health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Date:	1 December 2021		
To:	**Minister J Phaahla, Honourable Minister of Health**	From:	**Ministerial Advisory Committee (MAC) on COVID-19, COVID-19 Vaccines, and the Multi-sectoral MAC on Social Behaviour Change**

STRATEGIES TO ADDRESS COVID-19 VACCINE HESITANCY AND PROMOTE ACCEPTANCE IN SOUTH AFRICA

Problem Statement

The COVID-19 pandemic continues to have significant health, human, social and economic impact on South African society. Declining uptake of COVID-19 vaccines in South Africa is cause for concern (https://sacoronavirus.co.za/latest-vaccine-statistics/), despite the "Vooma" initiative which aims to reduce vaccine access constraints rather than hesitancy. Access constraints are therefore not equated with vaccine hesitancy in this Advisory. Ensuring a sound understanding of vaccine hesitancy, and to promote acceptance and confidence in current and forthcoming COVID-19 vaccines, is critical to personal health, protecting the most vulnerable populations, reopening social and economic life and potentially achieving population health and safety through immunity. Evidence suggests that among those not immediately accepting of vaccines, most are hesitant as opposed to anti-vaccines "anti-vaxx". Vaccine hesitant individuals comprise a diverse group of people with varying levels of doubt, indecision, uncertainty, or mistrust of COVID-19 vaccines who could be assisted to develop vaccine confidence if engaged with appropriately. This advisory reviews and updates the previous April 2021 Hesitancy advisory with current evidence and best practice to advise the National Department of Health on a focused plan of action to recognise and respond effectively to COVID-19 vaccine hesitancy in South Africa. If vigorously and skilfully implemented, we believe that this could moderate or prevent a significant fourth wave.

Evidence review

Several surveys have been conducted in South Africa from April 2020 to July 2021 to examine vaccine hesitancy. These include:

1. The University of Johannesburg and the Human Sciences Research Council (UJ-HSRC Survey) conducted four rounds of online surveys to determine public perceptions of the Coronavirus on South Africans. Round 3 (*N*=10,618) and Round 4 (*N*=7,889) explored people's willingness to receive a COVID-19 vaccine.

2. Ipsos conducted three rounds of surveys on its Global Advisor online platform, which involved

22 countries and included a question on vaccine acceptance. South African sample (*N*=500; 500 and 1,000 per round).

3. The COVID-SCORE Global Survey included an online panel of respondents from19 countries (*N*=13,426), including 609 respondents from South Africa.

4. The South African Social Attitudes Survey (SASAS) administered by the HSRC, included three questions on attitudes towards vaccination (*N*= 2,844).

5. Ask Afrika conducted the 'COVID-19 Tracker study' to understand the impact of the coronavirus on South Africans.

6. The Africa Centres for Disease Control and Prevention (Africa CDC) conducted a survey across 15 African countries, including South Africa (*N*=15,000).

7. The Council for Medical Schemes (CMS) implemented an online survey to gauge support for Covid-19 vaccination among its members (*N*=75,518).

8. The National Income Dynamics Study - Coronavirus Rapid Mobile Survey (NIDS-CRAM), administered jointly by the Universities of Stellenbosch, Cape Town and Witwatersrand, conducted five rounds of online surveys to determine the impact of COVID-19 on South Africans. Wave 4 (*N*=4,792) and Wave 5 (*N*=4,996) examined people's willingness to take the COVID-19 vaccine.

9. The Sarraounia Public Health Trust, Human Sciences Research Council, and South African Medical Research Council assessed willingness to accept COVID-19 vaccination in four wards in South Africa (The VaxScenes Study) from in June and July 2021 (*N*=1195)

There is some variability in the levels and correlates of COVID-19 vaccine hesitancy reported in surveys (e.g., vaccine hesitancy levels ranged from 18% to 48% in different surveys. Related to this, measures of vaccine acceptance ranged from 52% to 82%). Some studies also had small sample sizes, nonrepresentative samples and/or unclear methods. The findings reported here therefore need to be interpreted with some caution.

The UJ-HSRC and NIDS-CRAM studies, the largest nationally representative studies to date, both suggest **a general upward trend in acceptance.** Both found in their latest survey rounds that more than 7 in 10 adults surveyed had either been vaccinated or would like to be vaccinated. The UJ-HSRC study found that for adults supportive of vaccination, the main motivations have remained consistent over time: to protect self and others. However, about a third of the South African adult population remains unconvinced or hesitant – a proportion that is higher than for most countries globally.

The Ask Afrika, UJ-HSRC, NIDS-CRAM, CMS and VaxScenes studies revealed that key vaccine hesitancy drivers were concerns about side-effects and effectiveness, with some people

expressing broader distrust in vaccines. Both rounds of the UJ-HSRC and NIDS-CRAM studies showed that these primary reasons have remained consistent over time. Both rounds of the UJ-HSRC and NIDS-CRAM surveys, as well as the Ask Afrika studies, show that age is an important correlate of vaccine attitudes, with younger adults having more concerns and/or being less accepting of COVID-19 vaccines. The latest round of the UJ-HSRC study also revealed a significant decline in acceptance over time amongst the youth (18-25 age group). Both rounds of the UJ-HSRC survey found that those disillusioned with the Government and its handling of the pandemic, were less accepting of the vaccine. The CMS study corroborated a perception that politics played too much of a role in the vaccine development process and this shaped some reasons for vaccine hesitancy. These findings are consistent with international evidence which shows that some people's vaccination intentions and behaviours are influenced by wider political events and relations. AskAfrika's early poll indicated that stopping the roll-out of the AstraZeneca vaccine reduced levels of trust and perceptions of vaccine safety and reduced confidence in the vaccine decision-making process. Both rounds of the UJ-HSRC and NIDS-CRAM surveys found that race may play a role in shaping COVID-19 vaccine hesitancy, with NIDS-CRAM 5 showing that White respondents were more hesitant followed by Coloured and then Indian/Asian respondents. The latest rounds of the UJ-HSRC and NIDS-CRAM surveys found that vaccine hesitancy was higher amongst those who receive information via social media or who reported social media as their trusted information source respectively. The NIDS-CRAM survey revealed that local community leaders play a significant role in influencing, and being able to change, people's vaccination attitudes.

Those who are hesitant require a different approach to those who are anti-vaccine. These findings suggest that vaccine hesitancy is a complex and dynamic social process that reflects multiple webs of influence, meaning, and logic. International literature indicates that some individuals from higher socioeconomic classes view health, health-related risks and decisions as matters of individual rather than social responsibility. For these people, vaccination promotion discourses which advocate vaccine uptake as being for the public good, can conflict with their perceived individual liberties and beliefs. For others, vaccine acceptance is viewed as a collective responsibility and reflects willingness to be vaccinated to protect others through 'population immunity'. This sense of Ubuntu was manifest in local survey participants from lower socioeconomic status, rural areas, and townships, who portrayed a greater sense of being motivated by caring for their families, less reliance on government, and greater willingness to take COVID-19 vaccines.

In the UJ-HSRC and NIDS-CRAM surveys, a small minority were swayed by explanations that linked vaccines to conspiracy theories and the occult. While the ideas held by vaccine denialists or "anti-vaxxers" are not irrelevant, **authoritative international literature suggests that efforts should focus on those who are hesitant, reluctant, distrusting of vaccine, requiring further information and persuasion, rather than focusing on anti-vaxxers, denialists and their diverse motives and arguments. Anti-vaxx arguments should not be repeated or argued against in the public domain as they are already well known and do not warrant additional exposure.**

Recommendations

Evidence suggests that many South Africans are already convinced that vaccines will be good for themselves and society. This is a powerful positive message that should form the basis of Department of Health communications to improve vaccine confidence and uptake. A comprehensive, multi-sectoral communication strategy must focus on converting these positive attitudes into vaccine uptake while simultaneously addressing concerns for those who remain hesitant, reluctant, and distrusting. A detailed guide to a public communication strategy, with separate sections for different South African age and demographic group, is provided in Addendum A.

Vaccine Literacy

Public education in the form of vaccine literacy campaigns must provide factual information, focus on legitimate questions and concerns about COVID-19 vaccines and be responsive to these concerns. Targeted strategies, which focus on certain population groups and are tailored to their specific concerns, are essential, as outlined in Addendum A. Government should support and work with civil society and other role players in this regard (see 'Multipliers' in Addendum A) , including through making public space available, cooperating on programmes, and providing financial support. These expansions with civil society and supportive non-governmental organisations can multiply vaccine confidence efforts.

Communication

A comprehensive vaccine communication strategy around vaccine safety and effectiveness must be implemented that is open, timely, manages any mis/disinformation around it, and be balanced and transparent, including potential adverse effects, benefit-risk considerations, evidence gaps and legitimate uncertainties surrounding vaccines. Specific strategies should be developed for hesitancy that has emerged in relation to specific target populations such as pregnant women or adolescents. This must include real world current local and global data on vaccine effectiveness, linked to vaccinated and unvaccinated hospitalisation and mortality data. This will mitigate problems caused by lack of vaccine confidence limiting vaccine uptake, will promote greater public confidence and associated COVID-19 vaccination acceptance. Financial support to enable this must be prioritised.

Communication must involve more than information to address vaccine hesitancy, and assume that people develop their beliefs through their life experiences and that culture, personal background, religion, and political leanings all shape people's reactions to facts supplied to them. Vaccine uptake as an altruistic social act should be emphasised, as much as for personal immunity.

Communications should be delivered by a variety of trusted and articulate sources as these frequently differ between contexts and population groups. Approaches that associate vaccine roll-out with politics or specific politicians should be discouraged as these are not likely to encourage vaccine acceptance. Understanding specific sources that are trusted and perceived as credible amongst specific population groups and involving these in the provision of COVID-19 vaccine information, is therefore important (see 'Messengers' in Addendum A).

Creating an Enabling Environment

The data underline the importance of strong evidence-based leadership in driving demand and shaping attitudes towards vaccinations. The Government, civil society, the media, and influential political, faith and cultural leaders can all play a part in explaining vaccine practicalities (where, how, who, and when), safety and efficacy. Trusted academics and clinicians, skilled in science communication, should be part of the national communication strategy.

It is important for all outreach and community messaging to not focus exclusively on vaccines but also to emphasise the importance of ongoing or enhanced adherence to non-pharmaceutical interventions in combatting SARS-CoV-2 transmission as these will make an important and positive difference in disease transmissibility and national disease burden.

Promoting enhanced uptake of vaccines requires community involvement and participation. Key to this effort are non-government and civil society organisations, as well as influential faith and cultural leaders in motivating communities towards vaccine acceptance. Community mobilisers must engage with the community at various levels and through various organisationsto support the vaccine programme. It is also important that vaccine roll-out is conducted efficiently and competently at the designated sites to maximise positive public reports on the vaccination experience – i.e., maximise positive user experience reports.

When vaccine boosters are implemented and required, all eligible persons should receive repeated EVDS SMS reminders until the booster is administered.

Rationale for Recommendations

Communications to counter hesitancy and build confidence must be located within an evidence-based and highly localised context. In the case of COVID-19 vaccines, roll-out communications must be grounded in honest and contextualised messaging, i.e., building confidence whilst being transparent about limitations, known side effects and their probability, supply, availability, prioritisation, access.

Vaccine confidence must be promoted with other ongoing prevention interventions, such as the ongoing importance of NPIs to reduce deaths, hospitalisation, and infection. Combined advocacy, communication, and social mobilisation strategies at all levels, from personal to community and social, are needed for the uptake of vaccines to occur at the scale required to address vaccine hesitancy. Hopefully, this will motivate people to access COVID-19 vaccines in the best interests of individuals, their communities, and South Africa as a whole.

Thank you for your consideration of this advisory.

Kind regards,

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PROFESSOR KOLEKA MLISANA
CO-CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

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BISHOP MALUSI MPUMLWANA
CHAIRPERSON: MULTI-SECTORAL MAC ON SOCIAL BEHAVIOUR CHANGE
DATE: 1 December 2021

CC:
- **Dr SSS Buthelezi (Director-General)**
- **Dr N Crisp (Deputy Director-General: National Health Insurance)**
- **Incident Management Team**

ADDENDUM A

STRATEGIES TO ADDRESS COVID-19 VACCINE HESITANCY AND PROMOTE ACCEPTANCE IN SOUTH AFRICA

Expanding COVID-19 vaccine confidence

Communications Planning Framework (November 2021)

The benefits of COVID-19 vaccination are clearly demonstrated. However, uptake of this message and resultant widespread vaccination are inhibited by various factors including age, living-context, motivators, trust in the source of information, belief systems and others.

The following framework includes evidence-based and best-practice guidance to inform communications activities by varied groups in support of widespread vaccination in South Africa. The guidance is presented across age-groups and differentiated by rural or urban. Guidance is provided on (1) **Best Media** channels (e.g. news media, radio, social media, television), (2) **Messenge**r (trusted voices and sources), (3) **Discussion points** (key messages and conversation topics), and (4) **Multipliers** (relevant actors, networks and organisations who can amplify the discussions and expand vaccination confidence).

Where appropriate both good practice, as well as risks and pitfalls for engaging specific audiences are provided. In due course this guidance may be refined and expanded for specific sectors (e.g. news editors, health providers*) as new data emerge in this rapidly developing field. Links to relevant resources and data are provided where possible.

Demographic Group by DoH vaccine age groups and urban/rural Age band specific Vaccination uptake data from EVDS Urban/rural split data not available.	**Best Media (Top 3 only)** The platform on which each age/demographic group receives important public information E.g. news media, social media, television, radio, etc. **Ask Afrika empirical data on top 3 sources of information for each demographic group*1**	**Messenger (s)** The voices and sources who are trusted by the audience E.g. experts, leaders (religious, cultural, traditional), influencers, etc. Ask: Who are the influential voices in this discussion?	**Discussion points** Key messages and conversation topics incl. appropriate framing	**Multipliers** Multipliers are relevant players, networks and organisations who can expand vaccination confidence E.g. Faith-based organisations, professional bodies (e.g. SANEF, SAMA), NGOs, (e.g. TAC), Solidarity Fund, medical aid schemes, businesses (e.g. pharmacy chains, Boxer stores) etc.
General Comments				
• General Guidance • Latest vaccine uptake data	• Evidence on the effects of digital interventions to promote uptake of • vaccinations is fragmented and	• Use of political and government voices can be counter-productive - especially for less dominant	• Conversations about 'vaccine hesitancy' can result in hesitancy [ref?] • Consider using	• Faith leadership • Higher Education Sector Policies • NGOs • CBOs • Solidarity Fund

• Vaccine recipients by gender as at 21/11/2021: • Male: 43.03% • Female: 56.97% • Percentage of adult population vaccinated as at 21/11/2021: • 40.87% • (N= 39,798,201; Excludes 12-17 years of age) • Focus on: • Follow-through (Eager to get the vaccine; Faces intention action gaps) • Persuasion (Has concerns about the vaccine; Has misperceptions about the vaccine)	shows mixed results.	affiliates. Resistance to/distrust of govt government expressed through hesitancy (Moy Foong Ming - Malaysia) • Door-to-Door visits can be counter-productive (Closser, JHU) unless other health needs are also addressed. • Scientists are not always good public communicators (WHO, 2017). • Scientists and/or clinicians engaging in public hesitancy/vaccine confidence discussions must be selected for ability to engage at public level (WHO, 2017).	"Vaccine Confidence" – see The Vaccine Confidence Project • It is generally **NOT** regarded as helpful to repeat anti-vaxx theories; just mention that they are well known. • Mention global successes and wide uptake of childhood immunisation programmes • Express appreciation to those who have stepped up for vaccination - for self and community • Mention global figure of vaccines administered to date (changes daily). • and in South Africa • Information provided should be balanced and transparent, including about potential adverse effects, evidence gaps, and uncertainties surrounding the vaccines (and the pandemic more broadly) i.e. overconfident declarations of vaccine safety and effectiveness in absolute terms can be counterproductive • Vaccine hesitancy: Understanding Belief Formation • Promoting COVID-19 vaccine acceptance: recommendations from the Lancet Commission on Vaccine Refusal,	

			Acceptance, and Demand in the USA (Nov 2021) • Vaccine reserved for you - A megastudy of text-based nudges encouraging patients to get vaccinated at an upcoming doctor's appointment. • Using defaults (Addressing vaccine hesitancy) • Focus on the vaccine as a scarce resource • Using reciprocity as a social norm • Understand "What's your Why? - People are interested in getting the COVID vaccine for many different reasons. Help us develop future messages by telling us your most important reason for wanting to get vaccinated • Ensure follow-through with COVID-19 vaccination bracelets • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine uptake should precede and limit a 4th wave • Financial Incentives • Repeated EVDS SMS messages for boosters until administered. • Consider	

			prosecution of perpetrators of unscientific and false “anti-vaxx” messaging • Second main doses and boosters: Ensure that information about second doses and boosters is clearly given with administration of initial doses.	
URBAN				
• 12-17 • Vaccination uptake as at 22/11/2021: • 355,902 • F: 192,584 • M: 163,318 • NICD Monthly COVID-19 in children • NICD - COVID 19: Unpacking South Africa's plan to vaccinate adolescents	• TV news/current affairs • TV ads • Social media • Tik-Tok videos, instagram	• Health care providers/scientific leaders • Address omission bias with conditional requirements - You must be vaccinated to attend certain events, certain places etc	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Vaccine literacy • Scientific responses to isolated adverse event reports • Rumours about vaccines causing infertility/impotence (Not supported by data – see reference 1 and reference 2) • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Address omission bias - driver of decreased vaccine intentions and provider trust. Parents may be reluctant/concerned to have their children vaccinated due to heightened concern about the potential for moral culpability for	• Faith leadership • Education role players • Medical Aid Schemes • NGOs • Suitable media influencers

			action versus inaction. There could be a greater perception of harm to children compared to adults. • Voices from the children/adolescents within their own peer groups. • How best can we meet adolescents where they are?	
• 18-34 • Vaccination uptake as at 21/11/2021: 26%	• TV news/current affairs • TV ads • Radio news/current affairs	• Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine literacy • Scientific responses to isolated adverse event reports • Rumours about vaccines causing infertility/impotence (Not supported by data – see reference 1 and reference 2) • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Messaging that emphasizes science over	• Faith leadership • Education and Higher Education Sector Policies • Medical Aid Schemes • Leading Research Units • NGOs

			politics; endorsements by diverse and well-regarded celebrities and opinion leaders; and emphasis on facts and evidence over myths and disinformation - • Behaviourally informed strategies for a National COVID-19 Vaccine Promotion Program • Perceptions of COVID-19 Vaccines in South Africa, • Factors influencing COVID-19 vaccine uptake among minority groups)	
• 35-49 • Vaccination uptake as at 21/11/2021: 45%	• TV news/current affairs • TV ads • Radio news/current affairs	• Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Accurate info on benefits • Vaccine literacy • Scientific responses to isolated adverse event reports • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence	• Faith leadership • Higher Education Sector Policies • Medical Aid Schemes • Leading Research Units • NGOs • Suitable social media influencers
• 50-59	• TV news/current	• Health care	• Protect self and	• Faith leadership

• Vaccination uptake as at 21/11/2021: 58%	affairs • TV ads • Radio news/current affairs	providers/scientific leaders	others • Side effects • Questions about effectiveness • Accurate info on benefits • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine literacy • Scientific responses to isolated adverse event reports • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence	• Higher Education Sector Policies • Medical Aid Schemes • Leading Research Units • NGOs
• 60+ • Vaccination uptake as at 21/11/2021: 64%	• TV news/current affairs • TV ads • Radio news/current affairs	• Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Scientific responses to isolated adverse event reports • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data	• Faith leadership • Higher Education Sector Policies • Medical Aid Schemes • Leading Research Units • NGOs

			on unvaccinated • Limits variant emergence	
Rural				
• 12-17 • Vaccination uptake as at 22/11/2021: • 355,902 • F: 192,584 • M: 163,318 • NICD Monthly COVID-19 in children • NICD - COVID 19: Unpacking South Africa's plan to vaccinate adolescents	• TV news/current affairs • TV ads • Radio news/current affairs Tik-Tok videos, instagram	• Local Community leaders • Health care providers/scientific leaders • Address omission bias with conditional requirements - You must be vaccinated to attend certain events, certain places etc	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Vaccine literacy • Scientific responses to isolated adverse event reports • Rumours about vaccines causing infertility/impotence (Not supported by data – see reference 1 and reference 2) • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Ubuntu • Address omission bias - driver of decreased vaccine intentions and provider trust. Parents may be reluctant/concerned to have their children vaccinated due to heightened concern about the potential for moral culpability for action versus inaction. There could be a greater perception of harm to children compared to adults. • Voices from the children/adolescents within their own peer groups.	• Faith leadership • Education sector leadership • Community leaders • Local HCWs • Assist with logistics, registration etc

			• How best can we meet adolescents where they are?	
• 18-34 • Vaccination uptake as at 21/11/2021: 26%	• TV news/current affairs • TV ads • Radio news/current affairs	• Local Community leaders • Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine literacy • Scientific responses to isolated adverse event reports • Rumours about vaccines causing infertility/impotence (Not supported by data – see reference 1 and reference 2) • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Ubuntu. • Messaging that emphasizes science over politics; endorsements by diverse and well-regarded celebrities and opinion leaders; and emphasis on facts and evidence over myths and disinformation -	• Faith leadership • Community leaders • Assist with logistics, registration etc • Senior Health Officials • Cultural leaders • Suitable social media influencers • NGOs • CBOs

			• Behaviourally informed strategies for a National COVID-19 Vaccine Promotion Program • Perceptions of COVID-19 Vaccines in South Africa, • Factors influencing COVID-19 vaccine uptake among minority groups)	
• 35-49 • Vaccination uptake as at 21/11/2021: 45%	• TV news/current affairs • TV ads • Radio news/current affairs	• Local Community leaders • Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Vaccine literacy • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Scientific responses to isolated adverse event reports • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Ubuntu	• Faith leadership • Community leaders • Assist with logistics, registration etc • Senior Health Officials • Cultural leaders • NGOs • CBOs
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			vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine literacy • Scientific responses to isolated adverse event reports • Acknowledge unknown issues like duration of immunity • Positive user reports • High admission and mortality data on unvaccinated • Limits variant emergence • Ubuntu	
• 60+ • Vaccination uptake as at 21/11/2021: 64%	• TV news/current affairs • TV ads • Radio ads	• Local Community leaders • Health care providers/scientific leaders	• Protect self and others • Side effects • Questions about effectiveness • Accurate info on benefits • Need for regular updates on vaccine effectiveness in reducing severe disease and mortality • Weekly data on vaccinated vs unvaccinated hospitalization and death • Vaccine literacy • Acknowledge unknown issues like duration of immunity • Scientific responses to isolated adverse event reports • Acknowledge unknown issues like duration of immunity • Positive user reports	• Faith leadership • Community leaders • Assist with logistics, registration etc • Senior Health Officials • Cultural leaders • NGOs • CBOs

			• High admission and mortality data on unvaccinated • Limits variant emergence • Ubuntu	
Special populations				
• PLWH	• No data ?as above			• TAC, SANAC
• PLWD (Disabilities)	• No Data ?as above			
• HCWs* 497,855 vaccinated (Sisonke data) % of all HCW not known.	• (?Scientific journals, leading international and SA scientists)		• Data pending - study by Moshabela et al UKZN in progress.	• SAMA; HPCSA and other professional bodies, e.g. SANC, SAPC,

*Health providers possibly to be included in a third advisory (including how to respond to queries about vaccines) – HCW hesitancy study in progress (Nov 2021-Jan 2022 - Prof M Moshabela & Dr G George UKZN).
*1: Note: 1) DoH EVDS and AskAfrika age groups do not align exactly but are similar 2) AskAfrika data do not make urban/rural distinction but make a city/township distinction. Township data here loosely used for rural, major limitations must be noted and have been considered in tailoring each line.