Introducing the FIP ‘Transforming Vaccination Globally, Regionally and Nationally’ 2021

Accelerating equity, access and sustainability through policy development and implementation

Event 1.4: Health illiteracy and vaccine misinformation as determinants for equity: developing policies to establish access to quality information in an equitable way

August 26
Moderator

Timothy F Chen

Head of Pharmacy Practice and Health Services Research
The University of Sydney

President of Social and Administrative Pharmacy Section
FIP
Announcements

- This webinar is being recorded and live-streamed via YouTube.
- The recording will be available on our website https://events.fip.org.
- You may ask questions using the question box provided.
- You are welcome to provide feedback to webinars@fip.org.
- Become a member of FIP at www.fip.org/membership_registration.

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FIP Transforming Vaccination Regionally & Globally 2020

Recapping key outcomes

The 1st FIP digital transformation outcome-based online programme

Underpinned by the FIP Development Goals (FIP DGs)

Resulted in:
Global FIP Commitment to Action on Vaccination in Pharmacies &
FIP Transforming Vaccination Collection

Resource Webpage
transformingvaccination.fip.org
Transforming Vaccination 2021

12 events over 2 series

- Series 1: Towards equity in vaccinations globally
- Series 2: Sustainability in vaccinations regionally and nationally
Transforming Vaccination 2021: Series 1 Towards equity in vaccinations globally

The first of the two series comprises 5 episodes which include today’s opening event alongside 4 other events which explore equity in vaccinations across the different angles of

age,
gender,
literacy & education,
and collaboration & working together.
Transforming Vaccination 2021: Series 2 Sustainability in vaccinations regionally and nationally

The second of the two series in 2021 comprises 7 digital events, including 6 regional roundtables which will discuss and identify priorities for sustainable access to vaccinations through pharmacies around the world.

The programme will end with a Leadership Summit in which we present a commitment to action on sustainable and equitable access to vaccines through pharmacies.
Transforming Vaccination 2021: Key Outcomes

1) 12 digital events including 6 regional roundtables and a Leadership Summit

2) FIP Global Commitment to accelerate equity, access and sustainability of vaccinations

3) Special Policy Collection
Today’s panelists

Régis Vaillancourt
Director of FIP Foundation
Pharmacy Consultant
Canada

Fiona Stanaway
Clinical Epidemiologist
University of Sydney
School of Public Health

Hannelie Meyer
Head of the South African
Vaccination and
Immunisation Centre (SAVIC)
South Africa

Mujahidhussein Valji
Chief Pharmacist
Aga Khan Health Services, Tanzania
Vice President of Hospital Pharmacy
Section, Africa Region - FIP
Dr. Régis Vaillancourt, B.Pharm. Pharm. D.

Director at FIP Foundation

Member of COVID-19 Vaccine Distribution Task Force in Ontario, Canada

Pharmacy Consultant

Canada
• Definitions
  • Literacy
  • Health Literacy
  • Medication literacy
• Comparison of health literacy in Canada
• Ontario- Canada vaccination plan
• Vaccine Hesitancy
• Approaches to increase vaccination
**Definitions**

**Literacy:**

“Functional literacy is the ability to use reading, writing and numeracy skills for effective functioning and development of the individual and the community. Literacy is according to the UNESCO definition (‘A person is literate who can, with understanding, both read and write a short statement on his or her everyday life.’).”
Health Literacy:

“the degree to which individuals can obtain, process, understand, and communicate about health-related information needed to make informed health decisions.”
Medication Literacy:

“The degree to which individuals can obtain, comprehend, communicate, calculate, and process patient-specific information about their medications to make informed medication and health decisions in order to safely and effectively use their medications, regardless of the mode by which the content is delivered (e.g. written, oral, and visual)"
### Comparison of health literacy in Canada by sub-populations (Age 16+)

<table>
<thead>
<tr>
<th>Level of health literacy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (&lt;225)</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Level 2 (225-275)</td>
<td>Adequate</td>
</tr>
<tr>
<td>Level 3 (275-325)</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Level 4 (325-375)</td>
<td>Skilled</td>
</tr>
</tbody>
</table>

**Sources:**
Average Health Literacy Performance for Key Groups, by Population Size, Age 16 and Older, 2003

COVID-19 Vaccine Hesitancy – Health literacy

- Health literacy leads to lower level of vaccine hesitancy
  - Individuals understand and evaluates the mechanism and effectiveness of COVID-19 vaccine.
  - Enhance their self-efficacy for making the decision to get vaccinated\textsuperscript{11}.

- Low health literacy
  - More susceptible to false information about COVID-19 and the vaccine in mass media.
  - Hard to make a decision, vaccine reluctance or hesitancy.
### Vaccinations by age

#### People 12+ who have had at least 1 dose

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of people</th>
<th>Percentage of age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>660,802</td>
<td>97.3%</td>
</tr>
<tr>
<td>70-79</td>
<td>1,103,003</td>
<td>95.1%</td>
</tr>
<tr>
<td>60-69</td>
<td>1,638,391</td>
<td>91.3%</td>
</tr>
<tr>
<td>50-59</td>
<td>1,726,186</td>
<td>83.8%</td>
</tr>
<tr>
<td>40-49</td>
<td>1,512,121</td>
<td>80.6%</td>
</tr>
<tr>
<td>30-39</td>
<td>1,576,500</td>
<td>76.7%</td>
</tr>
<tr>
<td>18-29</td>
<td>1,811,663</td>
<td>73.8%</td>
</tr>
<tr>
<td>12-17</td>
<td>687,175</td>
<td>72.2%</td>
</tr>
</tbody>
</table>

#### People 12+ who have had 2 doses

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of people</th>
<th>Percentage of age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>638,077</td>
<td>93.9%</td>
</tr>
<tr>
<td>70-79</td>
<td>1,071,916</td>
<td>92.4%</td>
</tr>
<tr>
<td>60-69</td>
<td>1,569,592</td>
<td>87.4%</td>
</tr>
<tr>
<td>50-59</td>
<td>1,616,345</td>
<td>78.4%</td>
</tr>
<tr>
<td>40-49</td>
<td>1,382,386</td>
<td>73.7%</td>
</tr>
<tr>
<td>30-39</td>
<td>1,394,225</td>
<td>67.8%</td>
</tr>
<tr>
<td>18-29</td>
<td>1,530,873</td>
<td>62.3%</td>
</tr>
<tr>
<td>12-17</td>
<td>564,350</td>
<td>59.3%</td>
</tr>
</tbody>
</table>

*Last updated: August 23, 2021 at 10:29 a.m. (EST)*
COVID-19 Vaccine Distribution Plan
For deployment of Pfizer and Moderna vaccines

## Phase I
**High-risk population groupings**
- **431k** Congregate living for seniors (residents, staff, essential caregivers, other employees)
- **458k** Health care workers
- **266k** Adults in First Nations, Métis, and Inuit populations
- **300k** Adult chronic home care recipients
- **643k** Adults ≥ 80

### Expected Doses

<table>
<thead>
<tr>
<th>DEC 2020</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JULY</th>
<th>AUG – DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>150,000</td>
<td>263,000</td>
<td>550,000</td>
<td>1.3 M</td>
<td>2.6 M</td>
<td>2.6 M</td>
<td>2.6 M</td>
<td>5.8 M</td>
<td></td>
</tr>
</tbody>
</table>

## Phase II
**Mass delivery groupings**
- **2.8 M** Adults 60-79 (then decreasing in 5-year increments to include up to 8.5 M adults ≥ 60)
- **660k** At-risk populations
- **2.0 M** Frontline essential workers
- **3.1 M** Individuals with high-risk chronic conditions and their caregivers
- **157k** Individuals living and working in other high-risk congregate settings

### Transition to Phase II
- Hospital Site Clinics
  - Congregate living for seniors
- Public Health-led Mass Vaccination Sites (incl. continued hospital sites) – Demographic and Occupational Focus
  - Older adults, decreasing in five-year increments (79 → 75 → 70 → 65...)
  - Frontline essential workers (e.g., first responders, teachers, and other education staff, food processing industry)
- On-Site Clinics (and Primary Care)
  - On-Reserve First Nations residents
  - Adult chronic home care

## Phase III
**Steady state**
- General population

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**Vaccination Sites and Priority Populations Served**

(populations identified are not exclusive to each site—PHU guidance will be utilized to determine how each population is best served)

- On-Site Clinics (and Primary Care)
  - Adult chronic home care
  - Individuals with high-risk chronic conditions and their caregivers

- Mobile Sites – Social and Geographical Focus
  - Congregate living for seniors
  - Northern / remote First Nations communities
  - Urban Indigenous (including First Nations, Métis, and Inuit adults)
  - People who live and work in other high-risk congregate settings
  - Populations/communities facing barriers related to the determinants of health who are at greater COVID-19 risk

As of 18 February 2021
Phase 1 High-risk populations
December 2020 – March 2021

- Congregate living for seniors
- Health care workers
- Adults in First Nations, Métis and Inuit populations
- Adult chronic home care recipients
- Adults ages 80 and older

**Distribution through:**
- hospital site clinics, mobile teams, site-specific clinics, mass immunization clinics, pharmacies *

* Pharmacy technicians allowed to administer covid vaccine
Phase 2 Mass deliveries of vaccines
April 2021 – June 2021

- Adults aged 55 and older, in decreasing increments
- High-risk congregate settings (such as shelters, group homes)
- Individuals with certain health conditions
- Certain essential caregivers
- **People who live in hot spot communities**
- Those who cannot work from home
- Distribution through:
  mass immunization clinics, pharmacies, primary care, site-specific clinics,
  mobile teams, pop-up clinics, workplace clinics, public health units
Phase 3  Steady state
July 2021 onwards

• All remaining eligible Ontarians

• Distribution through:
  mass immunization clinics, pharmacies, primary care, site-specific clinics, mobile teams, pop-up clinics, public health units
Vaccine acceptance continuum

Accept all with confidence

Accept all, but unsure

Accept some, delay, refuse some

Refuse all, but unsure

Refuse all with conviction

COVID-19 Vaccine Hesitancy

In early 2019, prior to the COVID-19 pandemic, the World Health Organization listed vaccine hesitancy among the top ten threats to global health.

- Defined by WHO: ‘delay in acceptance or refusal of vaccination despite availability of vaccination services’⁷.
  - Fake news: conspiracies (economic interest), rumor of safety⁸.
  - Health literacy: misinformation and misbelief⁸.

- Vaccination reluctance
  - People do not want or wait to get vaccinated.
  - Confidence in vaccines decreases.
  - Reverse the progress achieved in the fight against COVID-19⁹.

- A global survey in 19 countries showed that rates of hesitancy concerning a vaccine against COVID-19 range from 11.4% (China) to 45.1% (Russia)⁸.
COVID-19 Vaccine Hesitancy – Fake News

- Social media
  - Anti-vaccine group – spread of non-factual information using vivid narratives and powerful imagery.
  - Brief exposure on social media – Increase overall perception of vaccine risk compared to exposure to control website.

- Conspiracies
  - Economic interest – companies profit from vaccine sales.
  - Theories linking 5G cellular networks with COVID-19 vaccine.
  - Theories based on false science and selectively use anecdotal evidence.
The Impact of Vaccine Hesitancy

• Vaccine reluctance and hesitancy can lead to the refusal or the delay of getting vaccinated.
• It slows down the vaccination plan of regions and prolong health measures (mask, confinement).
• It increase the risks for vulnerable persons (older people or people with medical issues).
• Therefore, it is important to find solutions against vaccine hesitancy and encourage people to get vaccinated.
Table 2
Percentage of Canadians who were very or somewhat willing to receive the COVID-19 vaccine, by population and age groups, Canada excluding the territories

<table>
<thead>
<tr>
<th></th>
<th>Total (aged 12 and older)</th>
<th>Aged 12 to 64 (reference category)</th>
<th>Aged 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada Total (excluding territories)</td>
<td>76.9</td>
<td>75.5</td>
<td>82.5</td>
</tr>
<tr>
<td>Visible minority population</td>
<td>74.8</td>
<td>74.6</td>
<td>77.4</td>
</tr>
<tr>
<td>Black</td>
<td>56.4</td>
<td>54.8</td>
<td>78.1</td>
</tr>
<tr>
<td>Immigrants</td>
<td>74.6</td>
<td>73.2</td>
<td>81.1</td>
</tr>
<tr>
<td>Indigenous peoples</td>
<td>71.9</td>
<td>71.4</td>
<td>74.9</td>
</tr>
<tr>
<td>LGBTQ2+</td>
<td>83.3</td>
<td>83.3</td>
<td>82.6</td>
</tr>
</tbody>
</table>

* Significantly different from those aged 12 to 64 (p-value < 0.05)

1 The immigrant category includes landed immigrant and non-permanent resident.

2 The Indigenous population includes First Nations people living off reserve, Métis and Inuit outside of Inuit Nunangat.

3 Sexual orientation is only asked to respondents aged 15 and older, therefore the LGBTQ2+ and non-LGBTQ2+ only represents those aged 15 and older.

Source: Canadian Community Health Survey (September to December 2020).
Health care providers play a critical role in the success of vaccine programs as their recommendations have a strong influence on vaccine acceptance.
COVID-19 Vaccine Hesitancy – Healthcare workers

- In a study, the main concerns was: potential side effects (60%), safety (48%), how well it works (30%) and not trusting the government (22%)\(^\text{12}\).

- Lower education Healthcare workers
  - Lower awareness or perceived risk of illness from COVID-19.
  - Lower past compliance with vaccinations.
  - Greater tendency to believe in community myths.

- Older healthcare workers: more willing to accept the COVID-19 vaccine.
  - Higher education
  - Greater experience in healthcare settings
  - Higher overall medical and health risk profiles\(^\text{12}\)
Approaches to increase vaccination

- Enroll community leaders
- Bring the vaccine when the people are
  - Work place
  - Leisure place
- Involve primary care providers
  - Pharmacists
  - Family physicians calling unvaccinated patients
- Media campaign

- Relaxed quarantine restrictions for those vaccinated
- Compulsory vaccination or testing
  - Hospital workers
  - Long term care workers
  - Education workers
  - University students/school
- Immunity passport
- Vaccine lottery
## Canadian data August 14th

### Received at least one dose

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>12 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>71.95%</td>
<td>(27,345,213)</td>
<td>82.12%</td>
</tr>
</tbody>
</table>

### Partially vaccinated

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>12 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.09%</td>
<td>(3,076,415)</td>
<td>9.14%</td>
</tr>
</tbody>
</table>

### Fully vaccinated

<table>
<thead>
<tr>
<th></th>
<th>Total population</th>
<th>12 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>63.86%</td>
<td>(24,268,798)</td>
<td>72.99%</td>
</tr>
</tbody>
</table>
Questions
Dr. Fiona Stanaway

Clinical Epidemiologist

School of Public Health, University of Sydney

Australia
Overview

• Health literacy and vaccine hesitancy

• Barriers to vaccination equity related to health literacy

• Potential policy solutions

• The role of pharmacists
Health literacy and vaccine hesitancy

• The 3 Cs model of vaccine hesitancy

Health literacy and vaccine hesitancy

• The 3 Cs model of vaccine hesitancy

Trust in:
• Vaccine efficacy and safety
• Health system
• Policymakers

Health literacy and vaccine hesitancy

The 3 Cs model of vaccine hesitancy


Trust in:
- Vaccine efficacy and safety
- Health system
- Policymakers

Includes:
- Time and place and cultural context that is convenient and comfortable
- Ability to understand (language and health literacy)
Health literacy and vaccine hesitancy

The 5 Cs model of vaccine hesitancy

Health literacy and barriers to vaccination equity

1. Communication – readable information for those with low health literacy

- Limited attention paid to needs of people with low health literacy\(^1\)
- Those with low health literacy more likely to endorse misinformation\(^2\) and more likely to have reservations about getting vaccinated
- Most information pitched at a higher than 8\(^{\text{th}}\) grade reading level – not enough use of simple language and images\(^1\)
- Information about vaccines tended to be pitched at a higher grade reading level than information about masks and physical distancing
- Need for clear actions or steps for people to take

1. Mac AM et al. MJA; 2021; preprint
Health literacy and barriers to vaccination equity

1. Context – specifically considering barriers faced by ethnic minorities

• Barriers of low health literacy, low English literacy and lack of literacy in own language
• Government website information difficult to access and understand, even when translated
• Large differences in sources of information used by language/cultural groups¹
• Overall, more likely to get information from Facebook and other social media, friends and family, community information sources – this can increase exposure to misinformation¹

Inequalities in vaccination in Sydney, Australia

Policy solutions relevant to health literacy and equity

• Create and appropriately fund a COVID-19 vaccine risk communication and community engagement program

  • Be informed about information gaps and misinformation from surveys, news media, social media
  • Engage and partner with community-based organisations to reach diverse populations
  • Incorporate those with the cultural competency to hear and speak to diverse communities
  • Emphasis on two-way communication throughout

• Develop and launch a vaccine promotion campaign

  • Partner with diverse stakeholders including those with specific expertise in reaching vulnerable communities and those where vaccine hesitancy is higher
  • Messaging in a variety of languages that include graphical elements and key action points

How pharmacists can contribute
How pharmacists can contribute

- Multiple locations and extended opening hours
How pharmacists can contribute

- Trusted health professionals
- Multiple locations and extended opening hours
Pharmacists a key part of Sydney’s vaccine rollout

In a small pharmacy 40 kilometres west of Sydney’s CBD, Veronica Nou has single-handedly vaccinated 10 per cent of Oxley Park’s residents in a week.

“If you live in an area like this, where interactions with government services aren’t always positive, locals see pharmacies as places they can trust. About 10 per cent of customers are refugees, many from Sudan or Afghanistan, who in non-pandemic times use Doctors for Refugees for medical treatment, but with “so many of these services closed in lockdown, they come here, we answer questions, they talk to us about their concerns and we help coordinate care,” said Ms Nou, herself a refugee who arrived in Australia from Cambodia in 1991.

For many older patients talking to a local pharmacist is one of the few interactions they have each day, Ms Nou said, noting complex online booking systems are “frankly not conducive to helping people of different cultural backgrounds make appointments.”
Professor Hannelie Meyer

Head: South African Vaccination and Immunisation Centre (SAVIC)
Programme coordinator: MPharm in Public Health Pharmacy and Management
School of Pharmacy
Sefako Makgatho Health Sciences University
Garankuwa, Pretoria
South Africa
Email: hannelie.meyer@smu.ac.za
The continuum of vaccine hesitancy and demand

Complex decision-making process

Active DEMAND (e.g. actively seeking)
Vaccine HESITANCY:
Accept some, delay some, refuse some

Passive ACCEPTANCE
Accept all, maybe unsure

Refuse all vaccines

Declared as one of 10 threats to global health by WHO in 2019

Complacency
Confidence
Convenience

Context and vaccine-specific

Influenced by multiple factors

World Health Organization, 2014; Report of SAGE.
Health literacy

Importance for a functioning healthcare system

• Independently associated
  • Poorer overall health status
  • Hospitalisation
  • Mortality
  • Healthcare costs
• Influence → ability to engage in preventative activities
• Role in predicting vaccine hesitancy influenced by
  • Country
  • Age
  • Type of vaccine

Health literacy
A person’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course.”

Vaccine literacy

Determinant of vaccine hesitancy

- For comprehension
  - Literacy skills
  - Numeracy skills
- Seeking right information
  - Critical thinking
  - Evaluation skills
- Vaccine literacy
  - Can influence vaccine uptake
  - Potential determinant of vaccine hesitancy

“Vaccine literacy is not simply knowledge about vaccines, but also developing a system with decreased complexity to communicate and offer vaccines as sine qua non of a functioning health system.”


Acceptance of childhood vaccination

What influences vaccine acceptance?

Drivers of vaccine hesitancy

- **Confidence**
  - Do I trust the healthcare system / vaccines / vaccination?
- **Complacency**
  - Am I/my child at risk of contracting vaccine-preventable diseases?
  - Are these diseases actually harmful?
- **Convenience (Constraints)**
  - Can I afford paying for transport to the clinic / paying for the vaccine / taking time off work to go to the clinic?
- **Calculation**
  - Are the risks of vaccination worth the benefits?
- **Collective responsibility**
  - Am I responsible for protecting the herd?
  - If everyone else is vaccinated, do I really need to be vaccinated too?

Own worldview

- **Neoliberal logic**
  - Health-related risks and decisions = an individual choice and responsibility
  - Responsible citizens
    - Continually assess own individual health-related risks
    - Question evidence and proactively avoid risks
    - Accountable for any outcomes from actions taken
- **Social exclusion**
  - Economically, socially, or politically disadvantaged
  - Unable to access high quality public health services
  - Lack of trust in the government, and feel:
    - Alienated
    - Resentful
    - Frustrated
    - Demotivated

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Health literacy and vaccine hesitancy

*Healthcare system distrust: Lessons from the COVID-19 pandemic*

- **Health literacy** = modifiable risk factor
- Improve trust
  - Accurate and sufficient information
  - Health authorities and health systems initiatives
- Transfer knowledge and improve health literacy
  - Community engagement
  - Disadvantaged social and economic conditions

https://doi.org/10.1007/s12144-021-02105-8

Enhancing public trust in COVID-19 vaccination: the role of governments© OECD 2021  

“*The most important ingredient in all vaccines is trust.*”  
Barry Bloom, Harvard T.H. Chan School of Public Health
Concerns about vaccine safety and information sources

Example: South Africa

Understanding requires
- Literacy and numeracy skills
- Critical and evaluation skills

Social media, vaccine literacy and vaccine hesitancy

Infodemic and misinformation

• Social media allows for easy **mass public communication**
  • Fringe opinions and disinformation can be shared widely
• Social media → strongly associated with **perceptions** that vaccines are unsafe
• Any **opinion** can be presented as fact
  • Difficult for individuals to be informed about issues
  • Difficult to tell whether something is an established fact or not
  • → **Truth is lost in noise**
• Creation of **doubt** → harmful for vaccination
• Uncertainty → **vaccine hesitancy**
Health policies, national guidelines and protocols

Barriers to vaccination access and equity with respect to health literacy: South Africa

- Use of technology → to access information and register for vaccination
- **Limited literacy** to use technology
- No **access** to a cell phone/data
- If access to cell phone
  - Poor **eye sight**
  - Cannot **read** numbers
  - Cannot **type**

Health policies, national guidelines and protocols

Enablers to vaccination access and equity with respect to health literacy

- Clear communication strategy and social mobilisation
- Multi-lingual support for scheduling strategies
  - Onsite registration
  - Hotline assistance
- Geographical accessibility
  - Mobile units
  - Home visits
  - Transportation
- Participatory design of technology

Health policies, national guidelines and protocols

Enablers to vaccination access and equity with respect to health literacy: Example

Community outreach: home visits


Inside Transnet’s Transvaco Covid-19 vaccine train (Image supplied by Transnet)

- Transnet has launched a new health train focused on bringing Covid-19 vaccines to remote communities and those with limited medical resources.

https://sacoronavirus.co.za/2021/08/20/inside-south-africas-new-vaccine-train/
Policy changes to reduce vaccination inequity with regards to health literacy?

Bridging the gap

Knowledge

All healthcare staff
Practice knowledge and experience

Skills

Confidence

Policy change

Experts / Academics
Theoretical knowledge

Active DEMAND
(e.g. actively seeking)

Vaccine HESITANCY:
Accept some, delay some, refuse some

Passive ACCEPTANCE
Accept all, maybe unsure

Refuse all vaccines

https://www.hpwworld.com/media/29/media_section/7/0/670/20180628karafillakis.pdf
Pharmacy profession contributing to the agenda

*Policy changes driven by COVID-19 pandemic: Example from South Africa*

- Registration of vaccination site
- Permit in terms of Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965
  - Compliance with National Department of Health requirements → provision of vaccination services
  - Vaccinators registered relevant professional council
  - Vaccinators trained in the administration of COVID-19 vaccines in accordance with his/her scope of practice
  - Vaccination services provided in accordance with all relevant laws, regulations, rules and guidelines
- Consultation with South African Pharmacy Council (SAPC)
Policy changes driven by COVID-19 pandemic: Example from South Africa

Pharmacy profession contributing to the agenda

1. Board Notices • Raadskennisgewings
   THE SOUTH AFRICAN PHARMACY COUNCIL
   PHARMACIST WHO PROVIDES IMMUNISATION SERVICES
   PART 1 SCOPE OF PRACTICE FOR A PHARMACIST OFFERING IMMUNISATION SERVICES

In addition to the acts and services which form part of the scope of practice of the pharmacist as prescribed in terms of Regulations 3 and 4 of the Regulations relating to the practice of Pharmacy (GNR 1156, published on 20 November 2000), a pharmacist who has completed the supplementary training on immunisation and injection techniques; and has obtained a Section 22(A)15 permit, may be allowed to acquire, possess, use and supply vaccines and medicines required for adjunct therapy and perform consultations with patients at a pharmacy or in an approved setting, which includes:

(a) comprehensive patient history taking;
(b) administering of vaccines in line with the Expanded Programme on Immunisation in South Africa (EPI-SA) and any other vaccine programme as may be approved by the Director-General (Health);
(c) monitoring of the outcomes of the immunisation;
(d) treating of adverse events following immunisation and anaphylactic shock; and reporting of adverse events;
(e) referral to another health care provider where necessary; and
(f) record keeping and maintaining confidentiality.

2. PART 2: COMPETENCY STANDARDS

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>Competency Standard</th>
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<td>Public health</td>
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<td>1.1 Professional advocacy</td>
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<td>1.2 Pandemic management</td>
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<td>Safe and rational use of vaccine and administration device</td>
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<td>2.1 Patient consultation</td>
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<td>2.2 Communication with patient, caregiver, and agent of a patient</td>
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<td>Supply of vaccines</td>
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<td>3.1 Vaccine administration</td>
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<td>3.2 Vaccine storage and control</td>
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<td>3.3 General housekeeping and administrative tasks in the pharmacy</td>
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<td>Organisational and management skills</td>
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<td>4.1 Quality assurance</td>
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<td>4.2 Record keeping</td>
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<td>4.3 Policy development</td>
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<td>Professional and personal practice</td>
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<td>5.1 Professional practice</td>
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<td>5.2 Ethical and legal practice</td>
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<td>5.3 Continuing professional development</td>
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3. PART 3: CRITERIA TO ACCREDIT A GENERIC SHORT COURSE FOR PHARMACISTS IN IMMUNISATION AND INJECTION TECHNIQUES, AND DELIVERING IMMUNISATION SERVICES.

- Complete training on immunisation and injection techniques
- Record evidence of competence with SAPC
- Apply to the NDoH for a Section 22(A)15 permit
- Record Section 22(A)15 permit with SAPC

Including: Effective communication strategies on risks and benefits of vaccination to build confidence and demand for vaccination.
Pharmacy-based health literacy

Motivational interviewing to increase confidence in vaccination

- A collaborative, goal-oriented style of communication
- Attention given to the language of change = ‘change talk’
- Strengthen personal motivation for and commitment to a specific goal
- Elicit and explore person’s own reasons for change = solving their own ambivalence
- Within an atmosphere of acceptance and compassion

‘Talking to’ (didactic) -> Paradigm shift -> ‘Working with’

Equality + honesty

Legislation to prohibit spreading of false information

Example from South Africa


On 18 March 2020, South Africa’s Department of Cooperative Governance and Traditional Affairs (COGTA) published regulations in terms of section 27(2) of the Disaster Management Act 57 of 2002. The regulations impose a range of measures, including to criminalise the publication of intentionally false information regarding COVID-19. In this regard, regulation 11(5) provides as follows:

Any person who publishes any statement, through any medium, including social media, with the intention to deceive any other person about –

1. COVID-19;
2. COVID-19 infection status of any person; or
3. any measure taken by the Government to address COVID-19,

commits an offence and is liable on conviction to a fine or imprisonment for a period not exceeding six months, or both such fine and imprisonment.
Encourage public to report fake news

Example from South Africa: Western Cape Province

Remember: In terms of the National State of Disaster regulations, anyone that creates or spreads fake news about COVID-19 is liable for prosecution.

Here are some top tips on how you can stay informed and help shut down fake news:

1. Get your updates from official Government channels, including:
   - The Western Cape Government’s official Coronavirus website
   - The Western Cape Government’s official Social Media channels, including Facebook, Twitter, LinkedIn and YouTube
   - The National Department of Health’s COVID-19 Corona Virus Resource Portal
   - The National Institute for Communicable Diseases (NICD) website
   - The World Health Organization (WHO) website

2. Make use of trusted and accredited media sources to find information.

3. Check National Government’s updated list of confirmed fake news items here.

4. Before forwarding any information you’ve received to family or friends, do your own fact-checking and make sure the info is true and accurate.

5. Stop fake news in its tracks – if you receive something that is inaccurate or isn’t true, delete the content immediately.

6. Report fake news! WhatsApp it to 067 966 4015 or email fakenewsalert@dtps.gov.za.

Journalism: Accurate information in the media

Balancing act

Journalists provide ‘antidote’ to COVID-19 misinformation, UN chief says ahead of World Press Freedom Day

The UN Secretary-General is calling for greater protection of journalists who are providing the “antidote” to what he has characterized as a pandemic of misinformation surrounding the COVID-19 crisis.

1 May 2020 | Human Rights

South Africa: Prohibitions of false COVID-19 information must be amended

ARTICLE 19 is deeply concerned about the impact of the South African Disaster Management Regulations on the right to freedom of expression in the country. With the Regulations, South Africa joined a dangerous trend of countries using the COVID-19 pandemic to enforce problematic ‘false information’ legislation. We call on the Government to abolish the Regulations and ensure that all COVID-19 related legislation meets international freedom of expression standards. Further, the South African Government is promoting a reporting system called Real411 that aims to deter people from sharing ‘false information’ under the threat of criminal sanctions. This can have a chilling effect on freedom of expression.

Policy changes to reduce vaccination inequity with regards to health literacy

- **Mandatory** to include cross-cutting components in primary and secondary school curricula
  - **Media literacy** i.e. the skills required for accessing, evaluating and creating media messages
  - **Information literacy** i.e. critical thinking skills
- **Mandatory** to include public health education (emphasising primary prevention) in all accredited health sciences (including pharmacy) curricula
  - Health sciences (including pharmacy) curricula

[link](https://www.who.int/publications/i/item/9789240019508)
Health literacy, trust and confidence in vaccination

Bridging the gap: Empower all healthcare staff

Healthcare staff $\rightarrow$ knowledgeable about the science behind vaccination

- Feel more empowered to promote vaccination with confidence
- Will increase public confidence in vaccination
- Result in increased vaccination uptake

Obtain knowledge, and keep up-to-date with latest developments in vaccination services and technology

- Key to creating a society $\rightarrow$ people recognise the value of vaccination
- Demand it as a human right for themselves and their children
Mr. Mujahidhussein Valji (Msc Clin Pharm, BPharm)
Vice President Africa Region Hospital Pharmacy Section - FIP.
Chief Pharmacist, Aga Khan Health Services
Tanzania
Introduction

• Health Literacy means "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions."

• However, this concept unfortunately often ends at obtaining information only.

• It is important to go beyond obtaining information to processing which will help filter out misinformation and understand the rationale behind arriving at a decision: informed consent.
Introduction

- A lot of health illiteracy is also a result of culture and faith where people believe God is the rightful protector and nothing can harm an individual who has conviction.

- It is this process of not validating information which leads to hesitancies and lack of confidence in what could ideally be the correct choice. Therefore, it’s a domino effect which surprisingly is not only a result of laymen misunderstanding information rather also healthcare professionals who do not responsibly validate and communicate the correct information to the public. It is vital for all health care professionals to be at par with ongoing trends in the medical field since it is one that is evolving by the day.
Enablers / Barriers in health policies

- Political will power (Acceptance or Denial)
- Freedom of speech in a controlled manner
- Encourage Research & Development
- Encouraging advocacy through political, religious influential figures
- Presence of support groups to address concerns of the people
- Data collection & sharing to the public
- Provide incentives to those vaccinated
Role of Pharmacy Profession

• Pharmacists are well positioned to increase awareness about the vaccines as they are trusted and most often the first point of contact.

• However, it is very important that the pharmacists themselves are well educated and convinced about the vaccine before embarking on educating others. The national *Pharmaceutical Societies* can play vital role in this.

• Pharmacists should be part of the policy making team on vaccination.
Pharmacy based Health Literacy activities

• Make the relevant accurate information accessible to the public. Do not just dispense the information rather make it understandable to the public and help them make informed consents.

• Awareness campaigns that discuss mechanism of vaccine action in laymen terms for people to understand the need for the vaccine, the manifestation of its side effects and statistics on effectiveness to counter the disease.
Pharmacy based Health Literacy activities

• Current situation: no confidence in the vaccine and thus this needs to be restored by debunking the myths which are prevalent as well as using influential figures who have taken the vaccine to relate to.

• Provide information to people of local trials and tests done on the vaccines

• Brochures provided to all patients who come to the pharmacy
Pharmacy based Health Literacy activities

• Pharmacy counselling to both in and out patients based on "have you taken the vaccine". This also entails understanding the hesitancy factors and addressing them appropriately.

• Educate people on how vaccines have helped eradicate or reduce diseases like polio.

• Possibly pick on common diseases and how taking the vaccine can help e.g when counselling a patient with TB- how the vaccine can help them since their immunity is already threatened. Similarly for patients with chronic conditions like asthma, diabetes, hypertension etc.
Conclusion

• Sources of health literacy are Health care professionals, social media and personal beliefs/convictions. It is important that people are educated to make an **Informed Decision**.

• The pharmacy profession plays a vital role in influencing policies and carry out activities that can increase access to the vaccines.

• **Control of social media / misinformation is very important in ensuring the correct message is given to the public so that informed decision is made concerning the vaccine**
Series 1 Episode 5
“Towards equity in vaccinations globally”

Working together across systems to transform vaccination policy: working with others in our professions, with other disciplines and agencies to establish sustainable policies

23 SEP 2021 | 13:00-14:30 CEST
Please join our next events!

To register:

- Scan the QR code on screen
- Or visit events.fip.org
- Or transformingvaccination.fip.org
Check all future FIP Digital Events here:
events.fip.org
The COVID-19 pandemic has highlighted how we are all connected across borders, and has also emphasised the value of solidarity among the pharmacy profession.

The International Pharmaceutical Federation (FIP) invites you to make sure your country is represented by showing your support on the WPD2021 Champions Wall.

It takes just a few simple steps to create your graphic and add your voice, the first of which is to click here: www.fip.org/world-pharmacists-day#Powerpoint

Our hope is that colleagues in all countries/states in the world take part in advocating our great profession this year.

World Pharmacists Day, now in its 11th year, is an opportunity for our profession to make our vital role in improving health known in every corner of the world!
Thank you for attending!