KMPDU
Kenya Medical Practitioners
Pharmacists and Dentists Union

Communication. Engagement. Accountability:

Pathways to Reduced Hesitancy and Improved Covid-19 Vaccine Uptake in Kenya

KMPDU Policy Brief No. 1, December 2021.

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Acknowledgements

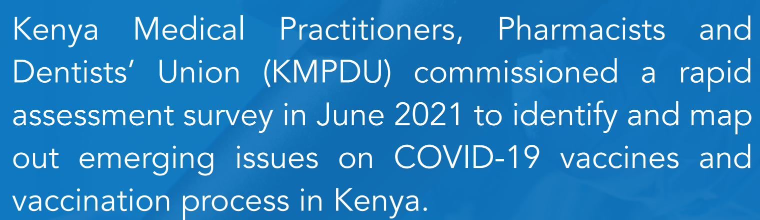
This Policy Brief is published in the public interest by the Kenya Medical Practitioners, Pharmacists and Dentists' Union (KMPDU) as a contribution to the national discourse on what can be done to increase public acceptance of Covid-19 vaccines as well as combat vaccine hesitancy, including among healthcare workers. KMPDU acknowledges the contributions of Orwa Michael and Kenneth Yogo (Miale Public Affairs), Dr. Chibanzi Mwachonda, Dr. Davji Atellah, Dr. Mercy Nabwire, Dr. Abidan Mwachi, Violet Asiko and Alphonce Were (KMPDU).

We are grateful for the insights from healthcare workers, journalists and media practitioners, government officials in various capacities, right to health campaigners, and the People's Health Movement in Kenya (PHM Kenya). We hope that this publication benefits your commitment to better healthcare for all in Kenya.

We dedicate this publication to all the healthcare professionals who have succumbed to COVID-19 disease in the line of duty since the pandemic began. We hope that by paying the ultimate price in their service to humanity, fewer will have to, and that the government will hasten the critical reforms necessary to secure the constitutional promise of the right to health.

Acronyms and Abbreviations

COVID-19	Corona Virus Disease
CHV	Community Health Volunteers
FGDs	Focus Group Discussions
GoK	Government of Kenya
IEC	Information, Education and Communication materials
IDP	Internally Displaced Persons
KIIs	Key Informant Interviews
KNBS	Kenya Bureau of Statistics
KMPDU	Kenya Medical Practitioners, Pharmacists and Dentists Union
MoH	Ministry of Health
PHEIC	Public Health Emergency of International Concern
SAGE	WHO's Strategic Advisory Group of Experts
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization



Kenya Medical Practitioners, Pharmacists and Dentists' Union (KMPDU) commissioned a rapid assessment survey in June 2021 to identify and map out emerging issues on COVID-19 vaccines and vaccination process in Kenya.

1. EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

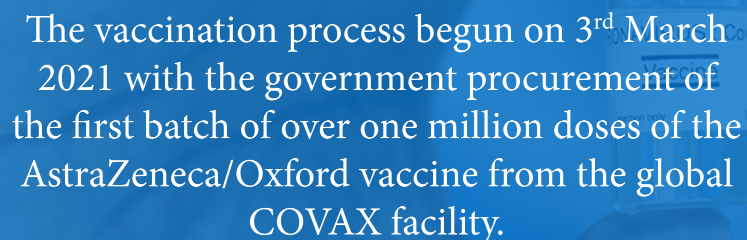
The approval of the use of the AstraZeneca/Oxford COVID-19 vaccine on 15th February 2021 following the review by the WHO marked the beginning of the global vaccination rollout.

The World Health Organization (WHO) declared the Corona Virus Disease (COVID-19) outbreak a *Public Health Emergency of International Concern (PHEIC)* on 30th January, 2020 and shortly thereafter officially characterized it as a pandemic on 11th March, 2020. The first COVID-19 case in Kenya was reported on 13th March 2020, and as of 22nd July 2020, the country had recorded 194,310 confirmed cases and 3,811 deaths. Globally, there were 191,773,590 confirmed cases of COVID-19 and 4,127,963 deaths reported by this date, with Africa accounting for 4,688,762 of all confirmed cases.

The approval of the use of the AstraZeneca/Oxford COVID-19 vaccine on 15th February 2021 following the review by the WHO marked the global vaccination rollout. By 1st March 2021, COVID-19 vaccination campaign began in Africa, with Ghana and Côte d'Ivoire receiving 600,000 and 504,000 doses of the AstraZeneca/Oxford vaccine respectively on 24th February, 2021. In Kenya, the process began in earnest on 3rd March, 2021 with the government procurement of the first batch of over one million doses of the AstraZeneca/Oxford vaccine from the global COVAX facility.

Although vaccines help reduce the severity of illness and even deaths, successful vaccination of populations often faces many challenges, from production to distribution and deployment, and more importantly, vaccine hesitancy even among healthcare workers. In response to the emerging challenge of vaccine hesitancy, the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) commissioned a rapid assessment survey in June 2021 to identify emerging issues on COVID-19 vaccines; and the vaccination process in Kenya.

Key findings from the rapid assessment survey indicate that: public perception of COVID-19 vaccines is predominantly negative; the government's vaccination plan was noble but not sufficiently inclusive, consultative, or participatory; corruption and theft of COVID-19 resources deepened public distrust of government, with negative



consequence for vaccine acceptance and uptake, and; government's public communications have not succeeded in eroding the power of dominant myths and misinformation, or in addressing some of the most common and enduring concerns by Kenyans including healthcare workers. Key recommendations from the rapid study include:

i Design and implement a robust public education and communication campaign tool/strategy, to debunk dominant myths, and to push back against the strong negative perception of vaccines generally and the COVID-19 vaccines specifically among Kenyans.

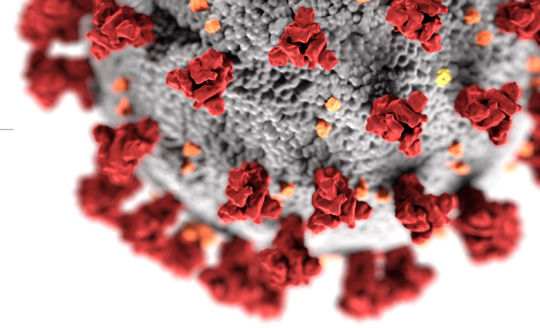
ii Broaden the reach of meaningful participation, consultations, and involvement of key stakeholders to improve the buy-in and effectiveness of the national vaccination framework.

iii To restore public confidence in government and the vaccination process, GoK must improve transparency and accountability in the use of COVID-19 resources and hold accountable all those who abuse public resources meant to combat the pandemic.

iv Develop and implement a robust community engagement strategy specific to the COVID-19 vaccination campaign to address common concerns about COVID-19 vaccines by Kenyans.

v The GoK should make use of available data sources such as the Huduma and national census to enhance equitable access to available vaccine supplies across populations and geographies.

vi Put in place a monitoring, evaluation, and reporting system on vaccine safety including documentation and reporting of adverse effects.



2. CONTEXT

By 22nd July 2021

191,773,590
confirmed cases of COVID-19 globally

4,127,963
deaths reported to WHO globally

4,688,762
confirmed cases of COVID-19 in Africa

By 22nd July 2020

194,310
confirmed cases

3,811
deaths

Since its discovery in the Chinese City of Wuhan in December 2019, the Corona Virus Disease (Covid-19) has wreaked havoc on the global health infrastructure and significantly disrupted the global economy. On 30th January 2020, the World Health Organization (WHO) declared the Corona Virus Disease (COVID-19) outbreak a *Public Health Emergency of International Concern (PHEIC)*, and on 11th March 2020 officially characterized it as a pandemic. By 22nd July 2021, there were 191,773,590 confirmed cases of COVID-19 and 4,127,963 deaths reported to WHO globally, with Africa accounting for 4,688,762 of all confirmed cases. In Kenya, the first COVID-19 case was reported on 13th March 2020, and as of 22nd July 2020, the country had recorded 194,310 confirmed cases and 3,811 deaths.

According to the Kenya National Bureau of Statistics (2020), the Gross Domestic Product (GDP) registered a 5.5 percent contraction by the second quarter of the year 2020.It is estimated that about 43.2 percent of those above 18 years had lost their jobs within the first two months of the pandemic. This, drastically pushed the rate of unemployment to 10.4 percent and poverty by 4 percent.

In response to the expected direct and indirect impact of the pandemic, governments rushed to put in place measures to contain COVID-19 transmissions and reduce pressure on their economies. Among the measures were; strengthening the capacities of health institutions in early detection, rapid testing, and containment actions such as quarantine and treatment. They did this by availing of COVID 19-testing kits, setting up quarantine centers, dedicated facilities in hospitals, and affordable treatment regimes.

In addition to behavior change campaigns, the global community went into urgent development and approval of vaccines to beat the pandemic, and by December 2020, several vaccines had been developed, heralding the advent of mass vaccinations. As of 19th July 2021, 3,568,861,733 vaccine doses had been administered.

While vaccines were expected to help reduce illness and deaths from COVID-19, successful vaccination of populations faced and continues to face many challenges at multiple levels, from production to distribution and deployment. Despite the promise of vaccines to stem the pandemic, the global community has seen significant (re)emergence of vaccine hesitancy. In 2015, the WHO's *Strategic Advisory Group of Experts on Immunization* defined vaccine hesitancy as a 'delay in acceptance or refusal of vaccination despite the availability of vaccination services. It has also been observed that in many countries, vaccine hesitancy and misinformation present substantial obstacles to achieving coverage and immunity. In 2019, the WHO identified vaccine hesitancy as one of the top ten global health threats.

In response to the emerging challenge of vaccine hesitancy among healthcare workers, the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) commissioned a rapid assessment survey in June 2021 to identify and map out emerging issues on COVID-19 vaccines and the vaccination process in Kenya. This Policy Brief is a product of the rapid assessment survey conducted between 1st July and 15th August, 2021.

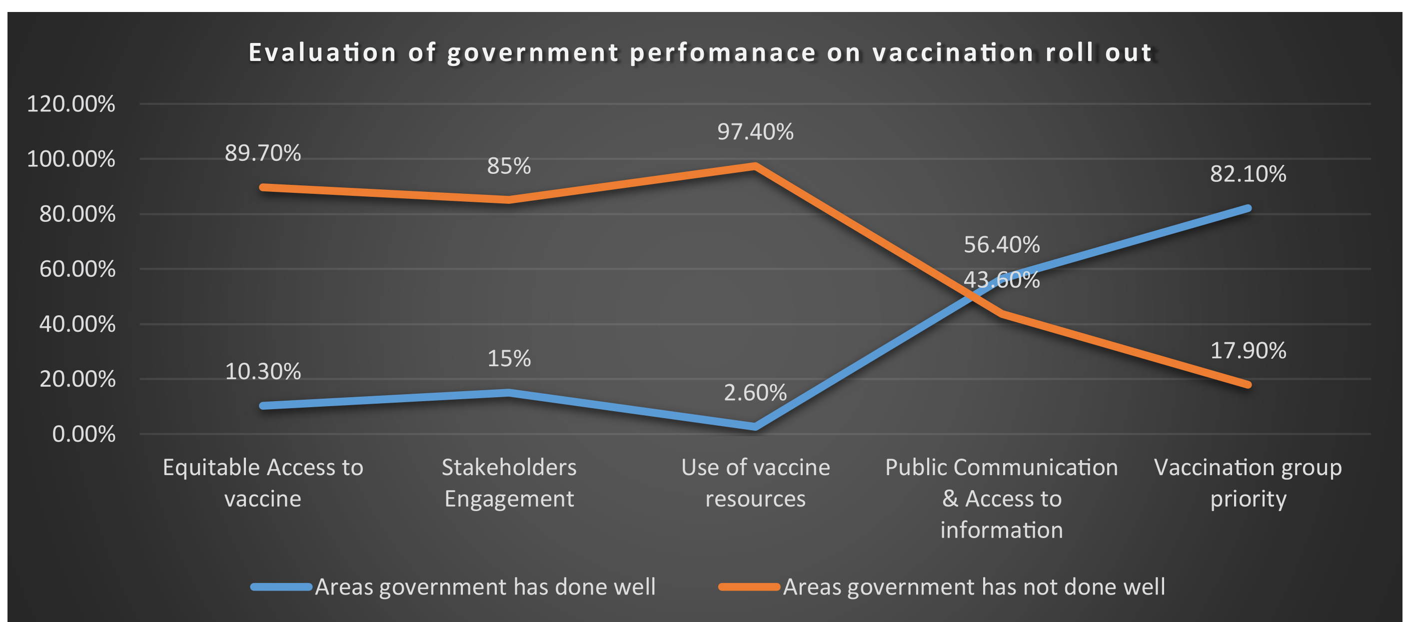
3. KEY FINDINGS

i. Government performs best in prioritization of key populations

The rapid survey findings indicate that a significant majority of respondents (82 percent) approve of the government's prioritization of frontline workers and segments of the population deemed to be at a higher risk of contracting the virus as per the WHO guidelines. These priority groups include healthcare workers, teachers, security personnel, and the elderly (58+ years).

The survey also found that the GoK did fairly well with regard to public communications and information dissemination on the pandemic (See figure 1 below). However, information dissemination and general communications about COVID-19 seem to have failed to erode the power of dominant myths and misinformation about COVID-19 vaccines – including among healthcare workers.

Figure 1: Government performance on vaccine rollout



Source: Survey data, 2021

ii. Negative perception of COVID-19 vaccines undermining vaccine uptake

The rapid assessment survey found public perception of COVID-19 vaccines generally and the vaccination process to be predominantly unfavorable among the respondents, with up to 75 percent and 77.5 percent of all respondents registering a negative perception of COVID-19 vaccines and the vaccination process in Kenya respectively.

Among the factors contributing to the negative perception of the COVID-19 vaccines and the vaccination process include general fear of the unknown propagated mainly through the social media; the swiftness of vaccine development relative to other equally (if not more) deserving

diseases like Malaria; lack of clarity on long-term negative effects of the COVID-19 vaccines; myths about the disease being man-made or a Western tool for population control of citizens of the Global South. This state of misinformation has been compounded by the lack of public awareness and communication campaigns supported by an effective community-level mobilization.

However, despite low levels of vaccine uptake being registered across the population generally, healthcare workers still had a higher vaccine uptake at 60.7 percent compared to other frontline workers (teachers, security officers and, those above 58 years old). According to the Ministry of Health's update on the country's first vaccination phase, teachers and the older persons above 58 years registered very low uptake at 33.5 percent and 8.8 percent respectively (Figure 2). 90.7 percent of the respondents attribute this to misinformation about the COVAX vaccines, 59 percent pointed to lack of trust in government, while 41 percent and 31 percent cited inefficient supply chain and general attitude of the population about the vaccines respectively.

Figure 2: Vaccine uptake during the first phase

Occupation	Dose 2 uptake	Target Population	Fully vaccinated by Occupation
Healthcare workers	126,499	208,418	60.69%
Security Officers	61,267		
Teachers	110,648	330,671	33.46%
Above 58 years Old	228,024	2,594,585	8.78%
Others	221,429		
Total	747,867	3,133,674	23.86%

Source: MOH, 2021

iii. Effectiveness of vaccination plan undermined by exclusion of key stakeholders in consultations

Majority (85%) attributed major hindrance to vaccine acceptance and uptake in Kenya to the absence of meaningful and inclusive consultation with key stakeholders - including with healthcare workers and their unions. 72 percent of healthcare workers surveyed were ***dissatisfied,*** while 10 percent were very ***dissatisfied*** with the vaccination rollout process, arguing that it could have been more inclusive and engaging.

The reasons for dissatisfaction include the perception that the national vaccination plan remained highly top-down, with little to no room for meaningful involvement of healthcare workers, their unions, and stakeholders including at the community level. For instance, despite being key partners in the process, the majority (85%) of healthcare workers cited lack of involvement in the development of the vaccination framework. The exclusion of the healthcare workers' unions (e.g.,

KMPDU and KNUN) may have affected the uptake of vaccines among healthcare workers.

Many respondents felt that the government should have deployed its elaborate infrastructure and coordination capabilities to ensure a more inclusive, transparent, and accountable national vaccination process, hence building trust and broader ownership.

iv. Supply chain challenges and inequitable access undermining national vaccination plan

QN: In what TWO areas of the Covid-19 vaccine response would you say the government has NOT DONE generally well?

While the government's national vaccination plan benefited from effective coordination at both national and county governments levels, a significant proportion of respondents said that the government did not do well in two key areas, namely ensuring equity in access and accountability in the use of resources. Both challenges were attributed to supply chain bottlenecks, limited vaccine supplies as well as abuse of resources set aside for the vaccination processes. 89.7 percent of respondents believe that the government failed to ensure equitable access to COVID-19 vaccines for those who needed them and qualified for prioritization.

In what TWO areas of the Covid-19 vaccine response would you say the government has NOT DONE generally well?

About 41 percent of healthcare workers attributed the limited supply of vaccines to an inefficient vaccine supply chain. They noted that many sub-national healthcare facilities may have limited storage facilities needed to keep vaccines at the right temperature. Additionally, having few vaccination centers worked against vaccine uptake especially at the sub-national and non-urban locations where long travel distances to vaccination centers discouraged the recipients of the vaccines. This compounded by the absence of tangible community engagement and vaccination strategies, led to limited access to vulnerable groups such as Persons with Disability (PWDs).

As of 1st July 2021, only 43.75 percent of the projected 3,133,674 had been vaccinated. The trend was similar across all the priority groups, with healthcare workers, teachers, and the older population above 58 years registering 40.5 percent, 16.4 percent, and 4.9 percent respectively (Figure 3).

Figure 3: Dose 1 and dose 2 vaccination uptake

Priority Group	Dose 1 uptake	Dose 2 uptake	Target Population	Fully vaccinated by Priority Group
Healthcare workers	170,846	84,432	208,418	40.50%
Security Officers	86,123	30,714		
Teachers	156,413	54,074	330,671	16.40%
Above 58 years Old	303,773	127,008	2,594,585	4.90%
Others	293,799	109,918		
Total	1,010,954	406,146	3,133,674	13.00%

Source: MOH, 2021

… if someone gets the first dose of a certain vaccine, the second dose of the same vaccine may not be available at the time it's needed by the same person for the second dose | Participant.

v. Corruption and mistrust of government undermining pandemic response

Other than misinformation (including popular myths about COVID-19 vaccines), up to 56 percent of respondents believed that trust in government (or its lack thereof) was the second most likely factor to affect the uptake of COVID-19 vaccines among Kenyans. Majority (97.4%) cited GoK poor performance with regard to the use of COVID-19 vaccine resources. This has contributed to significant public perception of lack of accountability and abuse of public resources earmarked for the alleviation of pandemic-related public suffering.

97.4 percent registered concerns with the government failure to ensure prudence, efficiency and accountability in the use of Covid-19 financial resources, including loans, grants, and donations.

Numerous reports of procurement-related corruption, misappropriation, and failure to account for COVID-19 related funds and resources including budgetary allocations, donations, and loans contributed towards diminished trust in government and government processes and initiatives. Reports of health sector scandals at the peak of the pandemic, for instance, ***#Covid19Millionaires*** fueled myths such as the belief that the COVID-19 pandemic and attendant protocols and restrictions were less about public health and more about private interest by the powerful and unscrupulous people in the government and business. Further, segregation of the population where the rich have their way to get vaccinated in certain health facilities at the expense of eligible demographics within disadvantaged neighborhoods e.g. informal settlements gave credence to this belief.

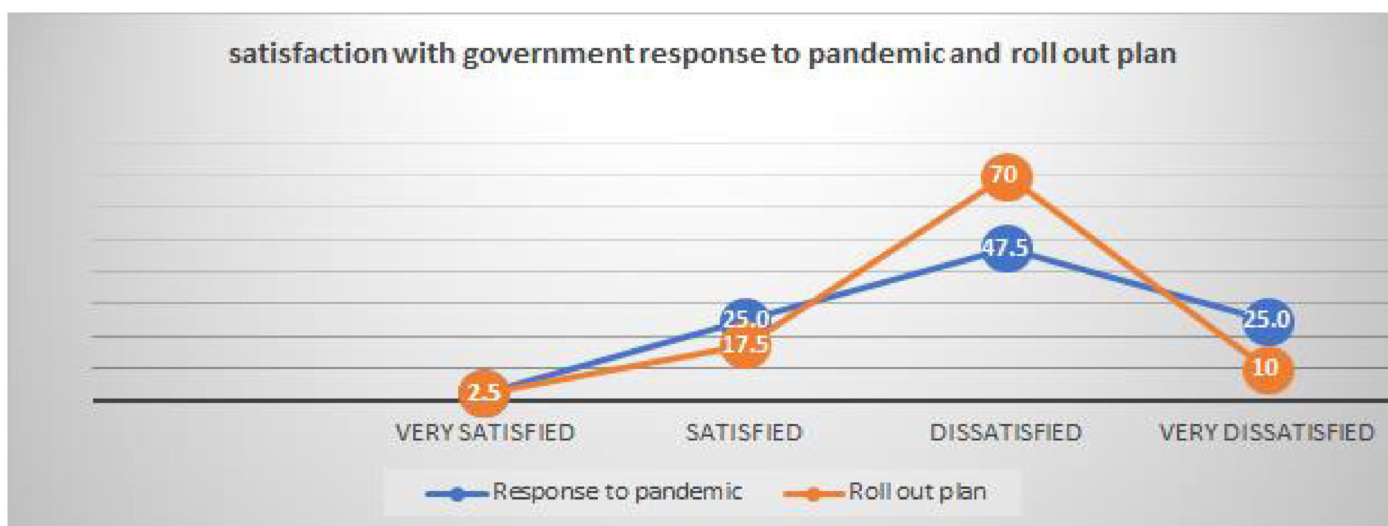
The public may downplay the severity of the pandemic and the central role of behavior change in pushing back the pandemic, thus undermining public health imperatives.

vi. Majority dissatisfied with GoK response to the pandemic and vaccine rollout

At 73 percent, a significant majority of respondents were either ***'dissatisfied'*** or ***'very dissatisfied'*** with the government's general response to the COVID-19 pandemic concerning policy direction, effective public communications, support to the healthcare system and healthcare workers, use of public resources as well as the quality of government engagement with key stakeholders.

While 70 percent of respondents were ***dissatisfied*** with the government's vaccine rollout plan, only 20 percent said they were satisfied with the GoK plan. Those ***dissatisfied*** cited the haphazard nature of the process, and limited use of empirical data to guide the distribution process, as well as the exclusion of key actors. For instance, most community health volunteers (CHVs) had no information about the vaccine, neither were they provided with the PPEs, yet CHVs provide a channel for community sensitization and a critical link with communities during interventions.

Figure 4: Satisfaction with government response to the pandemic and vaccine rollout plan



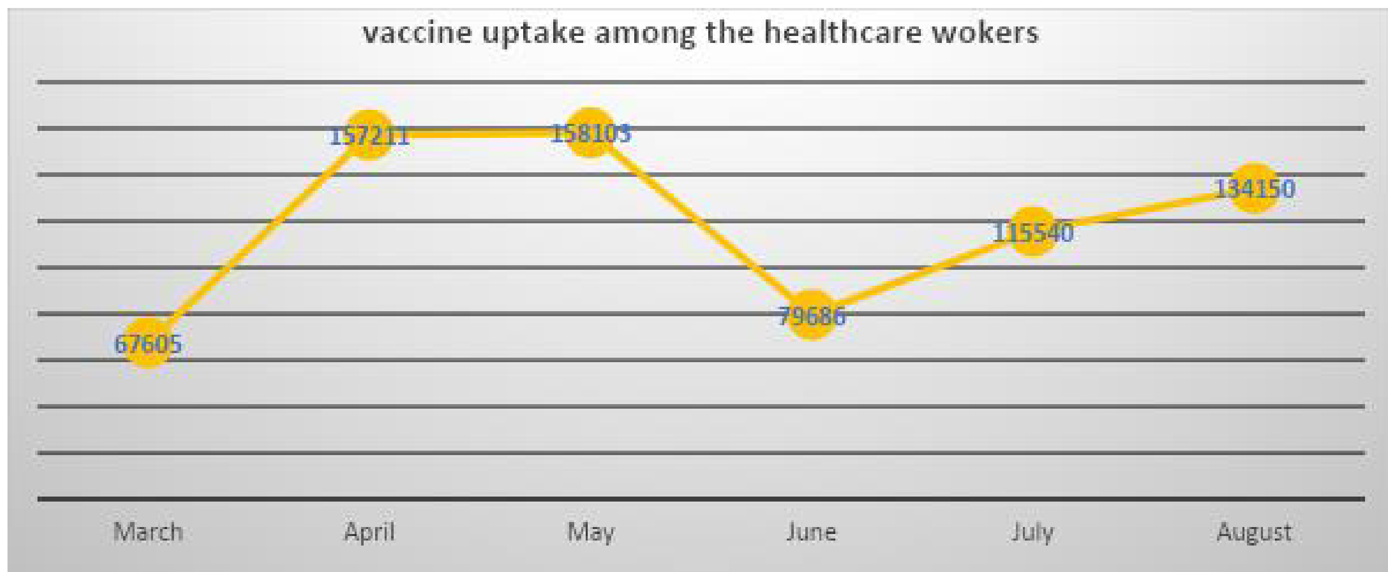
Source: Survey data, 2021

vii. Inadequate consultations undermine capacity of healthcare workers to address concerns driving vaccine hesitancy

Despite being among the priority groups targeted in the first vaccination phase, vaccination uptake was very slow at the beginning among healthcare workers. By the end of June 2021, only 84,432 health care workers had been fully vaccinated against the targeted 208,418 representing 40.5 percent. 89.7 percent of healthcare workers attributed this to inadequate supply of vaccines against 10.3 percent that responded otherwise. 85 percent attributed low uptake to government failure to constructively engage them through their unions against 15 percent that felt they were engaged hence low confidence in the vaccine efficacy.

However, beyond supply chain inefficiencies, the general fear of adverse side effects of the COVID-19 vaccines as reported internationally seem to have raised concerns among both healthcare workers and the general population. Concerns regarding the safety and efficacy of the vaccine (for instance that AstraZeneca was allegedly developed within 'a short six month-period') were compounded by quick spread via social media of the numerous myths and misinformation about vaccines and the vaccination process. While the earlier suspension of the use of AstraZeneca in Europe seemed to give credence to existing myths, GoK missed the opportunity to engage and deploy healthcare workers across cadres nationally to effectively and factually address legitimate concerns and counter myths that contributed to vaccine hesitancy at the beginning of the process in the country.

Figure 5: Vaccine uptake among healthcare workers



Source: MOH, 2021

By the end of June 2021, only 84,432 health care workers had been fully vaccinated against the targeted 208,418 representing 40.5 percent.

4. CONCLUDING RECOMMENDATIONS

4.1 National and County Governments

a. Given the emerging global consensus that Covid-19 will remain for a long time, the government should create a Covid-19 vaccine policy and review the National Policy Guidelines on Immunization (2013). While a Covid-19 vaccination policy would provide guidance on Covid-19 and similar pandemics now and in the future, both actions will also help liberalize the national vaccination process, enabling private healthcare facilities with the right capacity to provide vaccination services, and enhance equitable access to vaccines.

Increase resources for health, allocate sufficient resources to specifically support healthcare workers at all levels and encourage all healthcare workers to be fully vaccinated.

b. Improve the capacity of, and empower the Pharmacy and Poisons Board to accelerate Covid-19 vaccines approval for vaccines procured outside the COVAX facility.

c. To make vaccines available and ensure effective and equitable implementation of the vaccination plan across the country, GoK should address supply chain challenges including investment in vaccine storage facilities at the subnational levels.

d. Increase resources for health, allocate sufficient resources to specifically support healthcare workers at all levels and encourage all healthcare workers to be fully vaccinated.

e. Put in place measures to ensure transparent and accountable use of Covid-19 resources.

f. Set up systems of monitoring Covid-19 vaccines safety and prompt reporting of adverse events by the ministry.

g. Deploy more effective public communication strategies, including generating popular and IEC materials that simplify complex vaccine information for a non-medical public

4.2 Healthcare workers: Healthcare workers and their unions need not only to advocate for sufficient number of vaccine doses in the country and more meaningful participation in national vaccination planning, but the unions can also use their convening power, legitimacy, workspaces, and platforms to advance public knowledge on vaccines and address the fears and misinformation that breeds hesitancy among the healthcare workers.

4.3 The Media: The media remains a key partner in the vaccination process. There is a need for partnership between the government, the ministry of health, and the media that goes beyond reporting COVID-19 fatalities. Being a victim of infodemics, the mainstream media, in particular, could use available empirical data to educate the population, combat myths, and correct misinformation about vaccines. Even as concerns over vaccine hesitancy remain across the world - including among healthcare workers, the media can collaborate with the government and other key actors to drive a robust public communications campaign to (re)build trust and improve vaccine acceptance.

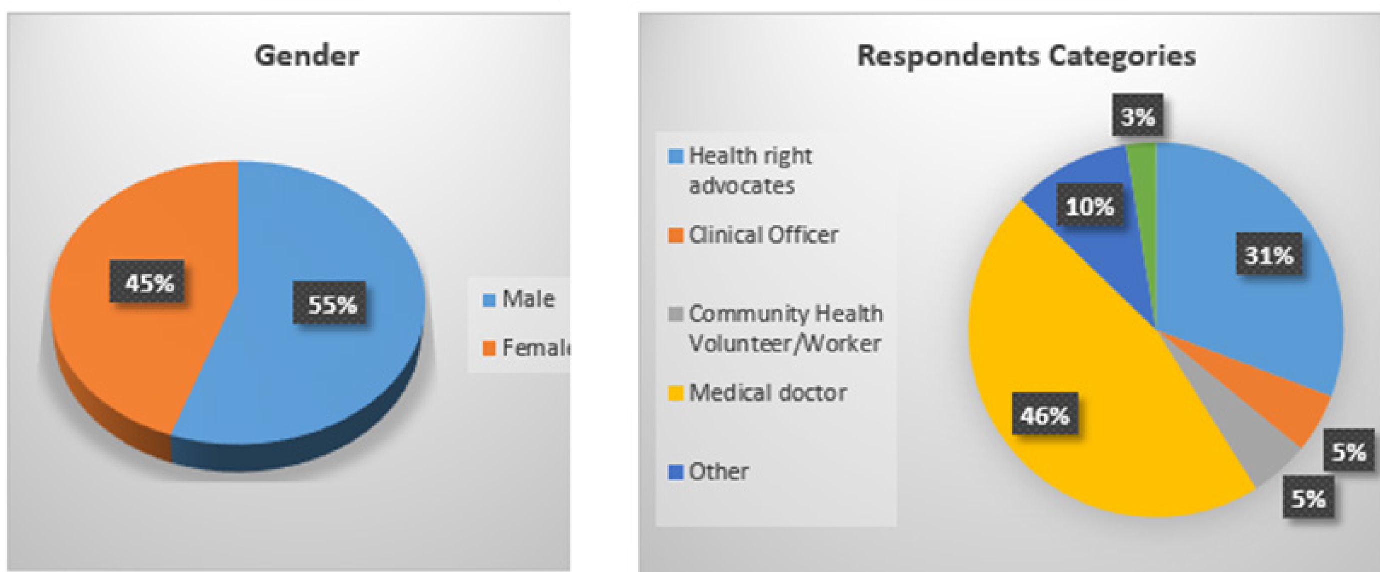
4.4 The civil society: The civil society, including campaigners for health and rights, equality and non-discrimination, accountability, and anti-corruption should broaden the scope of their advocacy to include equitable access to vaccines, transparent and accountable use of resources as well as better sharing of information by all key actors across government and non-government.

5. METHODOLOGICAL NOTE

The rapid assessment survey was undertaken using a mixed methodology approach, including desk review, ten (10) key informant interviews (KIIs), and an online survey. Attempts to conduct two Focus Group Discussions (FGD), one targeting healthcare workers and another a mixed group) failed to take place despite multiple best efforts, complicated by the COVID-19 related restrictions and public safety precautions. The KIIs were recorded and transcribed. Both KIIs and forty (40) responses from the online survey were analyzed. Triangulation was used to ensure completeness, balance, objectivity, and reliability of the data collected across the three trajectories.

Both KII and the survey respondents were diverse across gender, cadres of healthcare workers (doctors, nurses, clinical officers, and community health workers/volunteers), government, and non-government (civil society and health rights advocates).

Figure 7: Respondents by gender and profession/sector



Source: MOH, 2021

CORONAVIRUS
COVID-19
Vaccine
INJECTION ONLY

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