



Impact of perceptions of COVID-19 vaccines on health-seeking behaviours in Sierra Leone

Background

By March 2022, one year after the start of the COVID-19 vaccination campaign in Sierra Leone, only 14% of the population had been fully vaccinated (OurWorldinData.org). Vaccine hesitancy has been demonstrated to influence COVID-19 vaccine uptake in high-income countries and there is growing evidence that it has also played a role in sub-Saharan African contexts. In addition, evidence suggests that since the onset of the COVID-19 outbreak in Sierra Leone, utilisation of health services, in general, and of the Expanded Program on Immunisation (EPI), in particular, suffered significant drops (UNICEF, June 2021).

Little is known about social perceptions of COVID-19 vaccines in Sierra Leone and how the population has received this novel vaccine. Moreover, the influence that COVID-19 vaccine hesitancy may have had (and continue to have) on health service utilisation remains unknown. The IPERVAC-SL study addresses this knowledge gap by generating up-to-date qualitative evidence with policy relevance. Study results indeed, may provide valuable guidance to inform national vaccination strategies for COVID-19 and other vaccination efforts conducted within the context of emerging outbreaks. This brief outlines the key findings drawn from the IPERVAC-SL study.

IPERVAC-SL study at a glance

Type of study: Qualitative study

Rationale: Address knowledge gap in the study of COVID-19 vaccine hesitancy

Study aim: To understand perceptions of COVID-19 vaccines among lay persons and healthcare staff in Sierra Leone and its implications on health-seeking behaviours

Duration: March 2022 - March 2023

Key highlights

Understanding social perceptions and attitudes towards COVID-19 vaccines is key to gaining deeper insight into vaccine adherence, and how this can impact health services utilisation

The IPERVAC-SL study explored the impact of COVID-19 vaccine hesitancy on health-seeking behaviours in rural and urban areas of northern Sierra Leone

Key findings show that past experiences with the Ebola outbreak influence how the pandemic and the COVID-19 disease are perceived

Fears and mistrust towards COVID-19 vaccines initially affected health service utilisation, including immunisation services

Influential and trusted actors at community level have contributed to COVID-19 vaccine acceptance

Health service utilisation has gradually resumed, together with an increase in COVID-19 vaccine uptake

Sites: Makeni city and Port Loko district (Rogbere, Masiaka, Lunsar)

Methodology: Individual interviews, Focus Group Discussions, and observations

Participant profiles: Caretakers of children under five years of age, Facility-based healthcare providers, CHWs, traditional health providers, community leaders, health authorities

Partners: coordinated by ISGlobal in collaboration with COMAHS-MOHS

Donor: Fundació Glòria Soler Elias

Key findings

What do lay persons know of, and how do they perceive, COVID-19 disease?

- Widespread belief that the disease does not exist in Sierra Leone, or that it is '**invisible**' to people given that it has not been experienced by most.
- Knowledge of the **aetiology** is aligned with biomedical knowledge but it often overlaps with that of Ebola, even among some healthcare workers. For example, understanding of COVID-19 transmission mechanisms includes descriptions of airborne and blood transmission, while understanding of symptoms is characteristic of both respiratory and haemorrhagic diseases.
- The virus/disease is perceived to not affect black populations.
- The disease is perceived to be severe but the perceived **risk** is low.

How do lay persons perceive COVID-19 vaccines and what are their attitudes towards them?

- Generalised perception that the COVID-19 vaccine kills within a specific and delayed timeframe (e.g. within the next year or later).
- Other **perceived properties** of the vaccine: causes infertility, activates latent illnesses, induces side effects, causes electromagnetism, leads to COVID-19 infection, has curative properties, and is ineffective.
- Overall, general understanding that COVID-19 vaccines intend to prevent COVID-19 infection.
- **Motivations** for vaccine acceptance:
 - **Pragmatic** value of receiving the vaccination card is associated with overcoming mobility restrictions (e.g. cross-border travel, access to restricted spaces) and is the principal reason for seeking/accepting vaccination.
 - Pragmatic value is sometimes overstated and articulated in terms of improved access to future opportunities (e.g. job access)
 - Witnessing **influential actors** (politicians, traditional healers, chiefs, health providers) being vaccinated rules out perceived negative effects of vaccines.
- Factors influencing **refusal** of vaccination:
 - Experiences with side effects after receiving the first dose.
 - Perception of vaccines as **unnecessary** is associated with widespread perception of COVID-19 disease as inexistent.
 - Having already received the first dose sometimes leads to refusal of the second dose.
 - The vaccine is perceived to not be aligned with local **priorities**, in light of increased food insecurity and macroeconomic instability.

What is the role of trust in social responses to COVID-19 vaccination?

- Mistrust in the **authorities** managing the pandemic response and the COVID-19 vaccination campaign underlies social responses to vaccination efforts.
- Popular perception that the government and/or political authorities are reaping **financial benefits** from the international aid that is expected to flow into the country to support the outbreak response. This is expressed in terms of the authorities 'eating the money'.
- Critiques of **political corruption** fuel mistrust in COVID-19 vaccines and amplify mistrust in those implementing vaccination campaigns.

- Mistrust in powerful external actors (e.g. Western countries/agencies) shapes narratives around the occult interests behind COVID-19 vaccination, such as the aim to reduce and/or control African population growth.
- The involvement of key actors (influential traditional healers, chiefs, political leaders) with capacity to **influence** hesitant communities has been a defining feature of successful vaccination efforts.

How has the legacy of the recent Ebola epidemic shaped social responses to the COVID-19 pandemic?

- The population's initial reaction to the onset of the COVID-19 outbreak was marked by **fears** inherited from experiences of the last Ebola outbreak (2014-2015). This led to a heightened sense of threat that affected health service utilisation.
- Narratives about the COVID-19 pandemic are often framed in **contrast** to experiences drawn from the Ebola outbreak. This includes comparisons in terms of the severity and presentation of the disease, as well as the health and governmental response.
- The notion that Sierra Leonean society and its health system have integrated **lessons** drawn from the response to the Ebola epidemic is at times used to explain the low numbers of COVID-19 cases in the country.

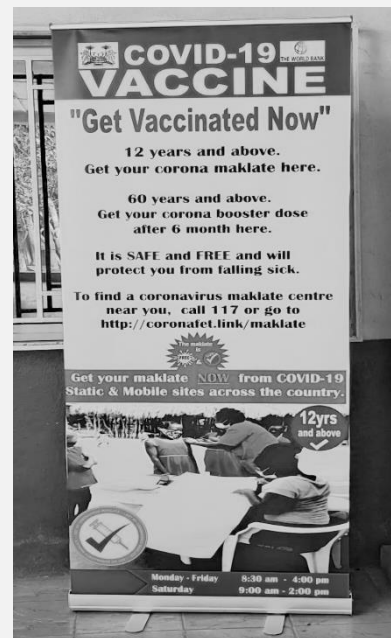
What has been the perceived impact of the COVID-19 pandemic and the introduction of COVID-19 vaccines on health-seeking behaviours?

- Before the arrival of COVID-19 vaccines, health service utilisation was significantly **disrupted** as a consequence of mobility restrictions and other outbreak containment measures, as well as users' fears of contracting the virus.
- **Fears** among the adult population (including caretakers) of being administered the COVID-19 vaccine when visiting the health facility affected health service utilisation, including uptake of the EPI. This was compounded by caretakers' fears of their children receiving a COVID-19 vaccine instead of the routine vaccines.
- Most caretakers and health providers consider that, with time, uptake of EPI has gradually **resumed**.

Conclusions

Among lay persons living in rural and urban areas of northern Sierra Leone, confidence in COVID-19 vaccines is marked by their experiences of both the COVID-19 pandemic and the last Ebola epidemic. The fact that the COVID-19 outbreak has not had the expected epidemiological impact in terms of incidence and mortality, and the population's ensuing limited exposure to the disease, has generated specific notions of the disease and led to a generalised perception of low risk. Social perceptions of COVID-19 coupled with the socio-economic impact that containment measures have had on livelihoods shape the perceived disconnect between lay persons' and health authorities' priorities. These factors, together with existing mistrust in authorities, directly influence COVID-19 vaccine acceptance and indirectly impact health service utilisation, including vital child immunisation programmes. Although generating trust against this backdrop is challenging, vaccination strategies that have involved key influential actors have succeeded in facilitating COVID-19 vaccine uptake in Sierra Leone. However, to ensure the timely success of future national vaccination initiatives, vaccination strategies may benefit from considering the key factors outlined in this brief.





Lessons learnt

- Consider participatory strategies to design and implement outbreak responses
- Communication strategies should address identified population concerns regarding COVID-19 vaccination
- Strengthen involvement of trusted actors in public health campaigns
- Evaluate the adequacy of using EPI platforms for the delivery of novel (and contentious) vaccines during disease outbreaks



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