



COVID-19 Vaccines Report

Medical Schemes Member Survey

Key Highlights
March 2021

Policy, Research and Monitoring
Council for Medical Schemes

Michael Mncedisi Willie and Eucelia Skosana

Acknowledgements



The objective of the survey was to gauge support for vaccination from medical scheme members and the results will be used to facilitate planning and communication.

We gratefully acknowledge the efforts of medical scheme members, pensioners, retired employees, and forum participants who took time to participate in this body of work.

We are also grateful to the contribution made by the private sector vaccine committee which consists of industry associations such as the Board of Healthcare Funders (BHF), Health Funders Association (HFA) and non-affiliated schemes for their inputs in the development phase of the survey tool. We also wish to acknowledge the invaluable and ongoing support of Dr Sipho Kabane the Chairperson of the vaccines committee, Prof. Roseanne Harris representing the HFA, Mr Charlton Murove representing the BHF, Dr Olurotimi Modupe, Mr Reginald Sadiki and Ms Silindubhle Mnqeta from the CMS, as well as Dr Lungi Nyathi from Medscheme.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher. This report is designed to provide accurate information on the general subject matter covered.

For further information regarding this report, please contact:

Mr Michael Willie

General Manager: Policy, Research and Monitoring.

Tel: (012) 431 0579

Email: m.willie@medicalschemes.co.za

Key Highlights



BACKGROUND

This study attempts to gauge support for vaccination from medical scheme members. The results will be used to facilitate planning and communication strategies in the roll-out of the vaccine program.

STUDY PARTICIPANTS AND SURVEY DESIGN

A cross-sectional, self-administered anonymous online survey was conducted amongst members of medical schemes from 4 February – 8 March 2021. The research team used various platforms to advertise and circulate the survey link. Industry associations, medical schemes and administrators were requested through Circular 10 of 2021 of the CMS to distribute the survey to their members.

RESULTS

A total of 75 518 participants gave consent to participate in the study and completed responses. A majority of 82% of respondents reported that they would get vaccinated, while 76% indicated that they would trust the vaccine if someone close to them would get vaccinated.

Seventy-one percent of participants indicated that they trusted that the vaccine would prevent them from contracting COVID-19. On the other hand, 43% of participants were uncertain whether or not the vaccine would be easily accessible, 39% felt that the vaccine would be difficult, whilst 18% felt that accessibility would be easy.

On the preferred vaccination site, the study showed that general practitioners (GPs) and pharmacists were the preferred vaccination sites as these accounted for 50% and 33% respectively. The balance of 17% chose hospitals, clinics, community centres and other types of settings as their preferred vaccination sites.

On the question of funding, 53% of participants thought it was appropriate for medical schemes to cross-subsidise non-members for the COVID-19 vaccine while 27% were against cross-subsidisation and 20% were unsure.

The study also assessed the main attribute of the participants who indicated an intent not to get vaccinated. For 34% of respondents, the main reason for not getting inoculated was that the vaccines were too new, and they preferred waiting to see how it would work on other people.

The figure below shows the main reason for not considering getting inoculated. They were followed by those who were worried about the possible side effects at 21%, while 14% said they did not trust the government to make sure the vaccine is safe and effective. These three factors accounted for just over two-thirds of all responses. Other factors are depicted in figure 1 below.

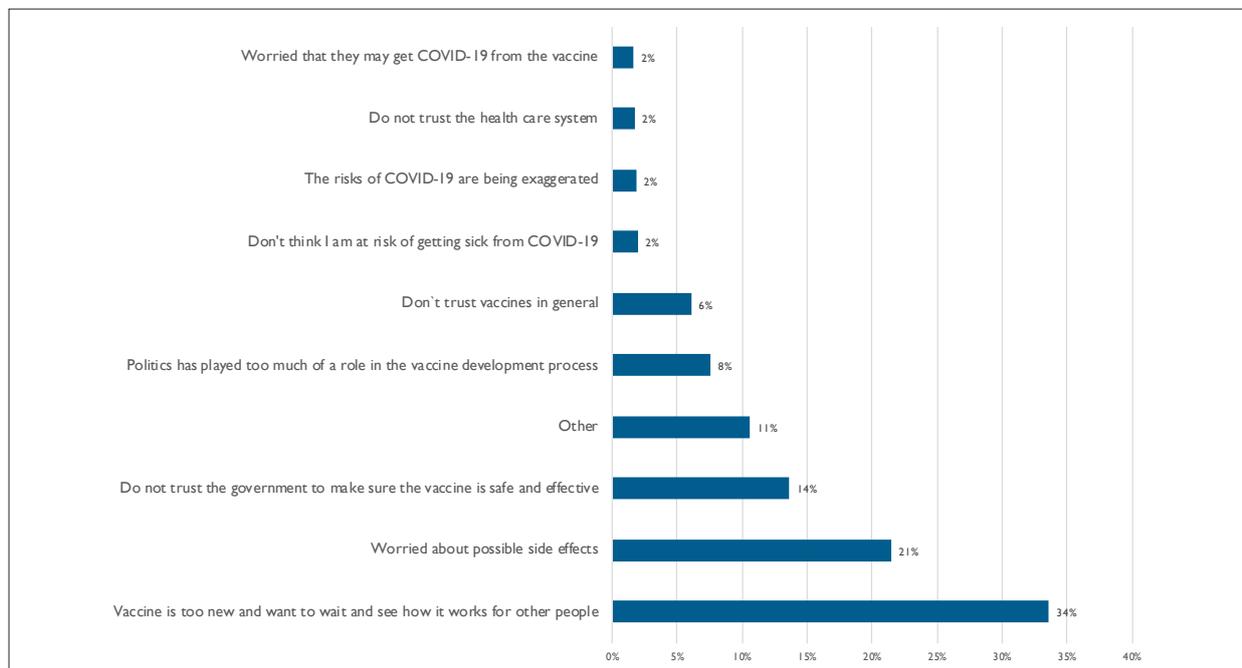


Figure 1: Reasons why participants will not vaccinate: n=11 311, adapted from John-elflein (2021)¹

Accordingly, there was an almost balanced view on the awareness and information about the COVID-19 vaccines, with 43% of participants saying that there was adequate and information, 41% to the contrary and 16% were unsure.

The study further assessed the potential influence or the effect of the employer in getting inoculated. A total of 58% of participants answered that they would accept the COVID-19 vaccine if their employer would recommend it, while 20% gave a neutral/no opinion response, and 8% completely disagreed.

In terms of a preferred vaccine, Johnson and Johnson's vaccine accounted for 48% of preferences, followed by Pfizer/BioNTech Vaccine at 25%, Moderna at 10%, AstraZeneca/University of Oxford Vaccine at 10%, Sinopharm vaccine (China) at 2% and Other 5%. These results also reveal the popularity or familiarity of the vaccines such as Johnson and Johnson over others, although this could be attributed to media coverage.

The administration of the COVID-19 vaccine will be done in three phases, with the initial phase targeting health care workers (HCW). The administration will be done through the Electronic Vaccine Data System (EVDS) where the population, both public and private, will have to self-enrol to be on the database or reg-

¹ <https://www.statista.com/statistics/1196478/covid-vaccine-hesitancy-reasons-among-adults-in-us/>

istry of people to be vaccinated. The study wanted to establish the level of awareness amongst members of medical aid schemes. The results depicted in Figure 2 below show that a majority of the participants were not aware of the EVDS.

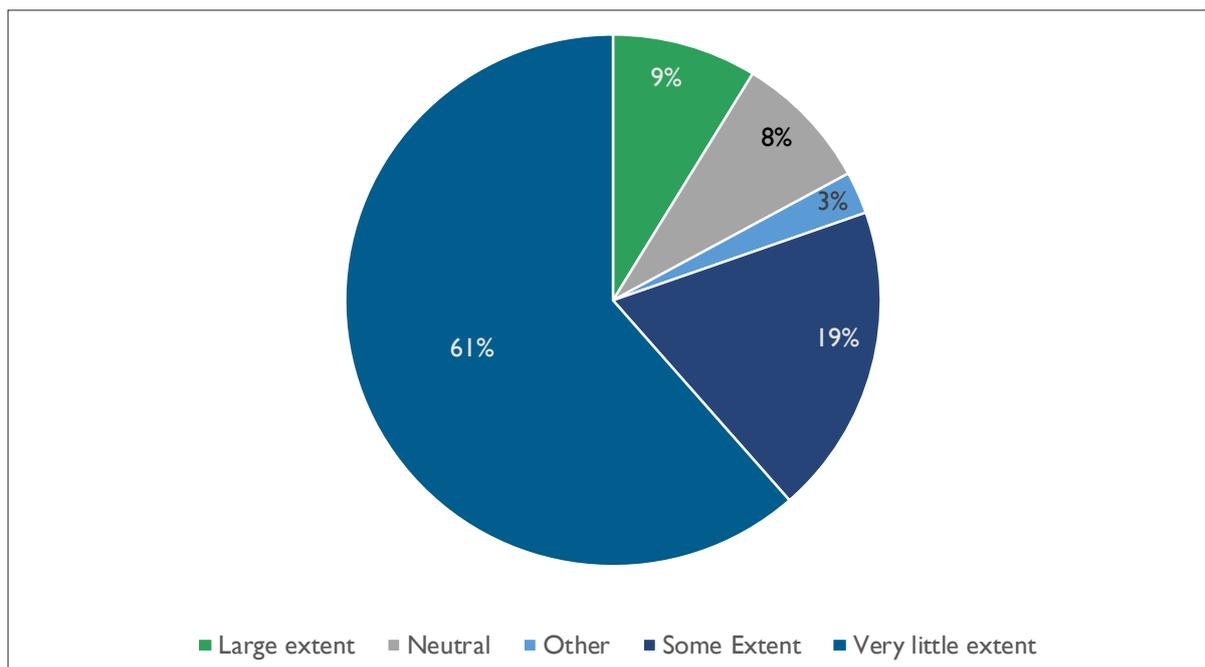


Figure 2: To what extent do you know about the Electronic Vaccine Data System - Self Enrollment Portal for COVID-19 vaccines?

CONCLUSIONS AND RECOMMENDATIONS

The findings of this reveal a high intent to vaccinate amongst members of medical schemes. The study also reveals that GPs and pharmacies are more ideal and preferred sites for vaccination. This finding is key for contracting purposes by the medical scheme and a broader roll-out strategy. Furthermore, this finding further highlights the importance of primary and preventative care and the role of GPs as an important stakeholder in the roll-out plan. Medical schemes will need to play a crucial role in communicating and developing education strategies centred:

- Providing more information and awareness about the EVDS
- More details and information on possible side effects of the vaccines
- Various types of vaccines, their respective efficacy levels to build trust
- Varying characteristics of vaccines such as the number of doses
- Increase more access points for inoculation through Designated arrangements
- Further details on the funding and the role of the private sector will unfold.

Targeted communication strategies, improvements in health promotion and reduction of barriers to COVID-19 vaccination are key to building trust in vaccines. The findings of this study provide key insights to improving access and highlighting some of the strategies that could be employed in Phase II and III of the roll-out plans.