amongst their citizens. However, vaccine hesitancy has evolved as a major threat in several nations of the world, including Nigeria in the quest to limit vaccine coverage.

The purpose of this policy brief is to facilitate increased vaccination acceptance and enhance vaccine confidence among the citizens of Nigeria. Thus, it is hoped that the recommendations in this policy will contribute to existing policy documents on vaccine hesitancy in Nigeria, as well as provoke all relevant stakeholders such as the Federal Ministry of Health, Nigeria Centre for Disease Control and Prevention (NCDC), and National Primary Health Care Development Agency (NPHCDA) into viable actions such as creating programmes that will examine and target interventions towards achieving greater impact.

The key highlights of the policy brief include:

- The various benefits of addressing COVID-19 vaccine hesitancy among Nigerian youths ranges from increased trust in the government, and sustained COVID-19 vaccine uptake, to sustainable public health communication.^{1,2}
- Studies conducted on vaccine hesitancy pointed out contributing factors to youth vaccine hesitancy, with 47.1% attributed to lack of trust in government, 19.4% to the fear of health safety, 13.6% to insufficient information, and 5.5%, 3.75%, and 9.5% accredited to the fear of COVID-19 contraction, religious beliefs, and other reasons respectively.^{1,2}
- Seemingly technical terms such as vaccine coverage, vaccine hesitancy, vaccine acceptance, vaccine confidence, and vaccine demand were duly elaborated on to provide a profound understanding of the policy recommendations.

In a bid to provoke all relevant stakeholders into viable actions which include decision-making and program implementation, this policy provides for various actionable recommendations such as proper and holistic integration of the COVID-19 vaccination plan, planning for inclusive service delivery, utter focus on equity and inclusion, building stronger priority setting and health system governance, improvement of COVID-19 vaccine deployment operations, prioritisation of youth inclusiveness in immunisation decision-making, as well as the incorporation of the voices of key actors in training supervisors. These recommendations are offshoots of the SCALES 3.0 strategy initiated by the National Primary Health Care Development Agency (NPHCDA) with 6 areas of action.

POLICY RECOMMENDATIONS

Preventing COVID-19 vaccine hesitancy among the youths is a phenomenon that requires an urgent call for action. With the youths representing 70% of Nigerian population, conscious youth involvement is pivotal to ensuring the achievement of 70% national COVID-19 vaccine coverage by the end of 2022. Youth involvement is the gateway to the larger community and has an abundance of innovation and creativity to ensure that the 70% target is met. When there is no youth involvement or poor youth involvement, the success of any community-based project like the SCALES 3.0 project cannot be sustained.

To mitigate the potentially devastating consequences of the COVID-19 pandemic, and ensure equitable recovery of all, governments and stakeholders are encouraged to pursue the following policy responses:

A. SERVICE DELIVERY

There is a need to ensure proper youth engagement in all the stages of the service delivery plan, starting from the ideation of the service delivery strategies to the decision-making processes. This may require the integration of relevant empowerment programs like training opportunities on effective community engagement strategies and database management. The mode of delivery needs to be properly integrated with service delivery modes which the service users and providers are familiar with. Local vaccine delivery networks, made up majorly the youths, need to be fostered as they are the ones with the relevant influence and knowledge of strategies needed to ensure optimal COVID-19 vaccine uptake.

B. COMMUNICATION

Part of the first step to achieving effective communication is identifying who the key stakeholders are. With the youths representing 70% of the Nigerian population, they stand as a gateway or key stakeholders that cannot be overlooked or taken lightly. With the key stakeholders identified, the communication strategy needs to strive to be inclusive with a focus on achieving equity as this will help to foster the trust of the key stakeholders (made up of majorly the youths). There is a need to increase youth involvement in the development and implementation of COVID-19 vaccination policies at all levels, recruit youths (youth health workers, volunteers) as community champions to lead awareness campaigns, and optimize of the youths' social networks, radio and TV shows to address the myths and misconceptions about COVID-19 vaccination.

C. ACCOUNTABILITY

There is a need to ensure proper accountability as this will also help to foster the trust of the key stakeholders and the public. An accountability team with poor representation of the youths will only confer and foster a lack of trust and further impede the achievement of the desired target, hence there is a need to ensure proper youth representation in the accountability stage of the SCALES 3.0 project. Questions and concerns that arise as a result of the project implementation should be answered with clear evidence. To ensure ease in accountability, there is also a need to build stronger priority setting and health system governance, ensure proper documentation of project activities, and ensure that all terms of agreement (in terms of due payment and logistics provision) are met while ensuring proper youth engagement.

D. LOGISTICS

With the logistics team comprising of majorly the youths, there is a need to ensure proper youth involvement in all the stages of the vaccine supply chain. This will help to confer a sense of ownership on them and help to foster trust. Empowerment programmes designed for the key actors need to be integrated as this will help to minimize stock out or vaccine expiry while empowering the youths.

E. ELECTRONIC MANAGEMENT OF IMMUNISATION DATA

The youths make up over 80% of the population of the EMID team from the SCALES 2.0 project, hence it is of high importance to ensure that¹² the youths are providing all the training and resources required for them to succeed in their role. There is a need to ensure that the youth voices are integrated into the training curriculum employed in training EMID supervisors. The youths should also be involved in the decision-making process using the data they (youths) collected on the field as this will help to ensure proper youth engagement.

F. SUPPORTIVE SUPERVISION

The voices of the youths, rural and hard-to-reach communities should be integrated into the training curriculum for the supportive supervisors. The needs of youths, rural and hard-to-reach communities should be considered in designing the supervisor's deployment strategies and adequate support and resources are needed to ensure they benefit maximally from supportive supervision. This will help to ensure equitable delivery and access to the COVID-19 vaccine.

Every stage of the SCALES 3.0 project needs to ensure that the youths are properly involved in all stages (in the project initiation, planning, implementation, monitoring, evaluation and learning, and decision-making), supported and empowered to ensure the acceptance of the vaccine and the achievement of the project's goal.

INTRODUCTION

Several studies have shown that vaccine hesitancy is a global public health challenge that is associated with several factors ranging from misconceptions, misinformation, myths, conspiracy theories, cultural and religious beliefs, lack of knowledge, and health education about vaccine safety amongst other factors. In Nigeria, just like in other parts of the world, the COVID-19 vaccine rollout has been faced with enormous hesitancy and suspicion.

A high level of COVID-19 vaccine hesitancy exists amongst Nigerian youths especially those in Nigerian tertiary institutions.³ According to the national bureau of statistics, the population of youths in Nigeria (15 – 35 years) is estimated to be over 64 million which is indicative of a high youth population in Nigeria, thus, it is only appropriate that youth inclusiveness is prioritised by the Nigerian government towards effective public health communication. Also, it is pertinent that vaccine confidence is embodied among the youths to achieve herd immunity and as well curtail the spread of coronavirus disease.

Benefits of addressing COVID-19 vaccine hesitancy among Nigerian Youths

- Increased COVID-19 vaccine confidence and COVID-19 vaccine uptake,
- Sustained vaccine confidence amongst Nigerian youths beyond the COVID-19 pandemic.
- Sustainable public health communication.
- Increased and sustained vaccine literacy among Nigerian youths.

This policy brief is aimed at proving recommendations to relevant government agencies such as The federal ministry of Health, the Nigeria Centre for Disease Control and Prevention (NCDC), and National Primary Health Care Development Agency (NPHCDA) to prioritise youth participation in vaccination programs (COVID-19 vaccination programs including decision making and program implementation as a mean to alleviate COVID-19 vaccine hesitancy and facilitate COVID-19 vaccine confidence among Nigerian youths.

DESCRIBING THE PROBLEM

In July 2022, the youths represent about 70% of Nigeria’s population and this makes youth involvement vital in achieving 70% national COVID-19 vaccine coverage by the end of 2022.^{4,5} Youth involvement plays a crucial role in supporting COVID-19 vaccination efforts to the wider public especially given that they are cited as, “the gateway to the larger community and have an abundance of innovation and creativity to ensure that the 70% target is met”.⁶ Unlike the public, there is a variation in the rank of the set of drivers that influence the acceptance of COVID-19 vaccination among the youths with a “lack of trust in the government” ranking highest in most studies.^{2,7} A national survey of COVID-19 vaccine acceptance conducted in 2022 by Al-Mustapha et al. 2022 and a cross-sectional study conducted by Osmond et al. (2022) showed that:

- The potential acceptance of the COVID-19 vaccine was significantly dependent on age, youths were less likely to take up the vaccine than older adults.
- 33.3% of the study population confirmed an intention to refuse a COVID-19 vaccine while 22.7% of the population confirmed that they were not sure if they wanted to get vaccinated.
- Fig 1. Below demonstrates the variation in ‘intention to get the COVID-19 vaccine’ among people of different age groups in Nigeria.

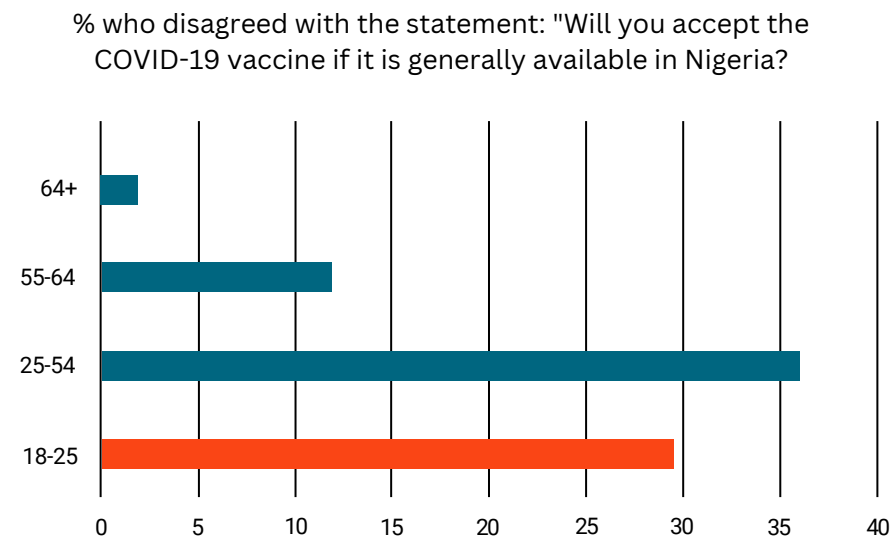


Figure 1: Variation in COVID-19 vaccine hesitancy among Nigerians across different age groups.

Source: Osmond E, Helen O, Ismaeel Y, Taghi M, Yahwedalu O, Ayeni E, et al. Do we trust the government? Attributes of COVID-19 vaccine hesitancy and acceptance in Nigeria. *AIMS Med Sci.* 2022; 9:268–82.

- 47.1% of the study population reported that the reason for their COVID-19 vaccine hesitancy was because of their lack of trust in the government.
- 19.4% of the study population were hesitant to take up the vaccine because they believed that the vaccine is not safe.
- 13.6% of the study population were hesitant because they do not have enough information about the vaccine.
- Other reasons for COVID-19 vaccine refusal were fear of contracting COVID-19 through the vaccine 5.5% and religious reasons 3.75%.

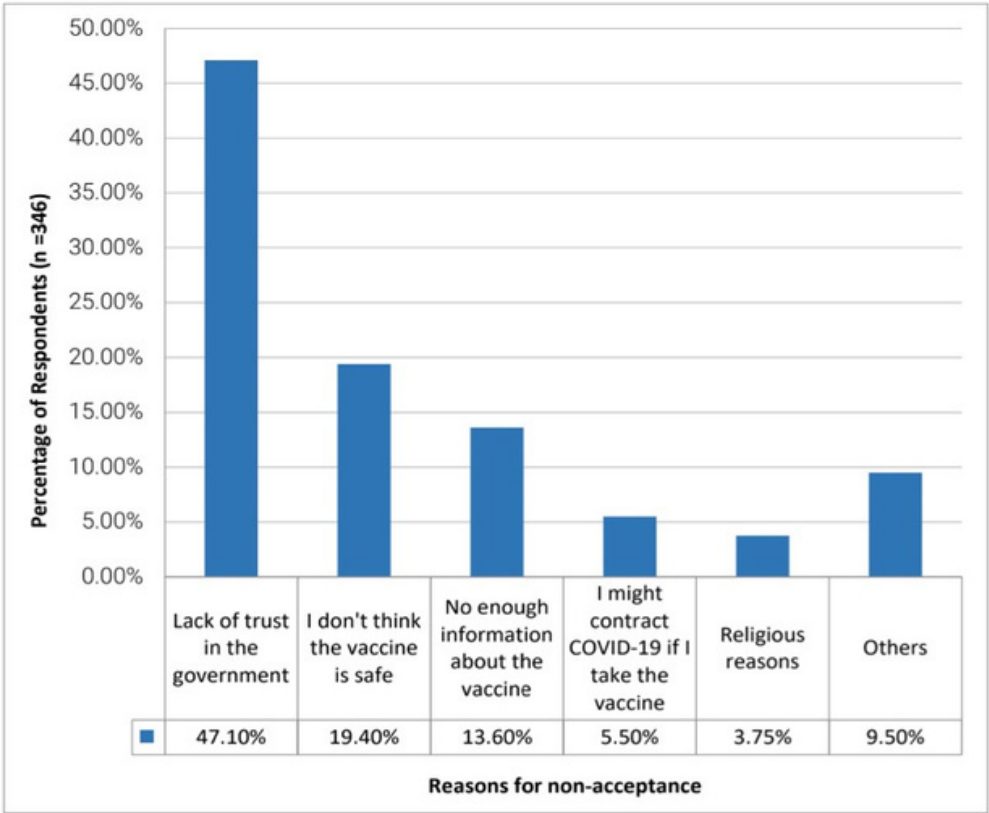


Figure 2: Reasons for the Unwillingness of the Adult Population (18-64+ years) to accept COVID-19 vaccine in Nigeria

Source: Osmond E, Helen O, Ismaeel Y, Taghi M, Yahwedalu O, Ayeni E, et al. Do we trust the government? Attributes of COVID-19 vaccine hesitancy and acceptance in Nigeria. *AIMS Med Sci.* 2022; 9:268–82.

UNDERSTANDING KEY TERMS

“COVID-19 vaccine acceptance decisions and behaviours sit at the core of policy action” – CARICOM

To address the issues surrounding COVID-19 acceptance among youths, there is a need to understand key terms used in the local and global discourse related to this problem. This section describes these terms, as such, they set the basis for the policy recommendations presented in this brief.

A pivotal term is vaccine hesitancy. Vaccine hesitancy provides a concept for first understanding (through research) and subsequently addressing the issues surrounding vaccine acceptance decisions (refusal of vaccination despite the availability of vaccination services or related to delays) within a given population. It challenges public health to an extent that the World Health Organization (WHO) called it 1 of the 10 biggest threats to global health.

“**Vaccine hesitancy** refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context-specific, varying across time, place, and vaccines. It is influenced by factors such as complacency, convenience, and confidence.”

Vaccine hesitancy is therefore complex, encompassing the wide range of vaccine acceptance decisions and behaviours between refusal and delay in receiving a vaccine and the underlying forces within a given population that affects an individual’s decision to get vaccinated.

Understanding that vaccine acceptance decisions and behaviours are primary in this term helps to set the direction of policy action. Designing policy action with the aim of influencing vaccine acceptance helps to tackle vaccine hesitancy to a large extent, with respect to population context. Integrating a systematic and iterative approach that involves monitoring, intervening, and evaluating is crucial to the understanding and addressing of diverse factors that influence youths’ behaviours and decisions related to COVID-19 vaccination.

It is also crucial to consider distinctions inherent in the terms vaccine and vaccination and their importance to policy action. While the term vaccine refers to a product or technology, vaccination means activities related to a product or technology, and in addition, the related decisions, and behaviours.

Therefore, it is necessary to recognise that the word vaccine can be seen to convey a focus on the product while vaccination conveys a more multidimensional focus, inclusive of the vaccine administrator (health systems) and the recipient (youths). These subtle features present leverage points for the federal government, state governments, and other relevant stakeholders to integrate into policy action, especially coupled with youth-centered lenses to inform policy action.

Vaccine demand is another term used in the discourse which provides a critical contribution to shaping policy action. Vaccine demand involves the dynamics between communities expressing their vaccine needs and outlooks on how vaccine programs should be delivered, and vaccine administrators adopting the development of worth for vaccines at the individual and community levels⁹. Vaccine demand is another term similar to vaccine hesitancy in that it is complex. Vaccine demand brings to attention the value of including youth demand-related factors and diverse factors related to COVID-19 vaccination.

The term vaccine coverage is also found in conversations related to the problem of vaccine acceptance. Vaccine coverage describes the proportion of a target population who have been vaccinated or the rate at which people are being vaccinated in a given population. This proportion or rate is usually influenced by vaccination acceptance decisions and behaviours, and they are also driven by factors associated with supply chain and other programmatic issues.



THE POLICY RECOMMENDATIONS AND ACTIONS

Arising from the August 8 event chaired by the Secretary to the Government of the Federation (SGF) and the Chairman of the Presidential Steering Committee on COVID-19 and attended by government dignitaries, donor agencies, and implementing partners, was the “SCALES 3.0” strategy. This strategy is an initiative of the National Primary Health Care Development Agency (NPHCDA) with 6 areas of action:

WHAT IS SCALES 3.0?

- S** **Service Delivery** - Operates on focused campaign mode with mobile and special teams taking vaccines to where people live and work.
- C** **Communication** - Decentralized demand generation approaches, targeting health workers, grassroots opinion leaders/influencers, traditional leaders, religious leaders and community referrals.
- A** **Accountability** - Supports timely logistics and payment of vaccination teams that have achieved thresholds and targets.
- L** **Logistics** - Optimizes integrated vaccine supply chain and last mile stock visibility to minimize stock out or vaccine expiry.
- E** **EMID** - Visibility of vaccination teams on EMID (Electronic Management of Immunization Data) platform as well as data access and use for actions at subnational levels.
- S** **Supportive Supervision** - Implementation of strict deployment of well-trained supervisors, on the job mentoring of vaccinators and the use of GPS to ensure that supervisors also cover not only urban areas, but rural and hard to reach communities.

Source: National Primary Health Care Development Agency

A. Service Delivery

PLAN FOR INCLUSIVE SERVICE DELIVERY:

The actual needs of the key actors responsible for service delivery and of the locals who are the recipient of the service should be included in the service delivery strategies. This can be determined by conducting a participatory assessment which will help to highlight the gaps and local solutions required to ensure the success of service delivery and the sustainability of the project.

ENSURE PROPER INTEGRATION OF COVID-19 VACCINATION PLAN:

The National Training of the Trainers (NToT) strategy employed and executed under the SCALES 3.0 project should not just aim to acquit the participants on a holistic integrated approach for PHC service delivery and COVID-19 vaccination, but it should also aim to integrate the voices of the locals in the NToT strategy. This would foster the local vaccine delivery networks, majorly youths, who are conversant with their communities and strategies to ensure optimal vaccine uptake.

ESTABLISH LEARNING HUBS FOR CAPACITY BUILDING:

The use of a digital model of dynamic, interactive learning by the WHO has proven to be beneficial in disseminating knowledge, providing normative guidance, sharing best practices for COVID-19 vaccination, and also learning the actual needs of the service providers. The use of this model will ensure the capacity building of the local service providers who deliver services in both urban and far rural and hard-to-reach communities. Employing this model will help ensure proper youth involvement and prevent a shortage of manpower in service delivery.

STRENGTHEN DATA AND MONITORING OF SERVICE DELIVERY:

To ensure the achievement of the national 70% vaccination coverage, there is a need to strengthen the monitoring of data at the locals, health workers, supervisors, and volunteers' level. This monitoring will need to be based on a mix of existing data from SCALES 2.0 project and assessment systems and potentially new approaches tailored to this specific context. To reinforce resilience, data should help monitor the service delivery activities and help assess project accountability. Data quality and timeliness are essential. The strength of the monitoring system in project implementation is as strong as its underlying data, and efforts should be made to help project implementers (service providers, supervisors, volunteers, and others) produce quality data that they can also use, feeding it upstream to allow the continuous monitoring of the project.

B. Communication

ENSURE INCLUSIVE IDENTIFICATION OF KEY ACTORS:

According to Pew Research Center, smartphone ownership has increased in both advanced and emerging economies, and the growth has often been uneven. Age, gender, education levels and income all contribute to who owns a smartphone – though, often, age is the key factor associated with ownership. 48% of young people aged 18 to 34 years own a smartphone in Nigeria, while 31% are 35 to 49 years and 20% are people above 50 years.

In advanced and emerging economies alike, younger people are much more digitally connected than older generations. In every country surveyed, those under 35 are more likely to own smartphones, use the internet, and use social media than those ages 50 and older. They can actively participate in the dissemination of information and combating false information about the efficacy of Covid-19 vaccines.

FOCUS ON EQUITY AND INCLUSION:

To bridge the communication gap resulting in hesitancy in the uptake of the COVID-19 Vaccines, and achieve the 100% target Vaccination uptake, Government needs to:

- Increase youth involvement in the development and implementation of COVID-19 vaccination policies at all levels. This is because they are the people's eyes and ears and frequently have access to news spreading in the communities. This will allow them to convey their understanding of how the communities perceive COVID-19 immunisation.
- Recruitment of youths, both health workers and individuals, as community champions to lead house-by-house awareness campaigns and town hall meetings to promote COVID-19 vaccination uptake in their local communities.
- Optimization of the Youths' social networks and radio and TV shows to address myths and misconceptions about COVID-19 vaccination. Hence, sharing stories on its effectiveness and prevalence, as well as daily updates on the uptake rate.
- Enforcing public and private institutions to include communicating about the need and prevalence of COVID-19 vaccines uptake into their regulations to ensure all staff or students are vaccinated.

BUILD STRONGER PRIORITY SETTING AND HEALTH SYSTEM GOVERNANCE:

COVID-19 continues to be a public health concern worldwide and to date, different strategies have been put in place to combat the pandemic even as new strains of the virus keep emerging.^{11,12} These issues are already bedevilling vaccination efforts against the COVID-19 pandemic in Nigeria. Hence, there is a need for stronger priority setting and health system governance.

ENSURE OPTIMUM STORAGE AND TRANSPORTATION:

Research has shown varying requirements for the storage and transportation of vaccines with some requiring more stringent cold chain conditions. According to Otuto et al., 2022, The Nigerian government, through its Ministry of Health, ordered 100-1000 doses of the Pfizer vaccine that requires a storage temperature of -70° only to later realize that the country did not have the capacity to hold that much vaccine in those conditions.¹² Subsequently, the country could not fulfil delivery of these vaccines which some reports suggested was due to a deficiency in the cold chain infrastructure required to meet the storage conditions of the vaccine. Hence, there is an urgent need to strengthen the storage and transportation of vaccines in Nigeria and implement context-specific solutions that can improve vaccine coverage for the population.

USE INFLUENCE OF POLITICS TO INCREASE PUBLICITY:

The Nigerian government, in several instances, has opined that delayed vaccine delivery was due to politics in the international vaccine procurement procedure as well as logistics lapses from the vaccine source.¹² For the COVID-19 vaccine to be termed effective in Nigeria, considerable levels of acceptance are required. Vaccine acceptance has the potential to improve the uptake among the general population and subsequently lead to the eventual development of herd immunity. Therefore, there is a need for transparency or publicity on these vaccine priority settings in Nigeria.

IMPROVEMENT OF COVID-19 VACCINE DEPLOYMENT OPERATIONS:

Effective deployment operations are essential to ensuring equitable distribution of COVID-19 vaccines. And consequently, result in adequate availability and accessibility of vaccines. This can be improved by the stringent implementation of the existing policies on procurement, storage, distribution, monitoring, and evaluation. Additionally, inadequate human resource is demeaning the efforts to accelerate vaccine uptake as the number of workers in the health facilities being used for COVID-19 vaccination remain the same while the work burdens increase. Therefore, there's a need to invest handsomely in human resources. Also, it is crucial to put in place an effective track and trace system that is accessible without the internet as the electronic vaccination data system portals currently being employed are not only excluding a significant population who do not have internet coverage in their community but also slacking off vaccination activities.

EFFICIENT COVID-19 VACCINATION WASTE MANAGEMENT:

COVID-19 vaccination activities are generating huge amounts of waste materials due to the disease peculiarities so there should be adequate provision for proper disposal. This can be done by reviewing the existing plans for the healthcare waste management system to accommodate the additional waste generated through COVID-19 vaccination campaigns as well as by establishing a direct coordination system between the healthcare facilities and the community offices responsible for safe collection, treatment, and disposal of the healthcare waste.

PRIORITISE YOUTH INCLUSIVENESS IN IMMUNISATION DECISION-MAKING:

Considering the high population of Nigerian youth, it is only appropriate that youth inclusiveness is prioritised in public health communication, especially vaccine literacy. Youth involvement towards vaccine literacy shouldn't stop at the program level, youths should also be involved in decision-making in immunisation programs, this is because effective and encompassing youth involvement in immunisation would go a long way towards increasing vaccine confidence amongst Nigerian youth

PRIORITISE TRAINING AND RETRAINING OF EMID SUPERVISORS:

The integrity of immunisation data is very crucial in making informed decisions on the success and impact of immunisation/vaccination programs. Thus, it is keen that EMID data collectors and supervisors are always abreast with the Electronic Medical Record (EMR) interface in order to ensure high-quality immunisation/vaccination data.



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F. Supportive Supervision

PLAN FOR INCLUSIVE SUPPORTIVE SUPERVISION:

The need for rural and hard-to-reach communities should be considered in designing the supervisor's deployment strategies and adequate support and resources are needed to ensure they benefit maximally from supportive supervision. An adequate assessment aimed at determining the gaps in the supportive supervision offered to those communities in the past and their special needs is needed to ensure proper planning for inclusive supportive supervision.

ENSURE INCLUSIVE SUPPORTIVE SUPERVISION:

In addition to the use of GPS to ensure that assigned supervisors visit not just urban centres but also rural and hard-to-reach communities, there is a need to ensure that the recipients (youths health providers, volunteers, and others) of the supervision gets to evaluate the supervision's delivery plan and the practice of their supervisors as that would help to ensure that the supervisors do not just visit their assigned centres but that the visit was indeed supportive.

INCORPORATE THE VOICES OF KEY ACTORS IN TRAINING THE SUPERVISORS:

Given the critical role that youths (volunteers, health providers, and others) have played in ensuring the success of the SCALES 3.0 project so far, their voices (actual needs) must be incorporated in the training plan of the supportive supervisors. The youth's needs can be determined through participatory research and the outcome incorporated into the training plan. A lack of integration of the youth voices in the training of the supervisors can lead to the loss of youths to other projects and this may lead to the failure of the achievement of 70% national COVID-19 vaccination coverage by the end of the year.⁶

CONCLUDING THOUGHTS

Addressing the current patterns of COVID-19 vaccine hesitancy among youths is vital for achieving 70% national COVID-19 vaccine coverage by the end of 2022 and securing the health of all Nigerians. Notwithstanding the role of youths and youth involvement to this end, the potential gains from policy action as outlined above undoubtedly extend beyond the ongoing COVID-19 pandemic. Hence, there is a need to carefully consider the above-mentioned policy actions and ensure deliberately and strategically involve young people



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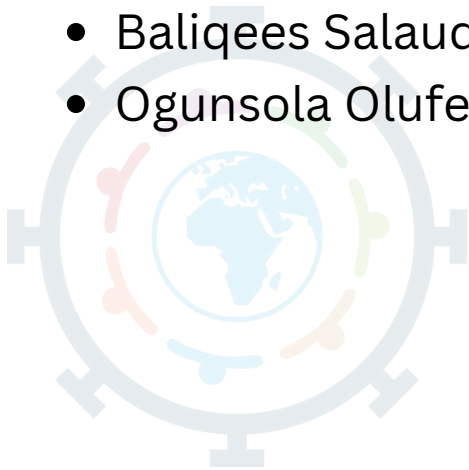
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This policy belief was written and designed by the Nigerian Youth Task Team under the Africa Youth Partnership (AYP). AYP is a project that was launched by YOTA (Youth Opportunity and Transformation in Africa) and Restless Development with the aim of achieving an equitable recovery from the COVID-19 pandemic by engaging, supporting and empowering youths to put their ideas into action and playing a leading role in the recovery. This project was funded by the Ford Foundation. Thanks to the funding from the Ford Foundation. The project is being implemented in 10 pilot countries which are: Nigeria, Ghana, Liberia, Sierra Leone, Tanzania, The Gambia, Ugandan, Zambia, Kenya, and Zimbabwe. In these countries, a three-prong mission is being pursued, and they are as follows:

- Improve the capacities and skills of youth-led organizations and youth innovators to develop and implement policy accountability frameworks and offer solutions, enabling them to better connect, collaborate and self-organize towards evidence-based advocacy for equitable pandemic response and recovery on the continent;
- Support youth-led organizations and young innovators to produce collective reviews and evidence of the performance of national and regional COVID-19 recovery programmes and to offer their own solutions; and
- Amplify youth voices in policy spaces to influence national and regional policies, programmes and budgets in favour of more equitable and inclusive recovery from the COVID-19 pandemic.

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