

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



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& NATIONALLY



Moderator



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Timothy F Chen

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

*President of Social and Administrative Pharmacy Section
FIP*

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Announcements



This webinar is being recorded and live-streamed via YouTube



The recording will be available on our website <https://events.fip.org>



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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



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Resource Webpage
transformingvaccination.fip.org

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Transforming Vaccination 2021



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12 events over 2 series

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



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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.*



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Transforming Vaccination 2021: Series 2 Sustainability in vaccinations regionally and nationally



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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.



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Transforming Vaccination 2021: Key Outcomes



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- 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**

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Today's panelists



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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*

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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

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Outline



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



Definitions



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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.’).”

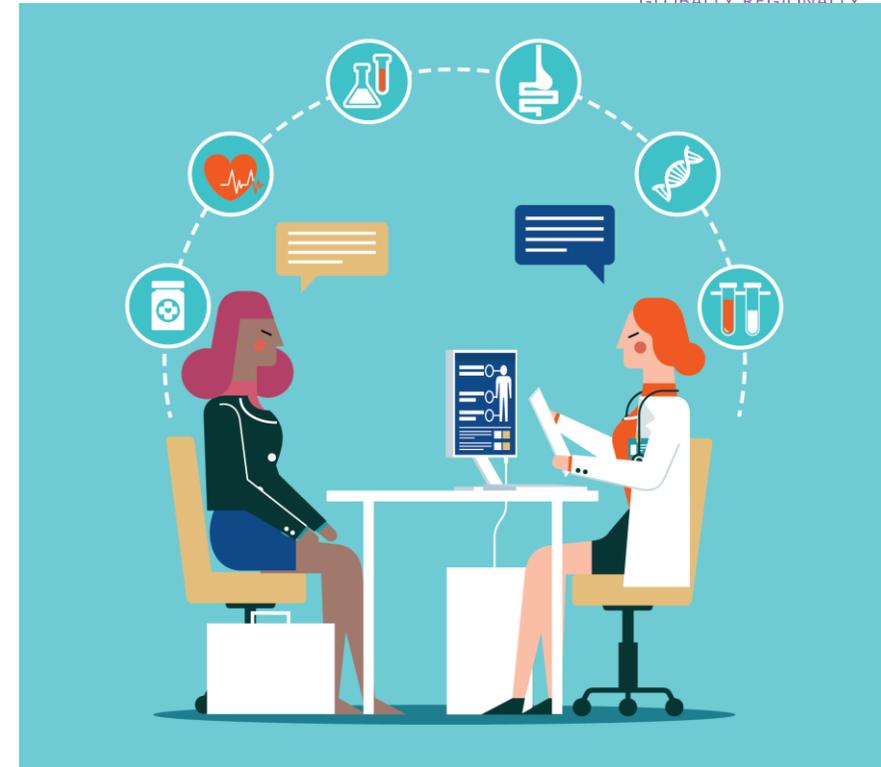
Definitions



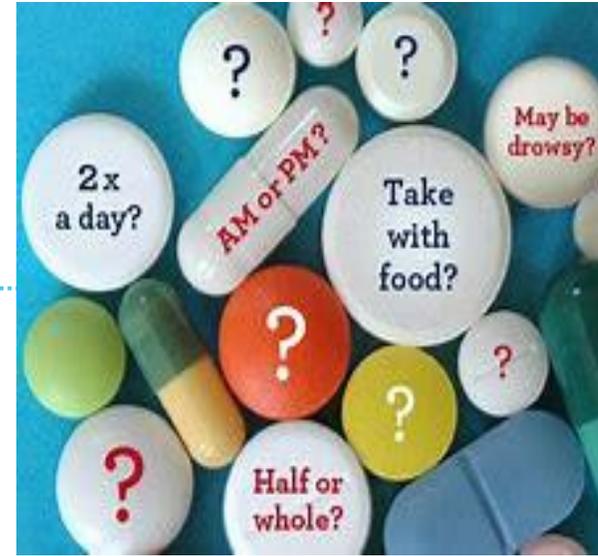
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Health Literacy:

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



Definitions



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Medication Literacy:

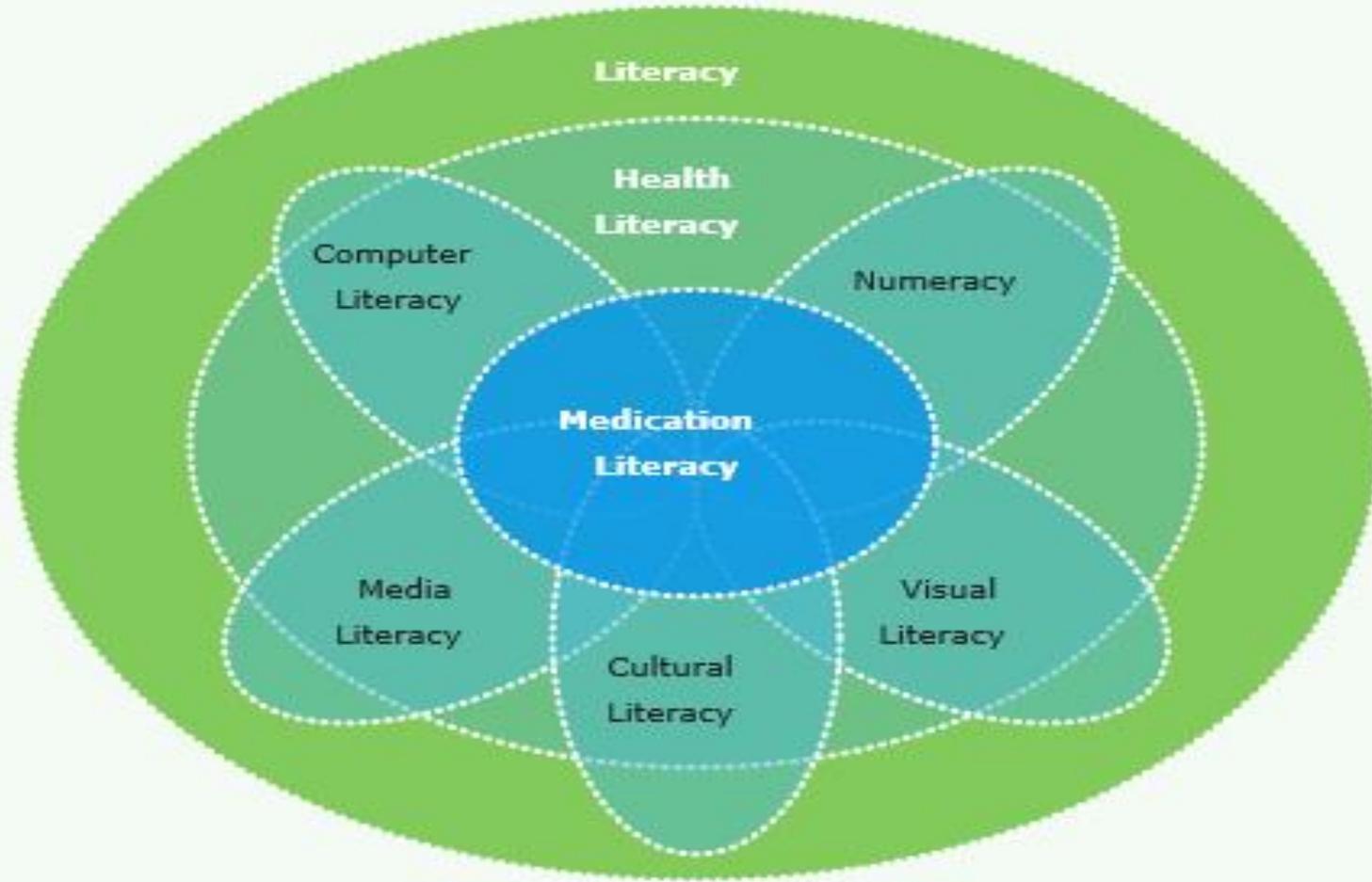
“The degree to which individuals can obtain, comprehend, communicate, calculate, and process patient-specific information about their medications to make informed medication and health decisions in order to safely and effectively use their medications, regardless of the mode by which the content is delivered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



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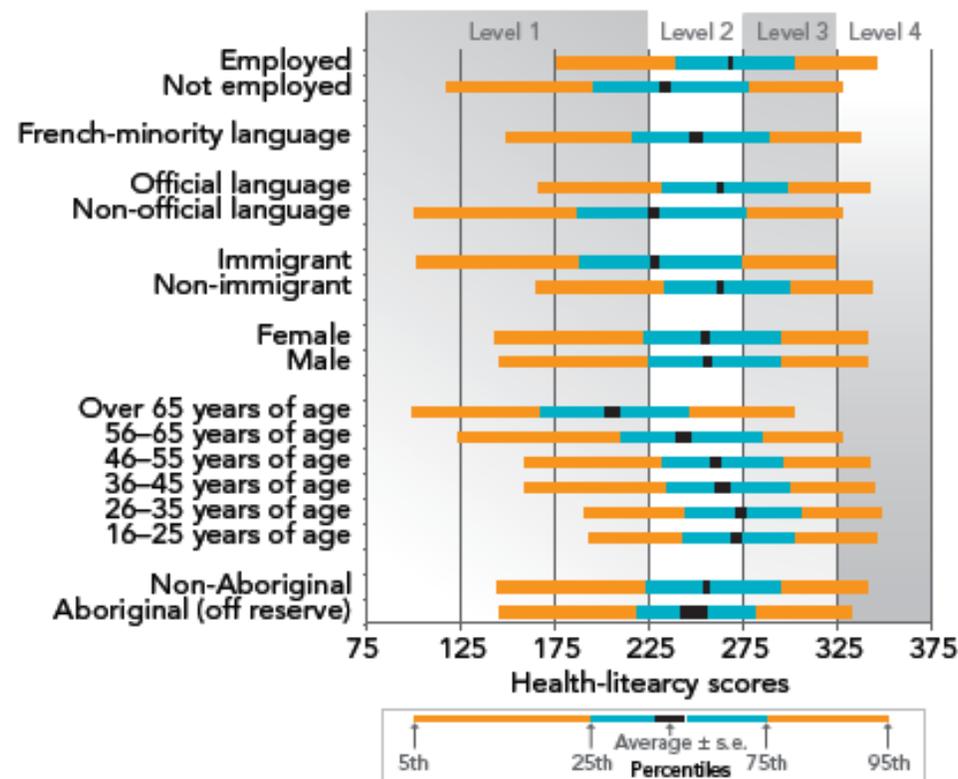
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Comparison of health literacy in Canada by sub-populations (Age 16+)

Level of health literacy	
Level 1 (<225)	Inadequate
Level 2 (225-275)	Adequate
Level 3 (275-325)	Intermediate
Level 4 (325-375)	Skilled

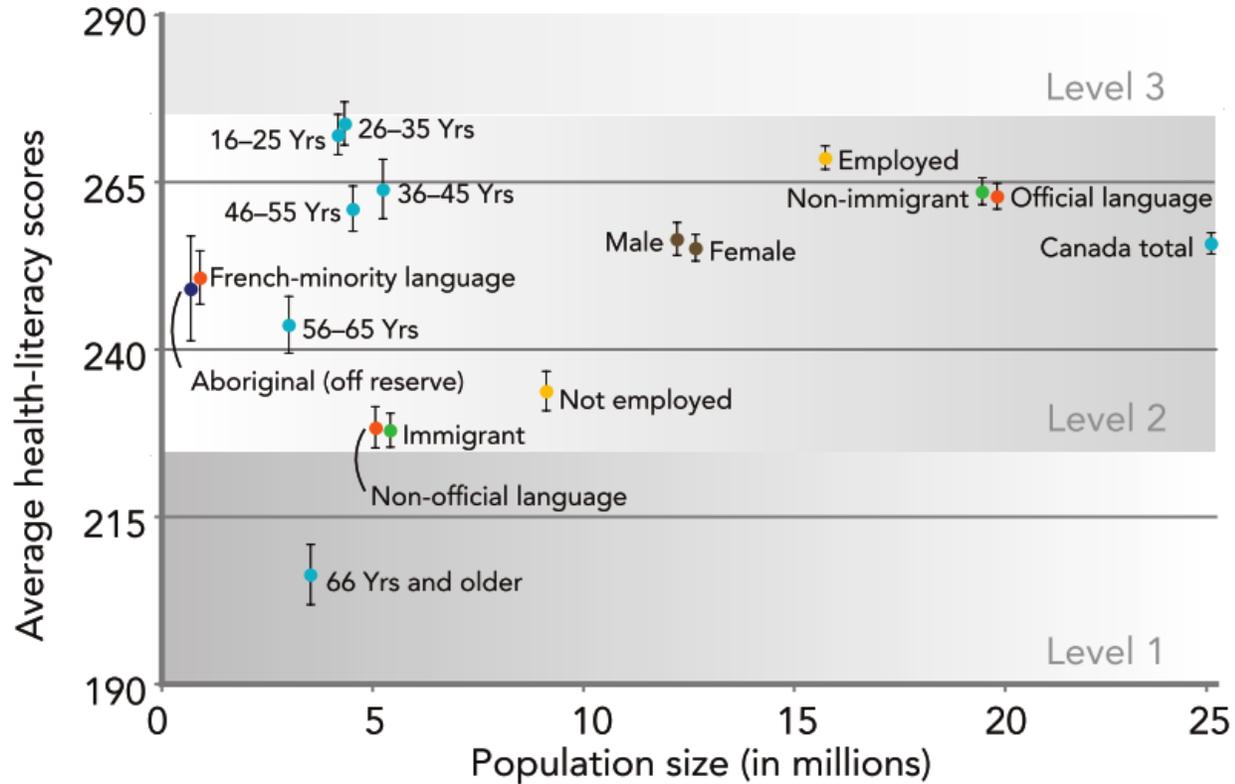


Average Health Literacy Performance for Key Groups, by Population Size, Age 16 and Older, 2003



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- Age
- Gender
- Language
- Background
- Employment



COVID-19 Vaccine Hesitancy – Health literacy



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- 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 vaccinated¹¹.
- 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.



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Vaccinations by age

People 12+ who have had at least 1 dose

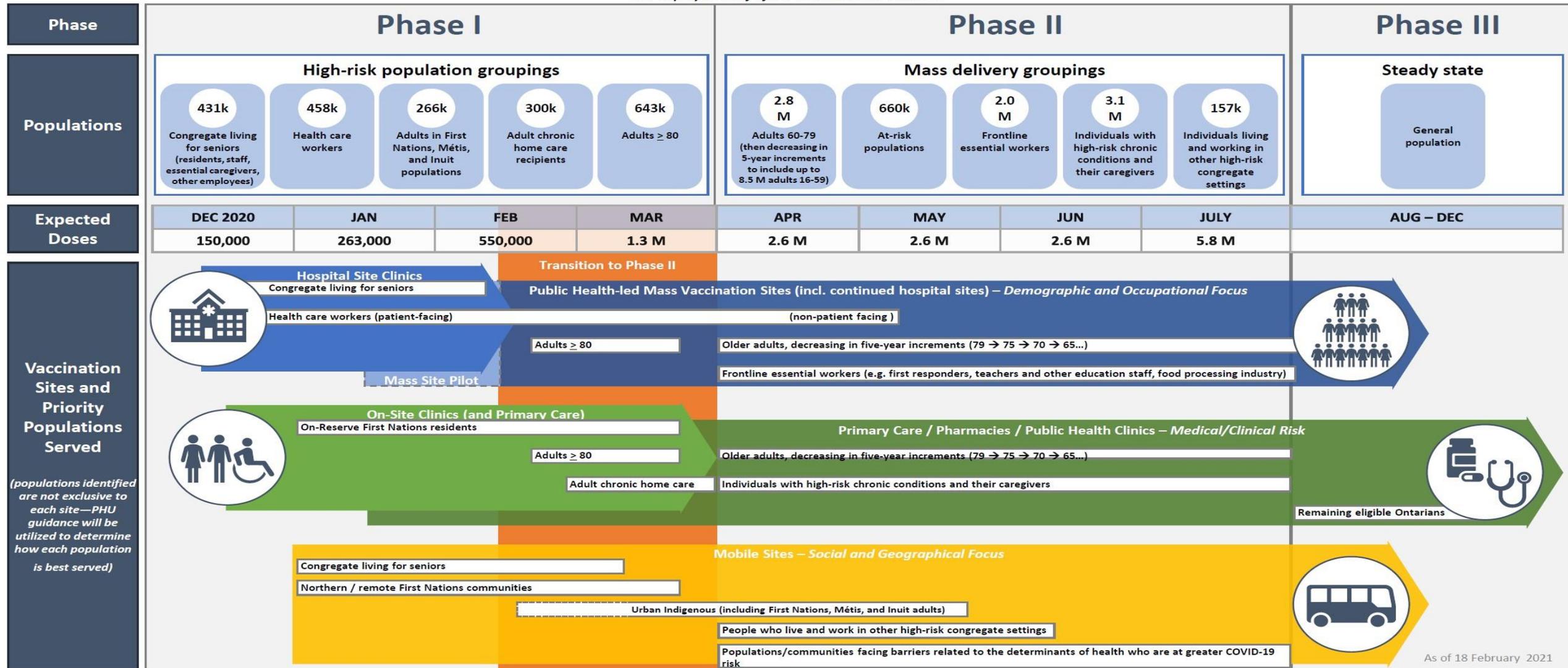
Age	Number of people	Percentage of age group
80+	660,802	97.3%
70-79	1,103,003	95.1%
60-69	1,638,391	91.3%
50-59	1,726,186	83.8%
40-49	1,512,121	80.6%
30-39	1,576,500	76.7%
18-29	1,811,663	73.8%
12-17	687,175	72.2%

People 12+ who have had 2 doses

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

COVID-19 Vaccine Distribution Plan

For deployment of Pfizer and Moderna vaccines



Phase 1 High-risk populations December 2020 – March 2021



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- 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 ***

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* 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



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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



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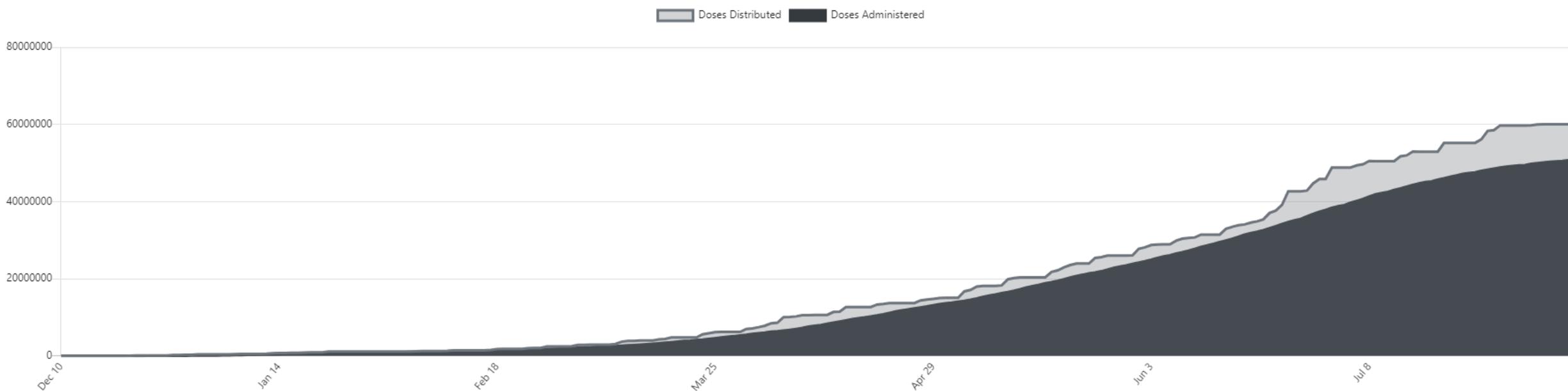




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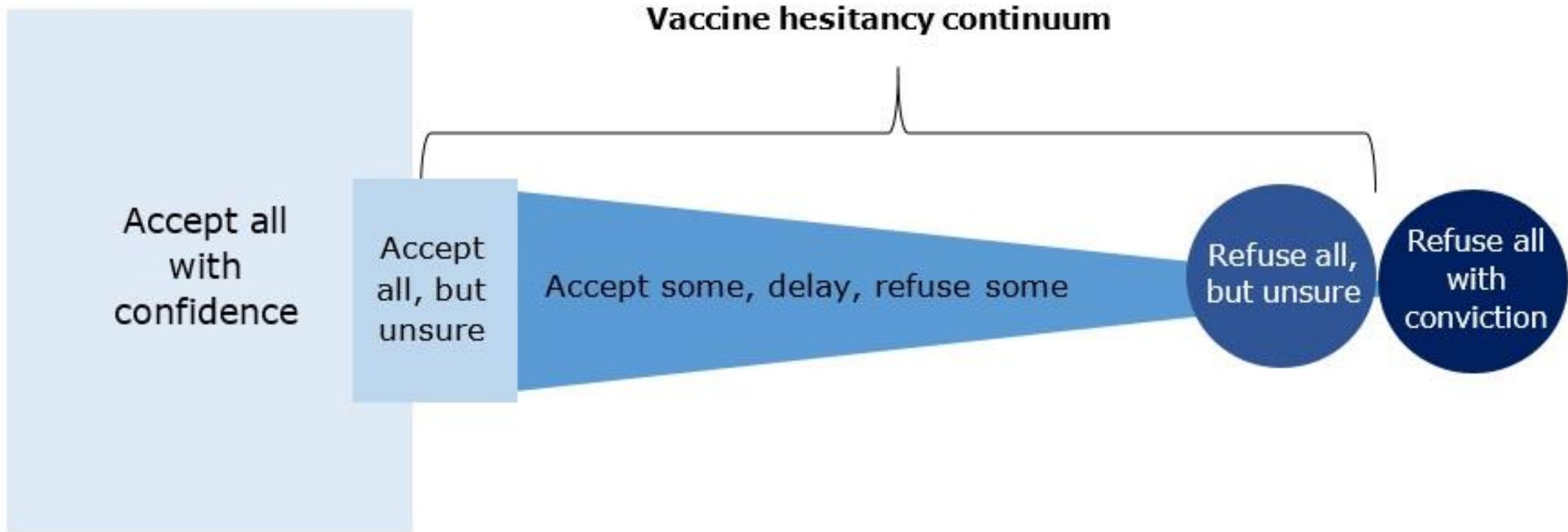


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Vaccine acceptance continuum



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- <https://www.canada.ca/content/dam/phac-aspc/images/services/diseases-maladies/2019-novel-coronavirus-infection/health-professionals/vaccines/vaccine-hesitancy-primer/fig1-eng.jpg>



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.



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- 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



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- 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



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- 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

	Total (aged 12 and older)	Aged 12 to 64 (reference category)	Aged 65 and older
	percentage		
Canada Total (excluding territories)	76.9	75.5	82.5 [*]
Visible minority population	74.8	74.6	77.4
Black	56.4	54.8	78.1 [*]
Immigrants ¹	74.6	73.2	81.1 [*]
Indigenous peoples ²	71.9	71.4	74.9
LGBTQ2+ ³	83.3	83.3	82.6

^{*} 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).



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Health care providers play a critical role in the success of vaccine programs as their recommendations have a strong influence on vaccine acceptance.

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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%)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 profiles¹²



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Approaches to increase vaccination



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- 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



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Received at least one dose

Total population	12 and older
71.95% (27,345,213)	82.12% (27,264,072)

Partially vaccinated

Total population	12 and older
8.09% (3,076,415)	9.14% (3,034,096)

Fully vaccinated

Total population	12 and older
63.86% (24,268,798)	72.99% (24,229,976)

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• Questions





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Dr. Fiona Stanaway

Clinical Epidemiologist

School of Public Health, University of Sydney

Australia

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Overview

- Health literacy and vaccine hesitancy
- Barriers to vaccination equity related to health literacy
- Potential policy solutions
- The role of pharmacists



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1. WHO EURO Working Group on Vaccine Communications. Istanbul, Turkey
October 13–14. 2011.



Health literacy and vaccine hesitancy

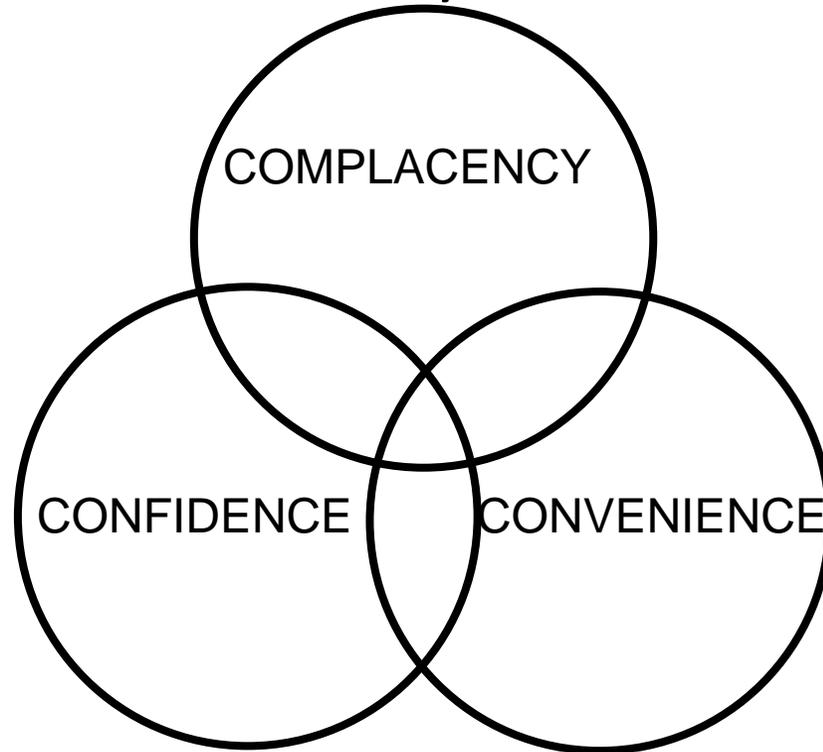


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- The 3 Cs model of vaccine hesitancy¹



Health literacy and vaccine hesitancy



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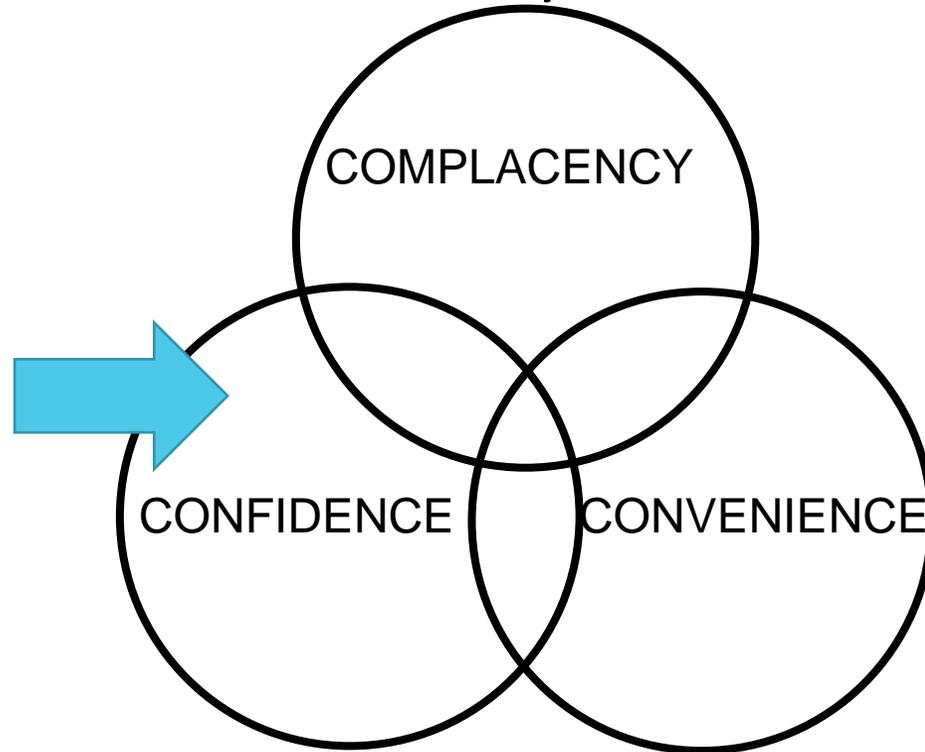
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- The 3 Cs model of vaccine hesitancy¹

Trust in:

- Vaccine efficacy and safety
- Health system
- Policymakers



Health literacy and vaccine hesitancy

The 3 Cs model of vaccine hesitancy¹



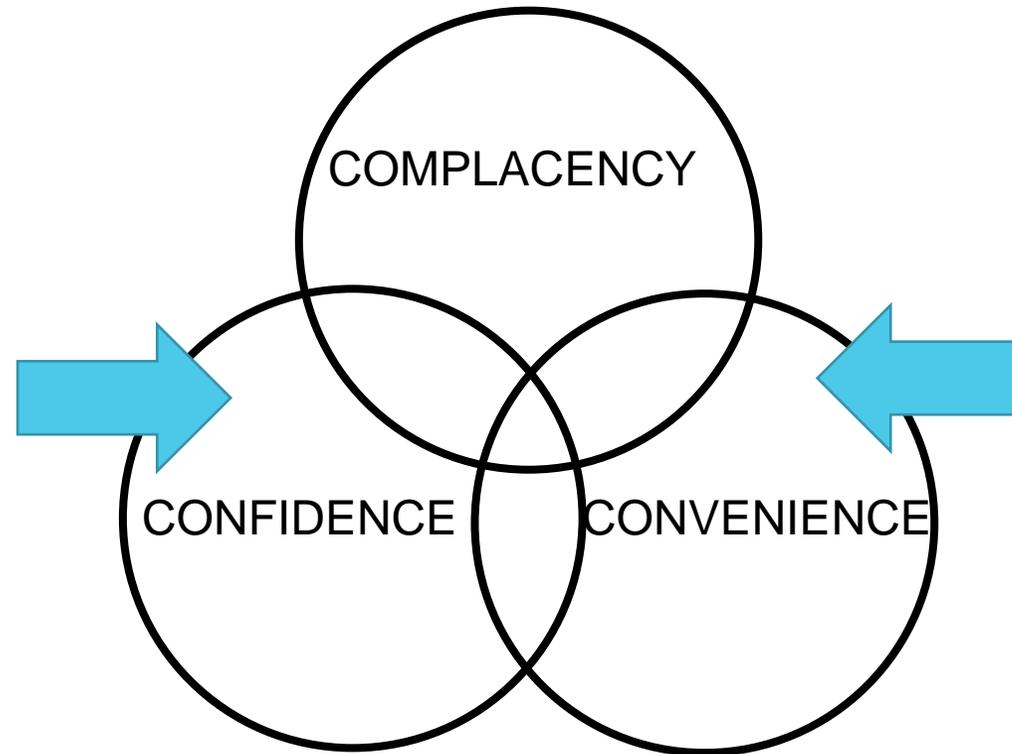
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Trust in:

- 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)



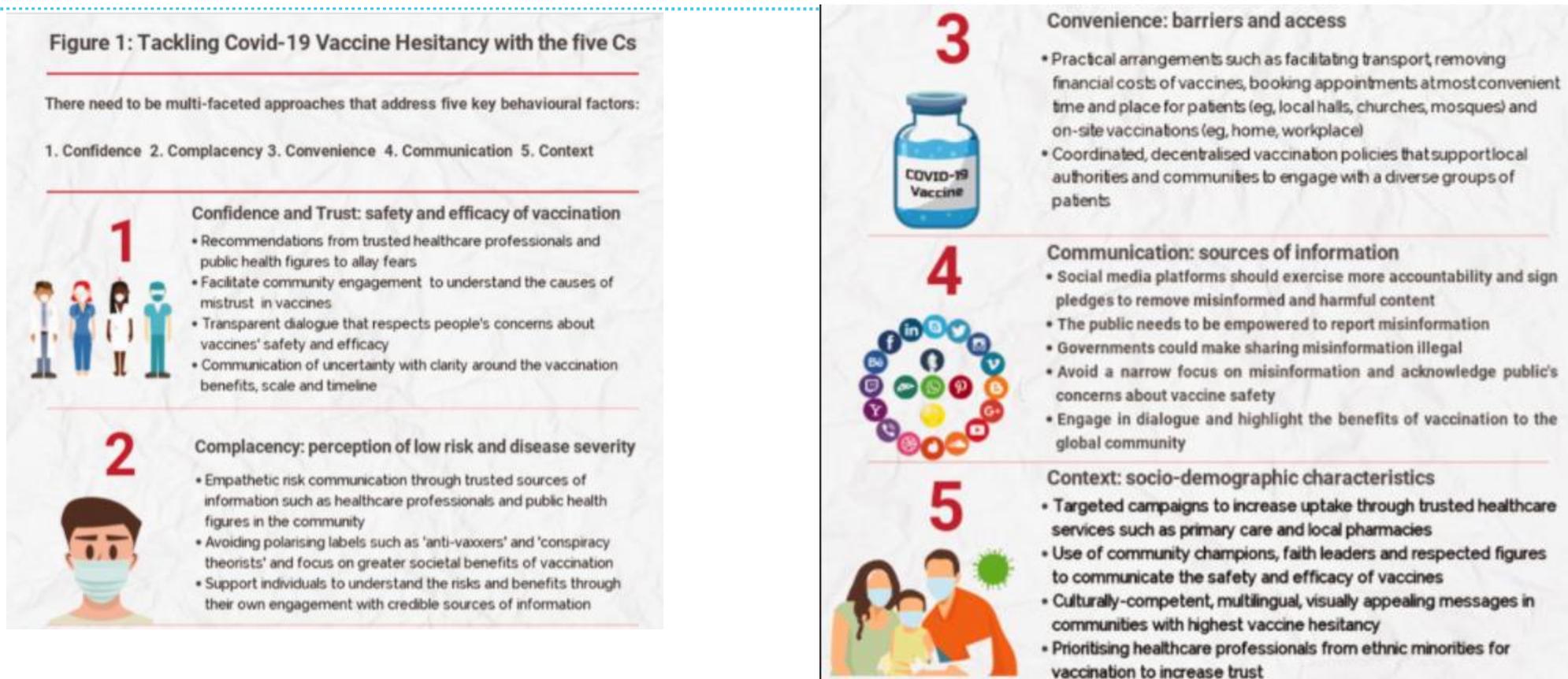
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Health literacy and vaccine hesitancy

The 5 Cs model of vaccine hesitancy¹





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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 literacy¹
- Those with low health literacy more likely to endorse misinformation² and more likely to have reservations about getting vaccinated
- Most information pitched at a higher than 8th grade reading level – not enough use of simple language and images¹
- 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





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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



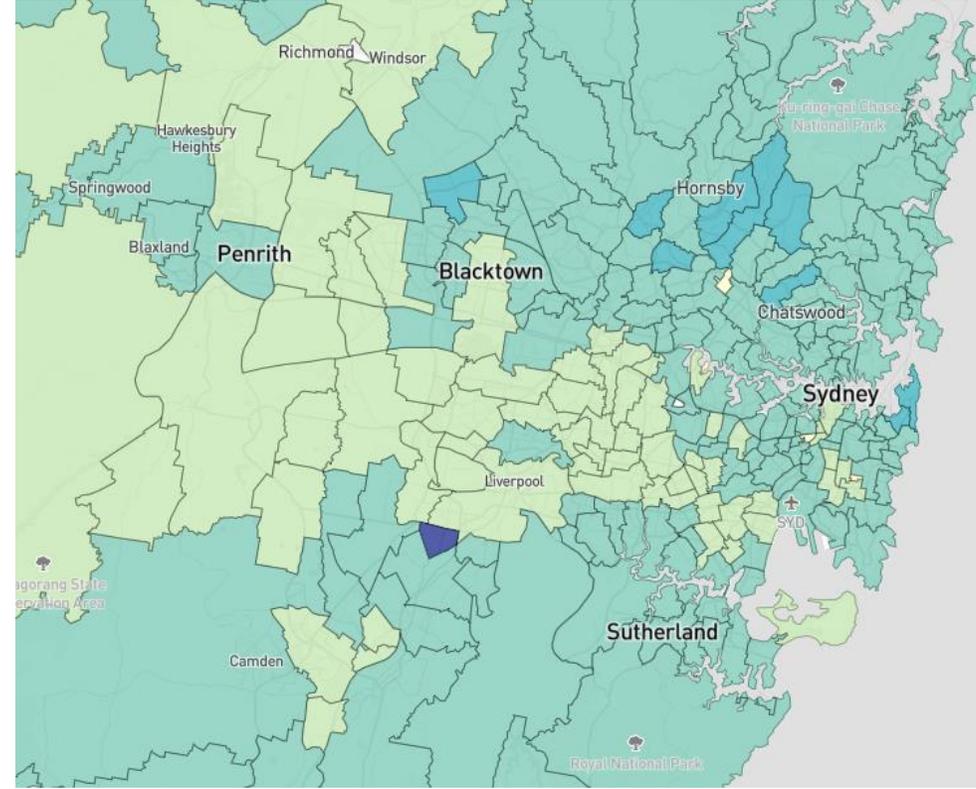
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July 9



August 23

Number of People Vaccinated



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1. Map of NSW vaccinations by home postcode. <https://www.nsw.gov.au/covid-19/find-the-facts-about-covid-19>



Policy solutions relevant to health literacy and equity



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- Create and appropriately fund a COVID-19 vaccine risk communication and community engagement program¹
 - *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 campaign¹
 - *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*

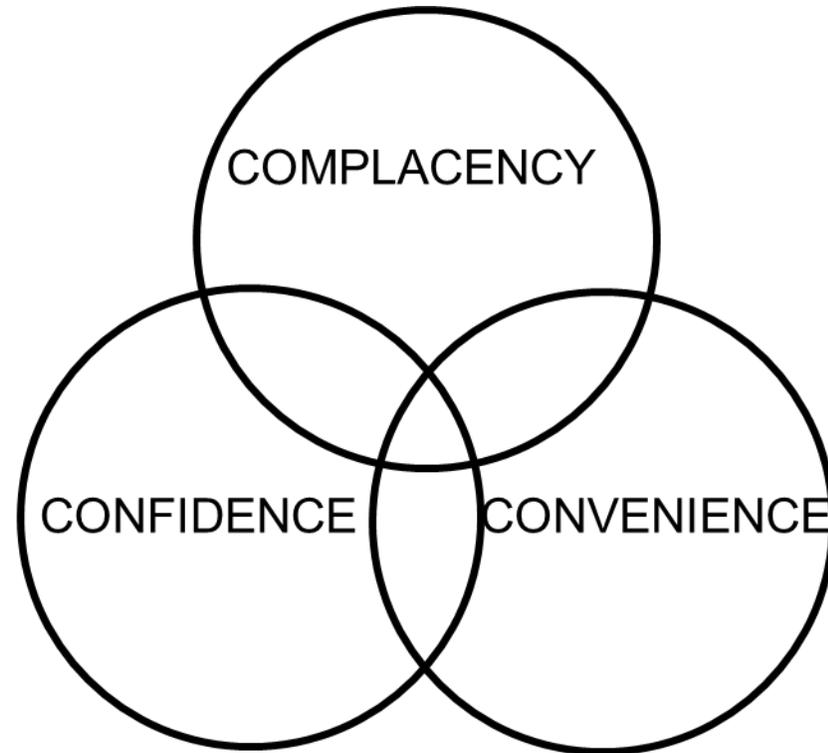
How pharmacists can contribute



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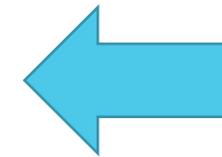
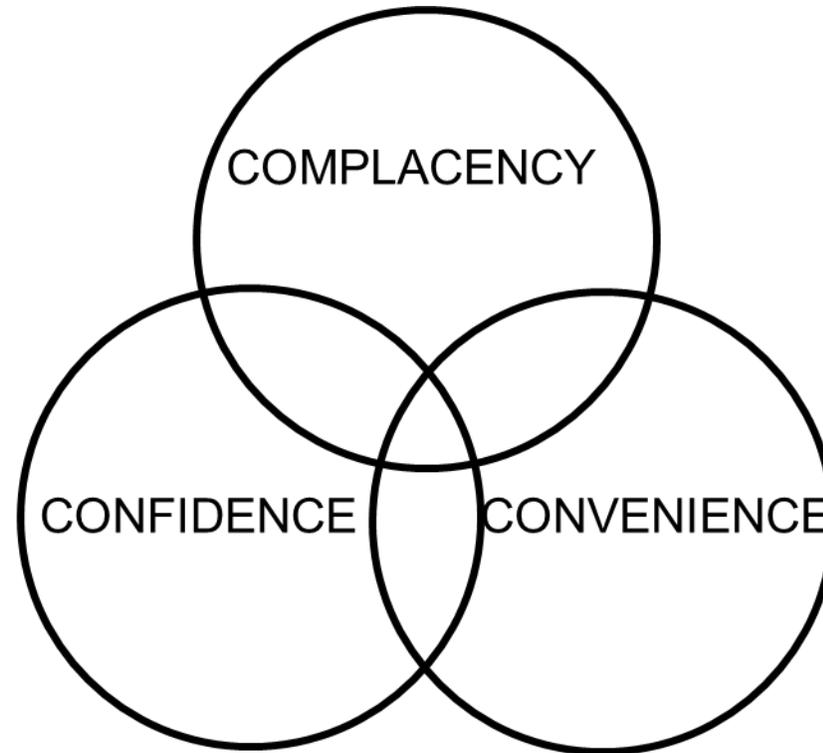
How pharmacists can contribute



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- Multiple locations and extended opening hours

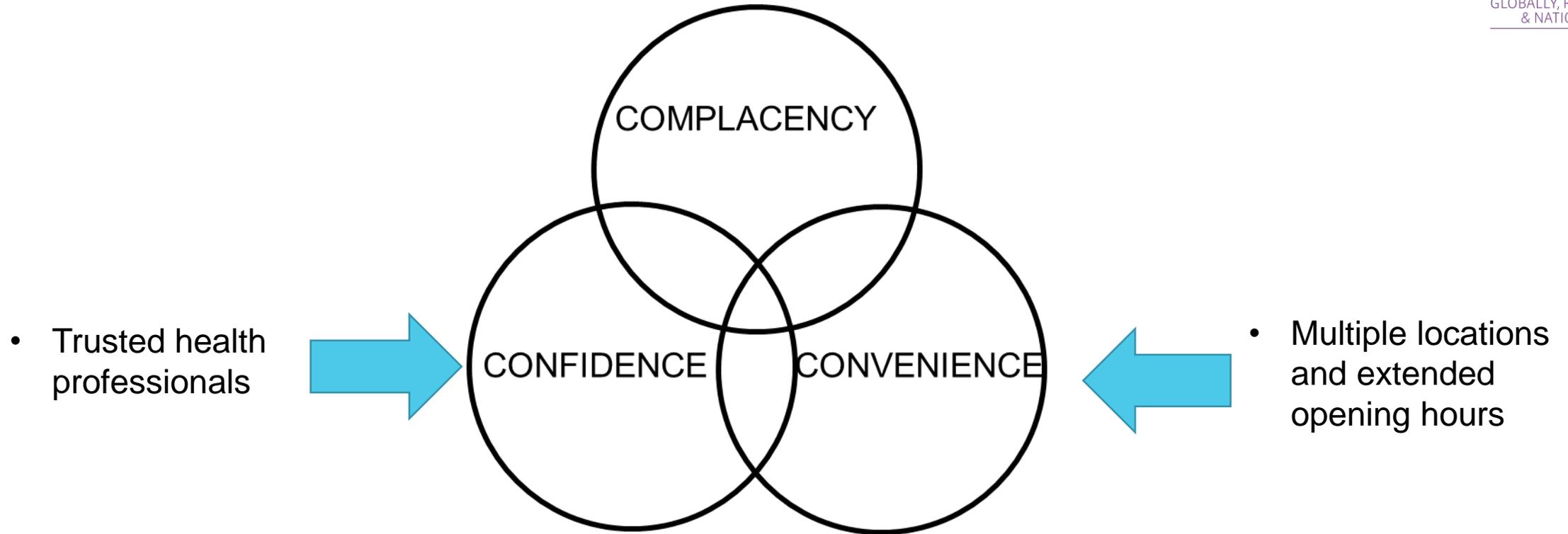
How pharmacists can contribute



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Pharmacists a key part of Sydney's vaccine rollout



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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.”



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The Sydney Morning Herald. ‘The response has been crazy’: Locked-down Sydney communities lead vaccine push. August 16, 2021.

<https://www.smh.com.au/national/nsw/the-response-has-been-crazy-locked-down-sydney-communities-lead-vaccine-push-20210813-p58iju.html>





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Professor Hannelie Meyer

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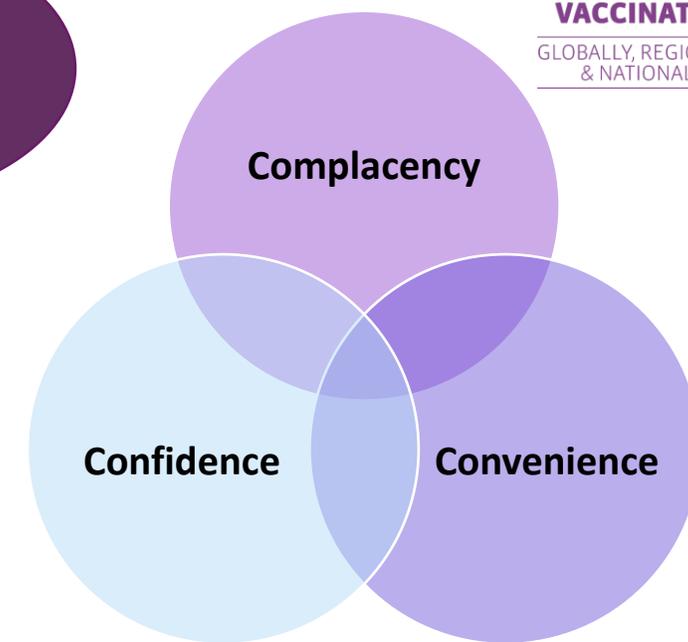
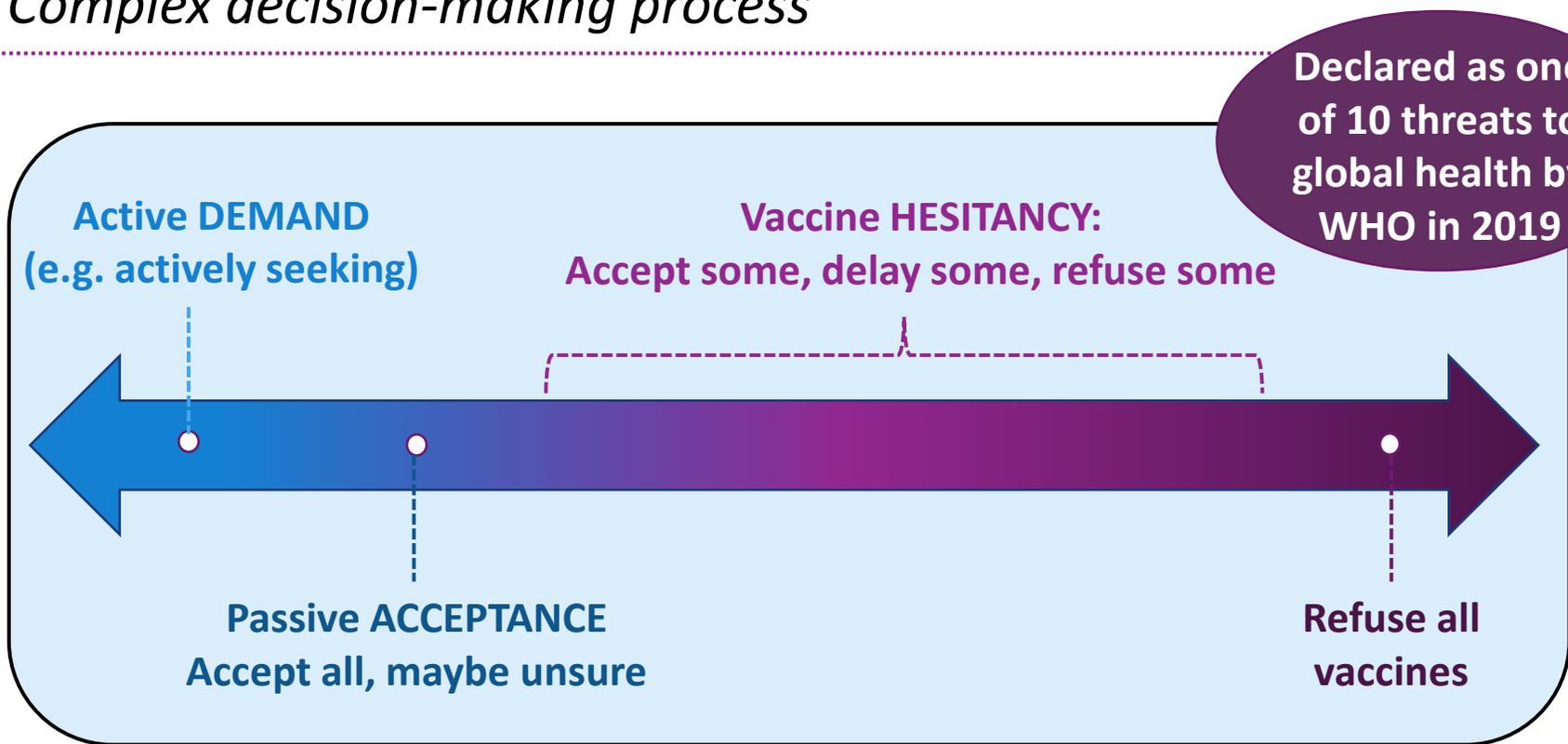
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The continuum of vaccine hesitancy and demand

Complex decision-making process



Context and vaccine-specific

Influenced by multiple factors

Health literacy

Importance for a functioning healthcare system



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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."

- 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

Improvement of health literacy important for a better relationship between individuals and the **healthcare system**

Vaccine literacy

Determinant of vaccine hesitancy



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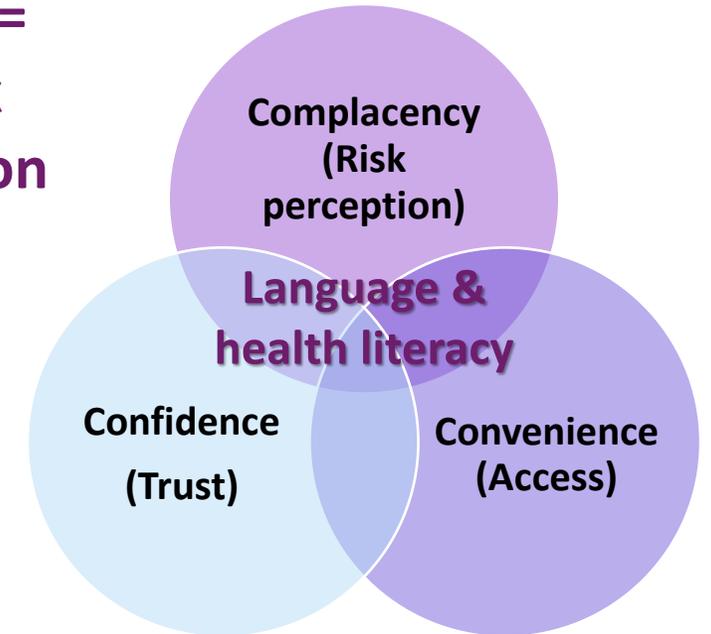
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*“**Vaccine literacy** is not simply knowledge about vaccines, but also **developing a system with decreased complexity** to communicate and offer vaccines as sine qua non of a functioning health system.”*

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

**Vaccines =
complex
information**



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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Betsch et al. Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination. *PLOS ONE*. 2018.

Wiysonge et al. Vaccine hesitancy in the era of COVID-19: could lessons from the past help in divining the future? *Human Vaccines & Immunotherapeutics*. 2021. DOI: 10.1080/21645515.2021.1893062





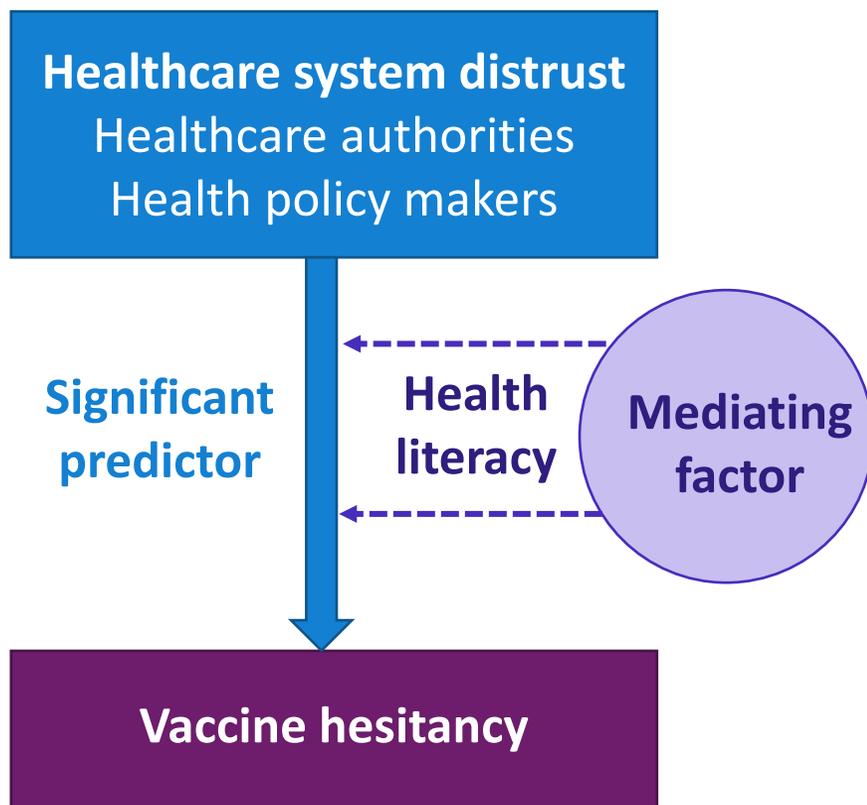
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Health literacy and vaccine hesitancy

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

“The most important ingredient in all vaccines is trust.”

Barry Bloom, Harvard
T.H. Chan School
of Public Health

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Turhan et al. The mediating role of health literacy on the relationship between health care system distrust and vaccine hesitancy during COVID-19 pandemic. *Current Psychology*. 2021.

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

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

<https://www.oecd.org/coronavirus/policy-responses/enhancing-public-trust-in-covid-19-vaccination-the-role-of-governments-eae0ec5a/>



Concerns about vaccine safety and information sources

Example: South Africa

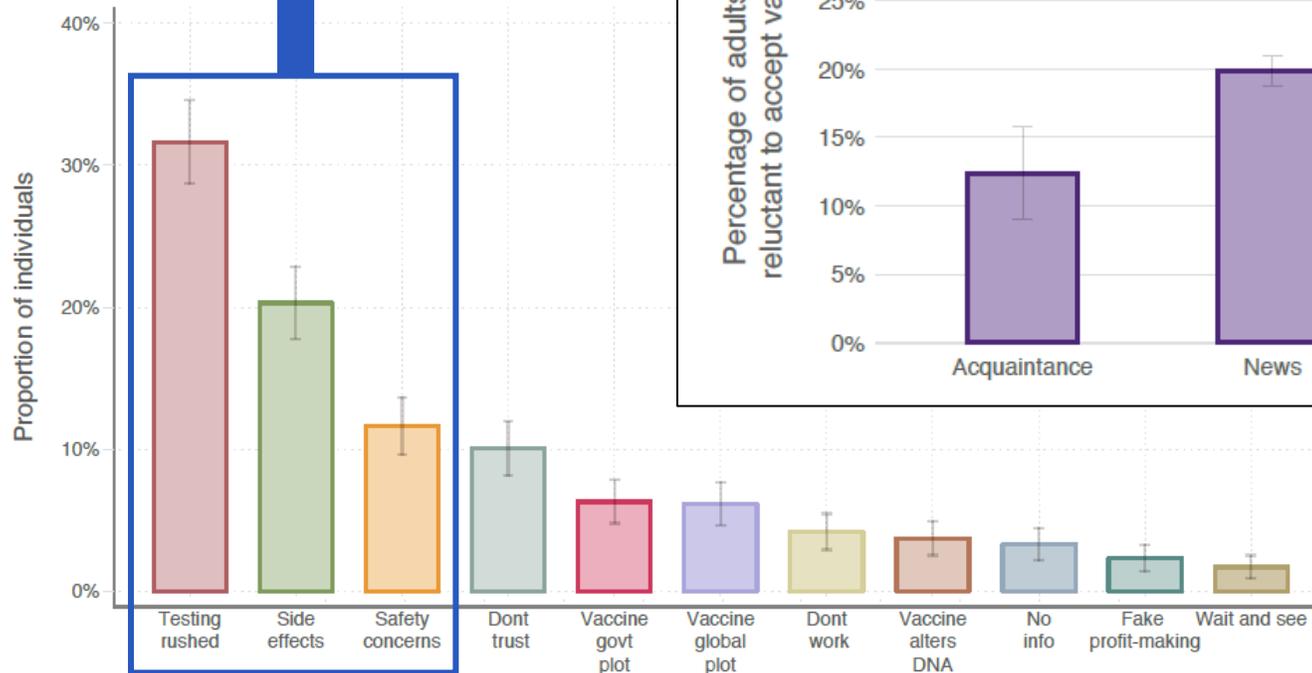


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Understanding requires

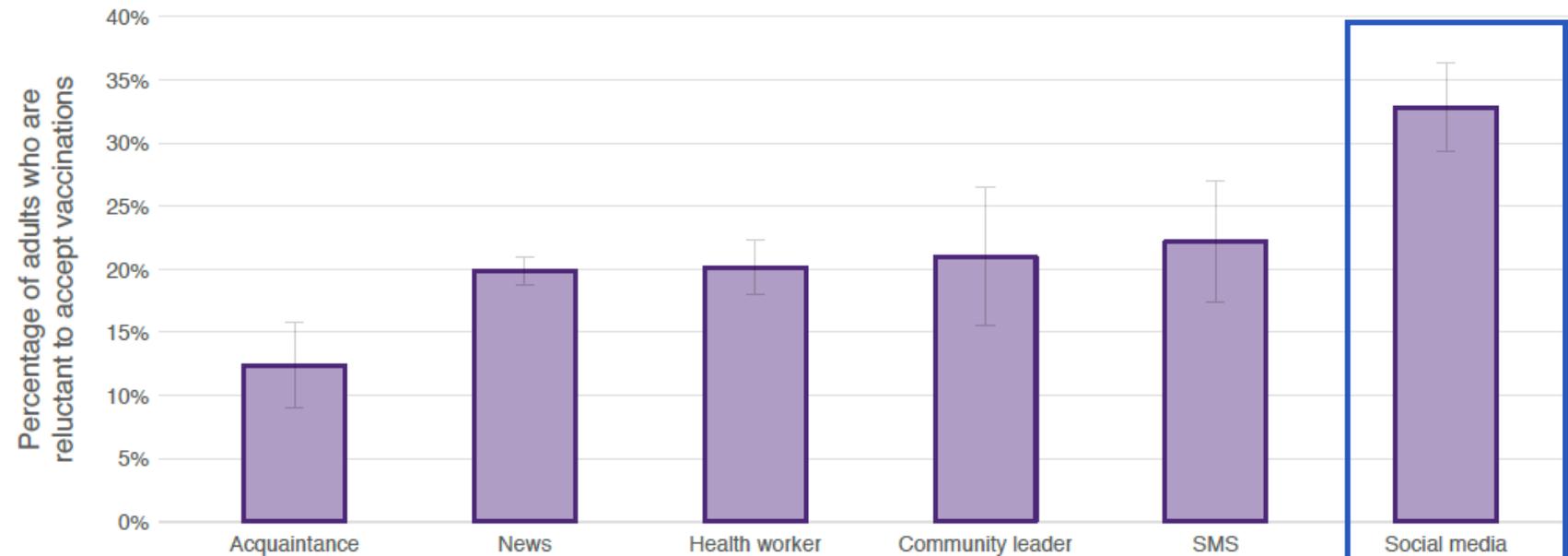
- Literacy and numeracy skills
- Critical and evaluation skills

Figure 3: Motivation for concerns about vaccine safety



Notes: The responses recorded here are for the subsample who had not been vaccinated yet and did not strongly agree that they would be vaccinated and who then, in answers to a subsequent question, said that they were worried about vaccine safety. This represents 18% of the total sample.

Figure 6: Vaccine reluctance and trusted sources of information



Burger, R., Bутtenheim, A., English, R., Maughan-Brown, B., Kohler, T., & Tameris, M. (2021). COVID-19 vaccine hesitancy in South Africa: Results from NIDS-CRAM Wave 4. <https://cramsurvey.org/>



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**

BMJ Global Health

Social media and vaccine hesitancy

To cite: Wilson SL, Wiysonge C.
Social media and vaccine
hesitancy. *BMJ Global Health*
2020;5:e004206. doi:10.1136/
bmjgh-2020-004206

Steven Lloyd Wilson,¹ Charles Wiysonge²



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Health policies, national guidelines and protocols

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



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- 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**

Pension payout points to be used to register senior citizens for COVID-19 vaccine

Friday, June 4, 2021



People across the country are pulling out all the stops to help register pensioners for the COVID-19 vaccine, and now pension payout points where thousands queue for their monthly grant, are being targeted.

Volunteers from all walks of life are now pullulating Post Offices, Boxer Superstores and South African Social Security Agency (SASSA) pay points to ensure no pensioner is left behind.

The mission is to get as many over 60s as possible, to sign up for the lifesaving jab, under the second phase of the country's vaccination rollout programme, that is currently underway.

<https://www.sanews.gov.za/features-south-africa/pension-payout-points-be-used-register-senior-citizens-covid-19-vaccine>

UNICEF volunteers help the elderly register for their COVID-19 vaccinations

Helping the vulnerable fight the pandemic

By UNICEF North West University Mahikeng Campus Club



<https://www.unicef.org/southafrica/stories/unicef-volunteers-help-elderly-register-their-covid-19-vaccinations>

Youth urged to assist elderly with online registration for COVID-19 vaccine

16 May 2021, 11:19 AM | Miamli Maneli | @SABCNews





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— EQUITY REGIONALLY

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

National policies and guidelines must address the heavy reliance on technology as a means of access to vaccines

Toward a Psychological Science of Advanced Technology Design for Older Adults FREE
Wendy A. Rogers, Arthur D. Fisk Author Notes
The Journals of Gerontology: Series B, Volume 65B, Issue 6, November 2010
653, <https://doi.org/10.1093/geronb/gbq065>
Published: 10/11/2010

Discussion.
Design for aging involves understanding the unique capabilities and limitations of older adults; identifying their needs, preferences, and desires for technology in their lives; and involving them in the design process.



Health policies, national guidelines and protocols

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



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Community outreach: home visits



Th **ern Africa** - development is about people



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.

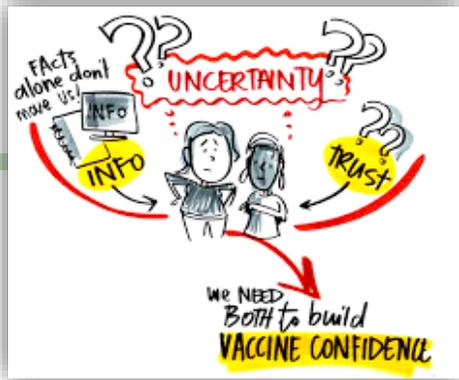
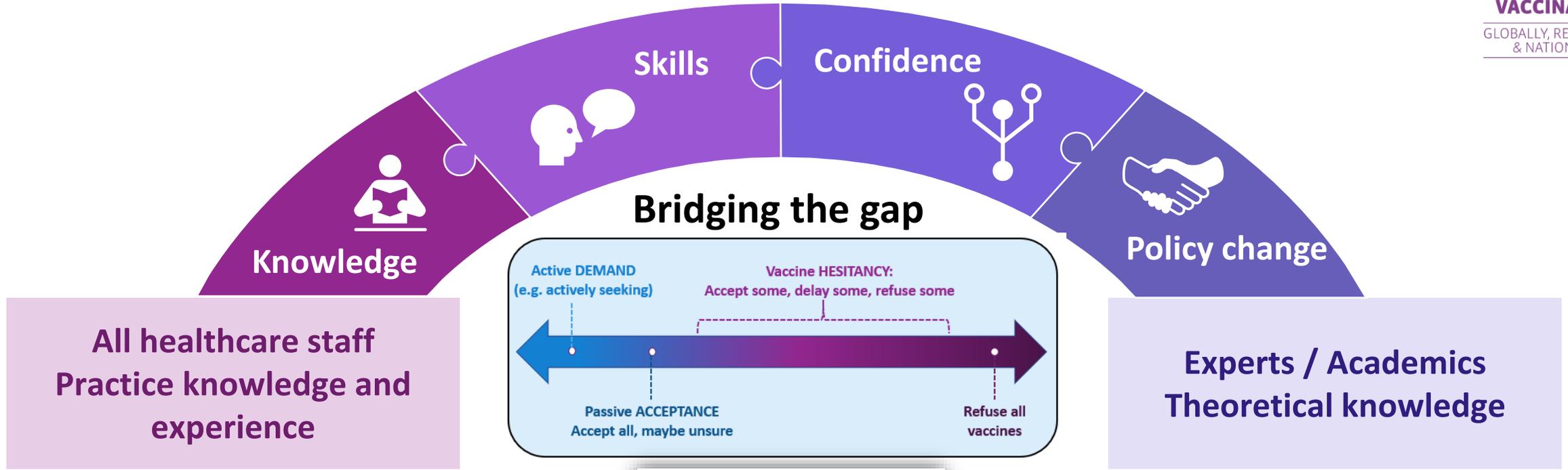
<https://sacoronavirus.b-cdn.net/wp-content/uploads/2021/08/Limpopo-COVID-19-VACCINE-ROLLOUT-STRATEGY-.pdf>

<https://sacoronavirus.co.za/2021/08/20/inside-south-africas-new-vaccine-train/>

Policy changes to reduce vaccination inequity with regards to health literacy?



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https://www.hpworld.com/media/29/media_section/7/0/670/20180628karafillakis.pdf



Pharmacy profession contributing to the agenda

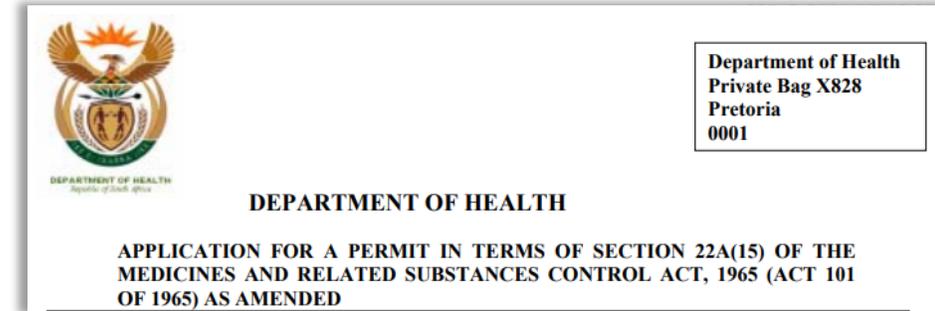
Policy changes driven by COVID-19 pandemic: Example from South Africa



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- **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)**



Course content

- Module 1: Introduction to COVID-19 vaccination training
- Module 2: Storage, handling, delivery, and waste management of COVID-19 vaccines
- Module 3: Organising COVID-19 vaccination sessions
- Module 4: Adverse events following immunisation (AEFI) monitoring for COVID-19 vaccination
- Module 5: COVID-19 vaccination data management
- Module 6: Communication with the community about COVID-19 vaccination
- Module 7: Ethical considerations for the COVID-19 vaccination programme

Pharmacy profession contributing to the agenda

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



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248 No. 44981 GOVERNMENT GAZETTE, 13 AUGUST 2021

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 100 OF 2021

THE SOUTH AFRICAN PHARMACY COUNCIL

PHARMACIST WHO PROVIDES IMMUNISATION SERVICES

1 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 1158, published on 20 November 2000), a pharmacist who has completed the supplementary training on immunisation and injection techniques; and has obtained a section 22A(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

Summary of competency standards for pharmacist providing immunisation services.

DOMAIN	Competency Standard
1. Public health	1.1 Professional advocacy
	1.2 Pandemic management
2. Safe and rational use of vaccine and administration device	2.1 Patient consultation
	2.2 Communication with patient, caregiver, and agent of a patient
	2.3 Patient management
	2.4 Vaccine and administration device safety
3. Supply of vaccines	3.1 Vaccine administration
	3.2 Vaccine storage and control
	3.3 General housekeeping and administrative tasks in the pharmacy
4. Organisational and management skills	4.1 Quality assurance
	4.2 Record keeping
	4.3 Policy development
5. Professional and personal practice	5.1 Professional practice
	5.2 Ethical and legal practice
	5.3 Continuing professional development

3 PART 3: CRITERIA TO ACCREDIT A GENERIC SHORT COURSE FOR PHARMACISTS IN IMMUNISATION AND INJECTION TECHNIQUES, AND DELIVERING IMMUNISATION SERVICES.

Including: Effective communication strategies on risks and benefits of vaccination to build confidence and demand for vaccination

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

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



Legislation to prohibit spreading of false information

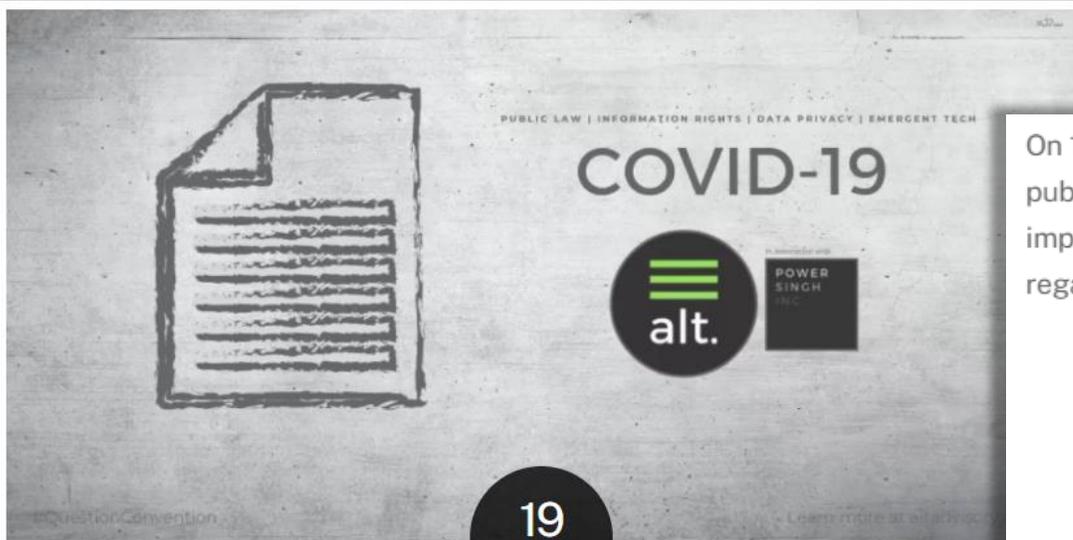
Example from South Africa



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<https://altadvisory.africa/2020/03/19/south-africa-criminalises-the-dissemination-of-false-information-regarding-covid-19/>

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.

COVID-19: South Africa criminalises the dissemination of false information

Advisory Notes / COVID-19 Disaster Management Act Disinformation

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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.

REGULATION 5

FAKE NEWS

Anyone that creates or spreads fake news about COVID-19 is liable for prosecution

WHAT IS A NATIONAL STATE OF DISASTER?

cooperative governance & traditional affairs
Department
Cooperative Governance and Traditional Affairs
REPUBLIC OF SOUTH AFRICA

<https://coronavirus.westerncape.gov.za/fake-news>

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](#).

FOOD PARCEL HELPLINE
0800 601 011

CHOCOLATE EGGS DELIVERIES

BREAKING NEWS! President Cyril Ramaphosa has asked all foreign nations to leave South Africa before 21 June 2020 due to increasing cases of COVID-19. The president says since the lockdown started there is no change in the number of cases for COVID-19 is just growing. Before lockdown RSA had recorded 1000 cases, now the number is on 1663 which shows that Lockdown is not helping to reduce the COVID-19 Cases. As a result the government of SOUTH AFRICA has decided to extend the three months of Totally lockdown which will start on 21 June 2020. And president is asking all foreigners to vacate so that the country can fight with its only citizens who are struggling with no food, water, electricity and no rent. The president is saying a government cannot manage to provide these Free services. The president is also asking the President to cancel all flights to and from South Africa. The president is also asking their citizens especially, Mozambique, Zambia, Democratic Republic of Congo, Tanzania, Uganda, Botswana, Malawi, Kenya and other countries including China, Japan, India, Somalia and Burund. The RSA government says that many people are not serious with these current lockdown, this reason forces the government to add three more months. As the president also add that if the foreigners fail to vacate the country they will face great consequences since they will face military soldiers who will be moving door to door to ensure that the country is left with its only citizens.

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.



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Journalism: Accurate information in the media

Balancing act

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



1 May 2020 | Human Rights

<https://news.un.org/en/story/2020/05/1063012>

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.

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

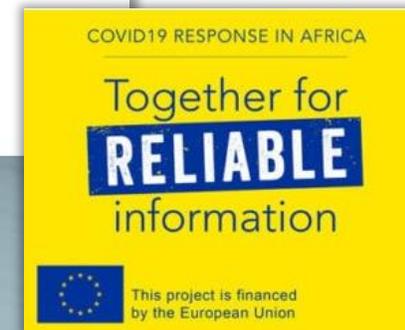
POSTED ON APRIL 23, 2021 MEDIA 18 MIN READ SHARE: [f](#) [t](#) [in](#)

<https://www.article19.org/resources/prohibitions-of-false-covid-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.

Image: William Hook



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Policy changes to reduce vaccination inequity with regards to health literacy



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<https://www.who.int/publications/i/item/9789240019508>

- **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
 - Journalism curricula

Health literacy, trust and confidence in vaccination

Bridging the gap: Empower all healthcare staff



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Healthcare staff → **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 → people **recognise** the **value** of vaccination
- **Demand** it as a **human right** for themselves and their children





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Mr. Mujahidhussein Valji (Msc Clin Pharm, BPharm)

Vice President Africa Region Hospital Pharmacy Section - FIP.

Chief Pharmacist, Aga Khan Health Services

Tanzania

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Introduction



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- 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



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- 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, its 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



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Role of Pharmacy Profession



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- 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



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- Make the relevant accurate information accessible to the public. Do not just dispense the information rather make it understand-able 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



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- 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



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- 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



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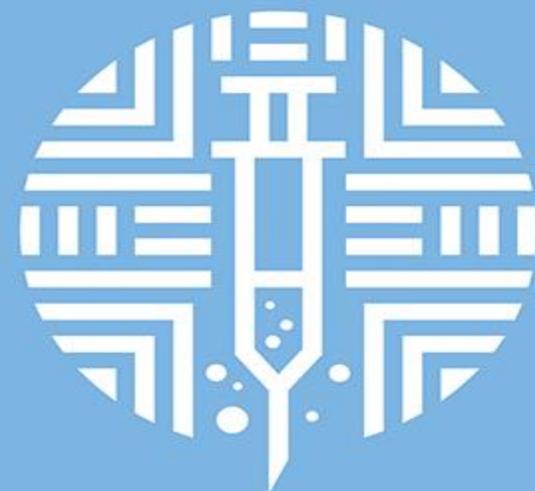
- Sources of health literacy are Health care professionals, social media and personal beliefs/convictions. It is important that people are educated to make an **Informed Decision**.
- The pharmacy profession plays a vital role in influencing policies and carry out activities that can increase access 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



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Please join our next events!



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To register:

Scan the **QR code** on screen

Or visit **events.fip.org**

Or **transfromingvaccination.fip.org**



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Check all future FIP Digital Events here:



events.fip.org

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UNITING
PHARMACY
AROUND
THE GLOBE



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World Pharmacists Day: 25 September

#WPD2021 — Join the campaign!

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!
