JOINT EDITION IN SUPPORT OF THE EASTERN AND SOUTHERN AFRICA COVID-19 VACCINES READINESS AND DELIVERY TASKFORCE (ESACREDT) DEMAND TWG

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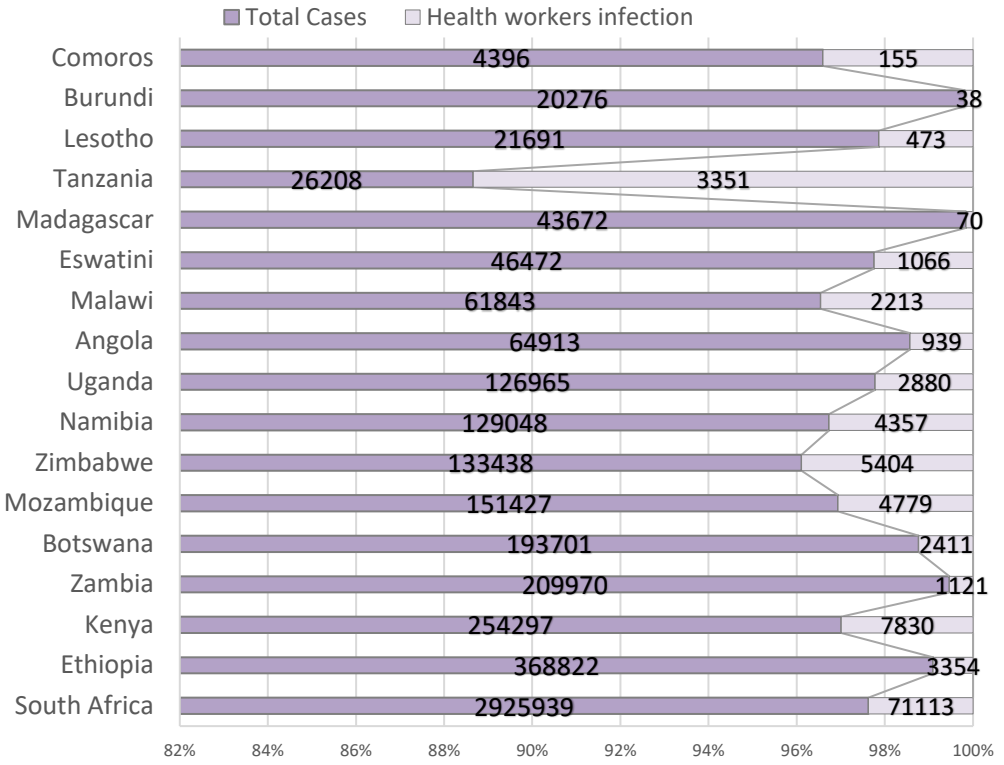
RCCE FOR COVID-19 VACCINE DEMAND IN EASTERN AND SOUTHERN AFRICA

SPECIAL EDITION ON HEALTH WORKERS

DEC. 2021 | Issue 4

SITUATION ANALYSIS | Health Care Worker Cases

Health care workers (HCW) are a priority group for COVID-19 vaccination. Apart from the risk of COVID-19 infection, HCW are facing other challenges such as extended working hours, increased workload, lack of recognition, inadequate pay and resources, prolonged use of ill-fitted PPE, harassment, violence, stigma and discrimination, lack of sanitation and hygiene facilities, and poor mental health, including burnout. Mitigating and reducing these challenges is essential to protecting their well-being and reducing the spread of COVID-19.



Countries with reported laboratory-confirmed COVID-19 cases and deaths as of 12 December 2021
Source: WHO weekly bulletin on outbreaks and other emergencies (December 2021)

KEY TAKEAWAYS

✓Data about infections in HCW is limited and irregular, the testing policies vary, and available data may be underestimated.

✓The risk of HCW infection rises when cases surge, this pattern has been observed during the previous three waves of the pandemic.

✓Women comprise 7 in 10 HCW and have been significantly impacted from the pandemic[13].

✓Only 27 per cent of HCW in Africa have been fully vaccinated against COVID-19 [16].

✓There is limited data on barriers and enablers to vaccination among HCW to inform planning. There is a need to increase behavioural data on drivers influencing HCW's demand and uptake of COVID-19 vaccines to customize interventions and messages addressing concerns and questions, increasing competency knowledge that remains a gap and expanding the positive social and work norms.

✓HCW remain one of the most trusted sources of information for COVID-19 vaccines in ESAR countries.

✓One critical factor to ensure successful demand promotion interventions is the quality of the interaction with patients at the vaccination point. HCW need to act as role models and publicize their adherence to vaccination in order to build trust.

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FINDINGS AND CHALLENGES

THINKING AND FEELING

- Concerns raised by HCW in Ethiopia and worldwide include vaccine safety, in terms of long-term side effects, efficacy and effectiveness of vaccines produced during an emergency, distrust of the government, regulatory entities, and public health experts (Li et al., 2021: Guangul et al., 2021).
- Safety and efficacy are concerns among HCWs in South Africa, where the Indaba Nurses' Union advised its members to boycott the vaccine because they did not trust its safety (Roldan de Jong, 2021).
- Worldwide, vaccine confidence is higher among HCWs with higher education levels (physicians) if compared to nurses, as they have more exposure to recent scientific research and have sufficient knowledge about the new vaccines (Lin et al., 2021). In contrast, HCWs with lower education may have lower awareness and risk perception, and more prone to follow community misconceptions (Biswas et al 2021: Lin et al., 2021).
- In South Sudan, female HCW trust the vaccine less than males (31 per cent of females trust the vaccine "a little" or "not at all" vs. 21 per cent of males). Male HCW seem more confident in the vaccine than female HCW, with 41 per cent responding that the vaccine would protect people in their community "very much" compared to 34 per cent of females (BeSD, South Sudan).

SOCIAL PROCESSES

- In Ethiopia, HCW would delay accepting the vaccines, and would prefer to wait and observe the effects of the vaccines on other people due to concerns of long-term side effects (Li et al., 2021).
- In Zambia, South Sudan and Ethiopia, the work norm is not well stablished among HCW. They prefer waiting for others to get vaccinated first and observe the effects of the vaccines on other people, due to several concerns. (Rapid assessment, BeSD, Li et al., 2021).
- In Zambia and Ethiopia, linkages between vaccine and religious symbolism (e.g., being vaccinated in the right arm, linkages with 666 and the devil) were reported among HCW (HCD, Ethiopia and Rapid Assessment Zambia).

MOTIVATION

- As per global research results, vaccine acceptance in South Africa was high in HCWs with tertiary education (Adenyini et al., 2021).
- Attributed to gender inequalities and the disproportionate distribution of male vs. female in the health care sector, males have significantly higher knowledge scores than female HCWs, which reduces women HCWs willingness to accept vaccines (Kasozi et al., 2021).
- In South Sudan, female HCW appear to be more hesitant than male HCW (13 per cent vs. 8 per cent, due to safety and AEFIs concerns for women at reproductive age, pregnant, lactating mothers, and people with underlined medical conditions (FGD and BeSD, South Sudan).
- In Ethiopia, the intention of nurses to accept the COVID-19 vaccine (44.6 per cent) was relatively lower than other professionals such as pharmacists (52.9 per cent), physicians (84 per cent), and midwifery (59.6 per cent) (Angelo et al., 2021).
- In Ethiopia, greater intention to uptake the vaccine was observed among HCWs who had a positive attitude towards COVID-19 preventive measures and believed that the COVID-19 vaccine could prevent infection. HCWs with underlying chronic illnesses had higher intention to accept the COVID-19 vaccine than participants without chronic illnesses (Angelo et al., 2021).

PRACTICAL ISSUES

- HCWs in Uganda believe that the human resources designated to handle COVID-19 cases are inadequate, and this may contribute to antivaccine sentiments (Kasozi et al., 2021).
- In Zambia, there is limited training/orientation of HCW to address questions and concerns from patients (Zambia Rapid assessment, 2021).
- In Lesotho, a notable proportion of HCWs reported unavailability of vaccination services (Rapid assessment survey of Lesotho health workers, 2021).
- COVID-19 has had a significant impact on the lives and physical and mental health of health and care workers. Noting that women comprise 7 in 10 HCW and have borne significant impacts from the pandemic[13] (WHO, closing the leadership gap).
- Local HCW continue to be one of the most highly trusted sources of information on COVID-19 vaccines, with a range of 40 per cent to 67 per cent selecting HCW as their most trusted source of information in Angola, Ethiopia, Kenya, Mozambique, Madagascar, South Africa Tanzania (John Hopkins Dashboard, Oct. 2021).
- Knowledge competency still remains a critical gap as health care providers seek to obtain additional information on various aspects of the COVID-19 pandemic, including vaccines development, efficacy, safety, benefits as well as general information on the national vaccination programme (Lesotho, rapid assessment survey).
- The number of deaths among HCWs due to COVID-19 is much greater than officially reported, considering that few countries are able to provide complete counts of HCW deaths related to COVID-19[14].

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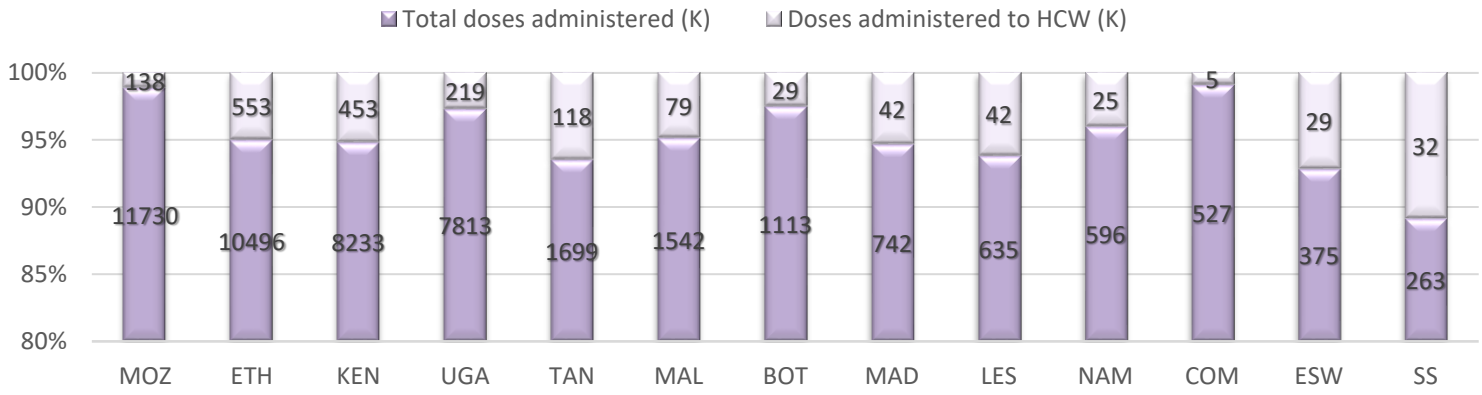

Source: WHO dashboard (14 December 2021) link here

PROGRAMMATIC RECOMMENDATIONS

THINKING AND FEELING

- **Disseminate new evidence as it becomes available** to better address doubts related to the rapid development of vaccines, their safety and efficacy and their impact on pregnancy and fertility.
- **Ensure that HCW trainings include a component on AEFIs and inter-personal communication** so that they are able to clearly communicate with their patients on vaccination-related risks and benefits and enable informed decision-making by pregnant and lactating women and other priority groups.
- **Provide regular updates and technical information** through a kit/folder of resources to support trainings and increase knowledge competency.
- **Improve availability of disaggregated social and behavioural data among HCW** at national and sub-national level through behavioural data collection (both qualitative and quantitative), social listening and human-centered design research tools.

SOCIAL PROCESSES

- **Ensure that HCW understand that** by vaccinating themselves they are protecting their community and peers, reducing the risk of hospitalizations and deaths.
- **Partner with health professional associations and health reporters' networks**, to leverage COVID-19 vaccine acceptance.
- **Publicize the prevailing work norm,** for example by showcasing female and male HCW getting vaccinated and disseminating positive human interest-stories.
- **Track misinformation and rumours** captured by **social listening related to HCW**, to develop strategies aiming to address specific challenges by using HCW's trusted and preferred sources of information.

MOTIVATION

- **Improve HCW interpersonal communication skills** by enhancing their ability to leverage the patient's intrinsic motivation through active listening, reflections, open-ended questions, asking permission to provide additional information, and strengthening the perception that vaccination contributes to the common good.

PRACTICAL ISSUES

- **Improve access to personal protective equipment** (PPE) **and COVID-19 vaccination** to decrease SARS-CoV-2 infections among HCW over the course of the pandemic.
- **Sustain advocacy efforts** to support the equitable distribution of vaccines.
- **Incorporate gender considerations when planning for human resources** to reach priority populations. This may require task-shifting, surge recruiting and tailored trainings.
- **Increase women's opportunities to enter leadership** and sensitize men on gender transformation in the health workforce.
- **Recognize women's specific needs**, considering that they comprise almost 70% of the health and social workforce.
- **Information on its own has shown a limited impact on facilitating vaccination uptake but adding other strategies** – such as reducing barriers (1), using reminders (2) and planning prompts (3), and training and building confidence in HCW (4, 5) – has been shown to be effective.
- **Ensure and increase disaggregated data among HCW** about infections and COVID-19 vaccination rates.
- **Ensure better protection to HCWs including access to COVID-19 and other relevant vaccines**, PPE, training on infection prevention and control, access to testing, improved enabling environment (e.g., good access to water, safe sanitation and waste management in the health facility), good ventilation and adequate spacing, counselling and psychosocial support and decent work conditions (including adequate renumeration and protection against excessive workloads reducing shift hours).

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GOOD PRACTICES FROM COUNTRIES

Human Centered Design Approach with Health Workers in ETHIOPIA here

Evidence based challenges and recommendations to Health Worker in South Sudan here

Evidence based recommendations on COVID 19 Vaccination and RCCE response to Health Workers in Kenya (Behavioral and Social Driver – BeSD) here

RESOURCES

- Q&A: Coronavirus (COVID-19) and vaccine safety
  Q&A: Coronavirus (COVID-19) and vaccines
  Vaccines explained series
- COVID-19 vaccine introduction toolkit
- Infection prevention and control for COVID-19 vaccinators
- Vaccine checklist (PDF)
- Health worker vaccination communication flow chart (PDF)
- How to talk about vaccines
- COVID-19 vaccination: building global capacity
- Health workers job aids
- COVID-19 vaccination training for Health Workers
- RCCE CHWs training package vaccine acceptance: Facilitator guide, Presentation
- BeSD Data 4 Action Guidebook, survey for health workers
- Communicating with the community about COVID-19 vaccination
- Guidance Note and Checklist for tackling gender-related barriers to Equitable Covid-19 vaccine Deployment

INFORMATION AND DATA SOURCES

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Notes on methodology and collaboration

This report provides key highlights – challenges, key findings and programmatic recommendations based on different sources, following a methodology guided by the Increasing Vaccination Model (Brewer et al., adapted by the BeSD expert working group), and further utilizes UNICEF's Behavioural Drivers Model (BDM). This report is compiled by UNICEF in support to the ESACREDT Demand TWG on a monthly basis, under outputs (1) to enhance knowledge sharing among related partners, and (2) to support the dissemination of regional and national level tools and recommendations on equitable/inclusive immunization demand and uptake.

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