Rural Doctor's Association of Southern Africa

"Inspiring others to rural health"

RuDASA Press Statement 15 March 2021

ROLL OUT OF VACCINES TO RURAL AREAS

RUDASA is concerned at the delay in developing a vaccine roll out plan to rural health services. Whilst understanding the logistical reasons for starting with the central hospitals, some rural district hospitals e.g. in eastern Eastern Cape, have had more COVID-19 patients than the urban areas, and there is need to broaden the vaccination platform as a matter of priority. Providing vaccines to in-hospital workers first is necessary to maintain a healthy work force to deal with the third wave of COVID admissions. We note that in urban areas people who do not have direct patient contact are being vaccinated, yet rural health workers are still waiting for vaccines to arrive in their area before the 3rd Wave.

We understand that vaccines will reach rural areas in a few weeks and request a concrete plan for district hospitals and clinics, that considers the following:

- A quick timeline for vaccinating in rural areas. Whilst rural populations have experienced lower admission rates than urban settings, the few HCWs in rural face exactly the same risks of infection as urban HCWs, and in some cases are admitting more absolute numbers of COVID patients than their urban counterparts according to DATCOV data!
- Rural settings which are known to face serious issues with access to resources. The centralised approach in urban *or centralised rural* vaccination points will interrupt already scarce service delivery and be extremely costly for the facility. Some hospitals will have large numbers of staff travelling at least 3 hours to a centralised vaccination site.
- There seem to be 2 main arguments for rolling out the trial at the current research sites: quality assurance, and a higher concentration of healthcare workers allows for easy access and roll out. Some rural facilities have over 200 priority staff for the initial phase of vaccination , and some are recognised as research sites.
- several hours travel from urban centres,
- Accredited pharmacists drawing up the dose is not practical for rural areas where pharmacists are in short supply and already overloaded with work
- There could be 2 options for a more equitable and effective roll out plan. *Option A*: It is much easier and cheaper to multiply the number of research sites as an effective model for increasing vaccination rates. A team from the hospital is then trained up and linked to the research site. They go in early to the central point, collect the vaccines and then return to the facility to cover staff. They would have to have a pharmacist to prepare the vaccine (must be used within 3 hours of being drawn up). *Option B*: transport a vaccination team and vaccine to a hospital than a hospital team to a vaccination point. Transporting the vaccination team would mean 1 refrigerated vehicle for the vaccine, but less wastage due to partially used vaccine vials and travel costs for large numbers of health workers to central points
- Local clinic or private practice health professionals and even over 65s could then be vaccinated at the same time as the DoH facility.

info@rudasa.org.za rudasa.org.za
facebook.com/ruraldoctors 168-404NPO