# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1925**

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**(INTERNAL QUESTION PAPER NO. 17)**

**Inkosi B N Luthuli (IFP) to ask the Minister of Health:**

With reference to the recent remarks by Dr Susan Vosloo discouraging persons from getting vaccinated against COVID-19, which comes at a time when the Republic is facing increased vaccination hesitancy, what (a) are the relevant details of the COVID-19 vaccination education drives planned in the Republic in the coming months, (b) budgets have been set aside for this and (c) are the relevant time frames?

###### NW2159E

**REPLY:**

1. The COVID-19 vaccination education drive is a multi-faceted programme that involves the public and private sectors across the entire government (all departments and all three spheres) and that has many contributing private companies.
* **High programme visibility: Specific Activities**
* Visible signage of the vaccine roll-out on large key billboards in high transit areas
* Use of taxi rank TV, Digital Billboards and others to promote vaccination messages
* Conspicuous telescopic and other large banners at malls, places of worship, taxi ranks, retail stores, schools
* Conspicuous and recognizable branding and clear signage at vaccine sites
* Champions: Identifying apolitical vaccine champions that are relevant to the target group and have wide reaching influence (key influential leaders; Traditional Leaders, Faith Based, Business sector, Civil society and Celebrities) e.g. Limpopo targeted ZCC church leader
* Involvement of Political leaders as champions: Health MEC and other political leaders such as Premiers, Mayors, Ward Counsellors
* Partnership with private sector to collaborate on media campaigns and vaccine roll-out branding e.g. Medical Aids like GEMS, Discovery etc. and other businesses
* **Information in people’s hands: Specific Activities**
* Guide the community on where they should go to, who they should listen to and which number they should call to get the correct information on anything to do with vaccines
* Use the time that clients spend at vaccination sites to empower them to be vaccine ambassadors
* Use the observation time to educate the clients and equip them to be able to answer common misinformation questions e.g. Is it true that people are dying after they vaccinate?
* Provide comprehensive IEC material on vaccines and adverse events following immunization with the call center number clearly visible that they can refer to and share with others.
* Share information on the nearest functional vaccination sites; operating hours; dates for outreach with all stakeholders: radio stations, newspapers, community leaders, religious leaders, schools, workplaces, and all social media platforms
* Use of social media to get the correct information into young people’s hands so that they do not discourage the elderly from vaccinating through sharing of misinformation they consume on social media
* Use of teachers to get the right information into young people’s hands so that they can correct misinformation from social media and other sources at home
* Address the play-off between various vaccines and preferences
* **Use of local media: Specific Activities**
* Continuous engagement to reinforce positive messages about vaccinations and to counter misinformation and disinformation
* Ongoing “human” stories by individuals representing the target group to show authentic stories of registration and vaccination on radio, local newspapers, and all social media platforms
* Radio stories addressing identified concerns about vaccines in local languages
* Radio slots to boost confidence in vaccination explaining all the key steps in the vaccination journey
* Collaboration with local newspapers, Radio stations, leadership, NGOs, Civil society organizations, tertiary institutions, schools, Unions, businesses, private vaccination sites in spreading correct information about vaccines
* Public health messaging to raise public awareness of the notable fatality rate and potential long-term sequela of COVID-19
* Weekly local radio station slots for advocacy messaging, adverts in local print media.
* **Local mobilisation and canvassing: Specific Activities**
* Whole society area based (ward-based) approach improving reach and raising capacity through collaboration with other stakeholders i.e. Private sites, Sector engagements (Business, Civil Society, FBOs, Traditional Authorities, Men’s Forum, Older Person’s Forum and people with disabilities e.tc. to be engaged during the month of August)
* Identify and appoint area-based leads, local civil society activators and communicators who will play the catalytic role of bringing all these people together
* Out-reach service: share the schedule with the sites, times and dates; plan well with all relevant local stakeholders to ensure that there is sufficient demand creation and social mobilization in the community leading up to the out-reach date including use of loud hailers
* Identify individuals who can be vaccination ambassadors or champions with vaccine branded clothing with messages like do have any questions about vaccines? ‘Ask me’, who can be easily identifiable as they walk around the community and use local media to inform the community about them and to ask them questions.
* Use of community WhatsApp groups to communicate correct information and counter misinformation and disinformation.
* Work with local comedians to create fun videos on platforms like TikTok that can be shared on social media
* Coordinating all of the community development practitioners, health care workers and resources to intensify the together with Door-to-door, Site visits by Executive Council and Mayors to mobilise communities.
* **Access strategies: Specific Activities**
* Transport: provide transport where possible; ensure that clients know when, how, which number to call, where to go and who is eligible to access this service
* Home based vaccinations
* District based promotion of vaccination sites, available assistance at all sites, pop up sites taken to remote areas, ward-based vaccination sites, mass vaccination sites opened across the districts, more sites opened on weekends to provide access to those at work during the week.
* Increase outreach/mobile sites and strategical place them in areas with low uptake as informed by data
* Increase sites in underserved areas
* Increase sites that operate on weekends and make sure they are advertised widely including operation hours
* Adopt specific strategies like Churches on Sunday, Malls on Saturdays, especially on weekends
* Build trust in the system by providing excellent client friendly service so that positive reviews spread by word of mouth
* Use familiar sites as vaccination sites e.g. churches, synagogues, mosques, malls
* **Other Activities**
* Continue with regular feedback and monitoring of daily performance through feedback sessions between Province & districts Mon-Fri
* Each district, through the district vaccination coordinating committees meets at least three times a week to monitor progress and identify pressure points and problem areas to reaching targets.
* Retain focus on >60 years as the most vulnerable population group until targets are met
* Encourage clinicians to counter patients’ anecdotal “bad reaction” stories with “good reaction” stories rather than statistics.
* Use messaging like “your parents made sure you were vaccinated as a child now it’s your turn to return the favour”, to encourage younger people to bring older people.
* Coming up with little songs about vaccinations that can be taught at ECDs and Schools and share it through ECD networks (Vaccine, Vaccine on your arm, Will keep you safe from COVID-19).
1. Budgets that have been set aside for this come from all partners. Some are directly budgeted items funded from government departments, including GCIS, but the majority are cash and cash-in-kind contributions from the private sector (through Solidarity Fund and by media houses). We do not have a Rand value for all of these contributions at this stage.
2. The relevant time frames are that several activities have already commenced and all are continuing for the remainder of this year and into 2022.

END.