



ROLLOUT



Documentary Short *Facilitation Guide*

"Rollout provides a poignant look at vaccine hesitancy within communities, offering a human perspective that's both enlightening and essential for understanding public health challenges."

- **George Osoro Momanyi** - Pandemic & Epidemic Intelligence Hub, World Health Organization // Former Partnerships Lead, Africa Centres for Disease Control & Prevention

Table of Contents

I. Who should watch Rollout	p. 03
II. Film synopsis	p. 04
III. Discussion questions	p. 05
IV. Themes from the film	p. 06
V. Additional resources & readings	p. 09
VI. Film character bios	p. 10
VII. Filmmaker bios	p. 11

A message from the filmmakers:

Essential global health efforts, like pandemic response, require an exceptional level of coordination and cooperation to inoculate communities faster than disease can spread. But what happens when communities lose trust in the institutions—and medicines—that are supposed to protect them?

We were motivated to create Rollout because amidst the world's largest and fastest vaccine rollout, a missing part of the story was how people in communities actually understood vaccines and the institutions that distribute them. Through Rollout, we seek to share the perspectives of people rather than the powerful. Good intentions are not enough.



I. Who should watch Rollout

General audiences

Rollout's character-driven, verite approach to storytelling will take general audiences on a journey of surprise and even humor within the context of a serious story, and offers a deep connection to a cast of unexpected main characters. A strong theme in this film is about how historical experiences of injustice, the spread of misinformation via modern media platforms, and missteps by authorities can erode trust between communities and health institutions, stoke fear and suspicion, and ultimately drive community resistance to government initiatives. Audiences in the US and worldwide will recognize the universal nature of these phenomena, and will take away a greater sense of shared humanity as a result.

Global decision-makers, funders & pharmaceuticals

For decision-makers, funders, and pharmaceuticals, spending time immersed in the world of global majority communities and local frontline health workers is a powerful reminder that global health mobilizations can only be effective insofar as they align with and support the needs of country and local-level implementation partners. The film highlights how poor coordination and misalignment between the agendas of global institutions and the needs of local health ministries erodes trust for community members, results in wasted time and resources for healthcare workers, and ultimately limits the effectiveness of global initiatives.

Global health practitioners & students

For global health practitioners and students, Rollout opens up discussions around the importance of centering the needs of local communities and health ministries as essential ingredients in global health work. In addition, having a glimpse into the lived experiences of global majority frontline healthcare workers and communities experiencing vaccine hesitancy offers insight into how historical experiences of injustice, modern misinformation, and government missteps can come together to erode community trust, resulting in the challenges of major health interventions like COVAX, and driving poor outcomes for community members.

African Studies students

For African Studies students, Rollout offers an immersive, on the ground experience of life in Kibera, Africa's largest urban slum. Through a verite approach to storytelling, the film portrays the unique community dynamics and conflicting beliefs held by a colorful cast of characters, as they navigate pressure from a government they mistrust, to get a vaccine they suspect will cause more harm than good. In addition, the film portrays some characteristic elements of Kenya's healthcare system—including reference to a historically colonial global health system, and the vital role that embedded community health workers play in connecting communities to essential health services.

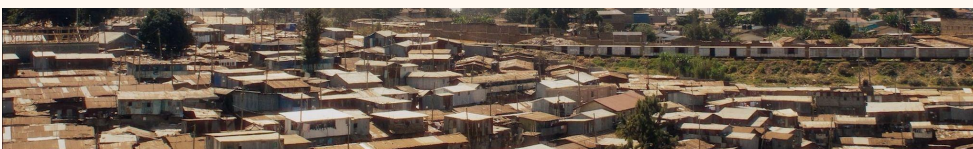
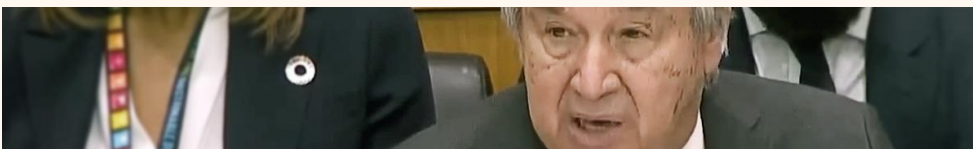
II. Film synopsis

"Rollout" is a vérité-style journey alongside residents of a tight-knit Kenyan community, as they face mounting pressure from a government they don't trust, to get a COVID-19 vaccine they fear may cause more harm than good.

Through "Rollout," audiences will follow the powerful and complex narratives and lived experiences driving the "shadow pandemic of vaccine hesitancy" which delayed vaccine uptake across communities worldwide, and ultimately stymied humanity's chance to achieve global herd immunity. As rollout efforts expand across the county, Laureen and fellow healthcare workers visit with a colorful cast of community members—from a church pastor to a radio DJ—that share their perspectives on the vaccination efforts. Through their stories, we feel their visceral mistrust, seemingly sparked by the government's deeply unpopular and aggressive early pandemic response, and further fueled by a relentless flood of misinformation and conspiracy theories. We also hear reference to the deeper historical context that further exacerbates this mistrust, namely the fraught relationship between community members and global health actors, and a global vaccination agenda designed by global elites that disregard the needs of Kibera's residents.

"(Rollout) nicely depicts the realities of vaccine hesitancy and fake news and emphasizes the important of working closely with communities to prevent and counter these forces that can result in needless disease and death."

Dr. Michael Merson,
*Professor Emeritus of
Medicine and Global Health,
Duke University // Founding
Director, Duke Global Health
Institute // COVID Global
Accountability Platform*



III. Discussion questions

1. Does setting unrealistic targets (then failing to reach them) cause harm? Or is this a necessary step in identifying inequities and galvanizing action? Global health authorities set ambitious targets early in the pandemic when the future evolution and impact of COVID-19 were hard to predict.

2. How did local social structures, belief systems, and historical experiences with global health mobilizations shape perceptions of the COVID-19 vaccine in Kenya? How might these vary in different cultural contexts around the world, and how might health mobilizations remain flexible enough to incorporate local contexts?

3. How might global health authorities and governments better utilize healthcare workers as vaccination champions? What information and resources should be provided to help them overcome their own skepticism, and assuage skepticism within their communities? By May 2023 (when the WHO declared an end of the Public Health Emergency of International Concern), only ~half of Kenyan healthcare workers—a priority population—were vaccinated.

4. Was it the right decision to prioritize certain populations—such as adults, healthcare workers, frontline workers, and people with pre-existing conditions? This prioritization created complications in many countries, like Kenya, that had little prior experience working with these target population.

5. How can governments & public health authorities become better equipped to understand and navigate sources of mistrust during pandemic response and vaccination campaign rollouts? The pandemic exacerbated economic disparities and increased mistrust of the governments responsible for producing and distributing vaccines.

6. How might global decision-makers and governments have responded differently to COVID-19 and the vaccine rollout effort? How might we apply these lessons to support local responses to international problems in the future—in particular to support greater ownership and resilience, and to address power asymmetries between donors and wealthy countries, and global majority populations?

IV. Themes from the film

Misinformation & mistrust

In addition to well-documented challenges such as vaccine supply issues, capacity constraints, cold storage needs, transportation difficulties, and competing health priorities, misinformation and misconceptions about the vaccine also played a significant role in the rollout of COVID-19 vaccines. When weighing whether to get vaccinated, people contended with their perceived risk of the pandemic, vaccine safety, and the priority of COVID-19 compared to other health challenges. Many people were skeptical of the new, rapidly developed vaccines, not realizing it was based on years of research on similar viruses. Clear and reliable communication about the science and safety of COVID-19 vaccines was crucial in combating misinformation and helping the public understand the benefits of vaccination. Mistrust in large pharmaceuticals and government policies further complicated efforts, as did the spread of conspiracy theories and misinformation via social media.

Vaccine hesitancy

COVID-19 vaccine hesitancy in Kenya stemmed from a wide variety of concerns about vaccine safety and its perceived side effects. Concerns were driven by widespread misinformation, religious beliefs, and general mistrust in the government and large pharmaceuticals. The low perceived risk of COVID-19, driven by a decline in reported cases in 2021, was also a significant barrier to vaccine uptake.¹ Addressing these sources of hesitancy proved challenging, with no single solution sufficient to address all root causes.

Frontline community health work

Healthcare workers act as bridges between local communities and public health authorities, and provide crucial local data and insights. Globally, healthcare workers are pivotal in vaccine delivery, with surveys during the pandemic revealing healthcare workers to be among the most trusted sources of vaccine information. Yet health workers—most being women from marginalized backgrounds—are often left working under challenging conditions with inadequate pay, and many face risks of violence and harassment.

In Kenya, only half of healthcare workers in Kenya received the primary vaccine series, highlighting a failed opportunity to enlist community healthcare workers as vaccine champions. Integrating community healthcare workers into COVID-19 strategies was essential to effectively respond to community concerns and misinformation.



¹ Reducing Barriers to COVID-19 Vaccination Uptake: Community Ideas from Urban and Rural Kenya, November 2023

IV. Themes from the film

Inequitable outcomes from the COVID-19 vaccine rollout

Pandemics tend to magnify existing power imbalances and biases, with COVID-19 being no exception. The COVID-19 pandemic compounded existing crises including wars, civil unrest, droughts, food shortages, economic inequalities and political instability, with low-to-middle-income countries (LMICs) being disproportionately impacted. Marginalized populations experienced the highest morbidity and mortality rates during the pandemic. The global economic disruption caused by the pandemic pushed approximately 100 million people into poverty, notably in Africa.²

The COVID-19 vaccination rollout was the fastest in history,³ but it also revealed massive structural inequities which resulted in a lack of equal access to COVID-19 vaccines. By May 2023, when the World Health Organization declared an end to the Public Health Emergency of International Concern, only 27% of the population in LMICs had received the primary vaccine series, compared to 76% in high-income countries (HICs). For priority populations, 52% of healthcare workers in LMICs were vaccinated, versus 89% in HICs. Among older adults, the figures were 36% in LMICs and 82% in HICs.⁴ In Kenya, only 20.6% of the population had received the primary series, with 26.9% having partial coverage.⁵

Causes of inequity in the COVID-19 vaccine rollout

The persistent inequity that characterized the COVID-19 vaccine rollout was caused, in part, by a clash between public health best practices—such as advocating for collaborative fairness—and nationalistic policies, a tension that left global health decision-makers in a difficult position. Discussions on low vaccination rates in LMICs often focus on supply constraints, including funding, operational costs, healthcare worker payments and incentives, training, transportation, and logistics. However, additional factors likely contributed, such as unrealistic targets set by global decision-makers, misinformation and mistrust in government authorities, and the competing health and economic challenges faced by frontline healthcare workers and the communities they served. These dynamics have highlighted the need to shift decision-making, redistribute resources, and hold funders and donors accountable for future pandemic response.



2 [Global Economic Prospects: A World Bank Group Flagship Report](#), June 2024

3 [Monitoring the world's largest and fastest vaccine rollout: developing information systems to track COVID-19 vaccination worldwide](#), May 2024

4 [COVID-19 Vaccine Delivery Partnership: Final Situation Report](#), May 2023

5 Ibid

IV. Themes from the film

Kenyan Context: Society, politics, and healthcare systems

Kenya, a low-to-middle-income country (LMIC) with 46% of its 54 million people living below the poverty line, faced multiple challenges in 2021. In addition to the pandemic, these included high inflation, youth unemployment, rising cost of living, insecurity, and public debt. Widespread mistrust of the government's pandemic response was fueled by allegations of corruption.

In the lead-up to the August 2022 election, the political atmosphere was tense. Raila Odinga, supported by former rival President Uhuru Kenyatta as the unity candidate, faced William Ruto, an economic populist campaigning on a "hustler" narrative. The election was heavily influenced by ethnic coalitions. Ruto won in a close race and, although Odinga challenged the results, the Supreme Court upheld Ruto's victory.

In Kenya, roughly half of healthcare is delivered in government-run facilities, with 40% accessed at private facilities and 10% via faith-based and non-profit organizations.⁶ Prior to the COVID-19 pandemic, Kenya had a successful history with childhood vaccination programs. For instance, in Kibera's Linda Ward (adjacent to the neighborhood where Rollout takes place), routine immunization for children rose from 20% to 100% over the past decade, thanks to effective interpersonal communication by vaccinators, understanding and addressing access barriers, and community engagement.⁷

But unlike routine immunization programs targeting children, the COVID-19 vaccine required a different approach. Public health authorities in LMICs like Kenya have generally had limited experience vaccinating adults. The Ministry of Health was the primary distributor of COVID-19 vaccines, and it made efforts to prioritize healthcare and frontline workers. However, about half of them did not receive the primary vaccine series by the end of the pandemic. In addition, significant inequalities in healthcare resources during the pandemic led to decreased trust in the health system, experts, and the government. Some of these challenges included limited vaccine supply, capacity issues, cold storage needs, transportation difficulties, healthcare worker shortages, competing health priorities, and vaccine misinformation.



⁶ [Seeking care in the context of social health insurance in Kenya and Ghana](#), May 2020

⁷ [This small Nairobi clinic learned to listen, and vaccination rates went through the roof](#), July 2024

V. Additional resources & readings

Lessons from Covax // SSIR

This article by Trevor Zimmer, Rollout Executive Producer and former manager of the COVAX management office responsible for country readiness and delivery of the COVID-19 vaccines, outlines key lessons from the rollout of COVID-19 vaccines. Lessons include the importance of centering country-level needs and objectives, country accountability for global coordination mechanisms, funding to prioritizing local capacity, and an emphasis on building and maintaining community trust.

Community ideas to reduce barriers to COVID-19 vaccination uptake // The International Journal of Environmental Research & Public Health

This study examines community factors driving and hindering COVID-19 uptake in Kenya. Research revealed five methods that can all play a role in driving vaccine uptake, including awareness campaigns, engaging diverse stakeholders, using a variety of communication techniques, capacity building and staff training at vaccination centers, and relevant government health policies and guidelines.

Influence of COVID-19 on trust in routine immunization // Nature Medicine

This study explores how pandemic and vaccine fatigue may be impacting public health. It assesses perspectives on how COVID-19 may have impacted routine immunizations, as well as overall trust in pandemic information and future pandemic preparedness.

Partnerships to deliver vaccines in a pandemic // The WHO

This article discusses the importance of partnerships in delivering vaccines during the COVID-19 pandemic. It highlights key lessons from global efforts to distribute vaccines swiftly and equitably, and emphasizes collaboration between governments, manufacturers, NGOs, and international organizations. It underscores the role of coordinated planning, logistics, and communication, and examines strategies for building resilient health systems to ensure sustained vaccine delivery in future emergencies.

Community engagement approaches for improved health outcomes in Nairobi // Gavi

This article explores how a small clinic in Nairobi significantly increased vaccination rates by improving its approach to community engagement. By actively listening to the concerns and needs of local residents, the clinic adapted its services, timing, and communication strategies, which drove trust among the community, increased vaccine uptake, and improved health outcomes overall.

Rethinking the ethics of global health governance //

E-International Relations

This article posits that traditional approaches to global health often overlook power dynamics and inequalities between nations, which undermine the effectiveness of health interventions. It advocates for a rethinking of global health governance, towards solidarity and equitable partnerships between countries.

VI. Film character bios



Laureen Wanguba

Laureen is originally from rural Kenya, and is a newcomer in Nairobi. She is vaccine hesitant, but plans to get the vaccine after she's finished breastfeeding. She believes the curfew and lockdowns are designed by the government to make people desperate, so that they vote for law and order candidates in next year's election. She'll administer vaccines in Kibera, East Africa's largest informal settlement, once they arrive.



Florence Kabuga

Florence, aka "Flo", is the charismatic lead immunization officer for the Ministry of Health in Kenya's most populous county. She's in charge of getting millions of vaccines from port into people's arms. Right now there are only 40 vaccine clinics in Nairobi, and before the year's end she'll need to acquire the necessary refrigeration equipment, and hire and train hundreds of health workers in order to get the clinics up and running. That is... if the vaccines actually arrive.



Evelyn Nyaaga

Evelyn is a community health volunteer in Kibera, where she works going door-to-door to connect with community members about their health needs. She herself is a vaccine skeptic and has decided she will not get the jab, at least not until she sees that it is safe. From her work, she has exposure to a variety of beliefs about the vaccine held by the community members she works with. These range from suspicion about government incentives, to deeply held religious beliefs influenced by local pastors.



Pastor George Kyalo

Pastor George of Harvest Church in Kibera started as a businessman, but was born again after a dramatic encounter with a snake. He has started churches in Uganda and the Philippines, and mentors a group of pastors in Nairobi. He believes that COVID is real, but also thinks the government is exaggerating numbers in order to siphon more money from the West. He is a vaccine skeptic and he believes the vaccine is akin to the mark of the devil, and a harbinger of the apocalypse.

VII. Filmmaker bios



Danny Abel, Director

Danny Abel is an award-winning director, writer and editor with projects featured on Amazon Prime, Vice, and A&E. He's also worked extensively with social impact organizations such as Dalberg and the Gates Foundation.



Trevor Zimmer, Producer

Trevor is a design strategist specializing in global health. Rollout is his first film, based on his experience directing the COVAX delivery unit responsible for supporting countries to administer COVID-19 vaccines.



Kristen Schlott, Producer

Kristen is an EP and member of Impact Partners Film, with a portfolio of projects that leverage creative storytelling to reach new audiences and shine light on important issues that go under-reported in mainstream media, from global health to climate change.



Kevin Madegwa, Field Producer

Kevin is a designer, researcher, and producer based in Nairobi, Kenya. He has expertise as a qualitative researcher which serves him in his dual roles as an advisor to NGOs rolling out social impact programs, and as a producer building connections with film subjects.

