



# Challenges to and opportunities for rolling out the COVID-19 vaccine in Tanzania

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# **Tanzania Background and Context**

#### Africa's COVID-19 Denialist-in-Chief

John Magufuli's coronavirus denialism and refusal of vaccines have put millions of Tanzanians at risk.

By Lynsey Chutel, the writer of Foreign Policy's weekly Africa Brief.

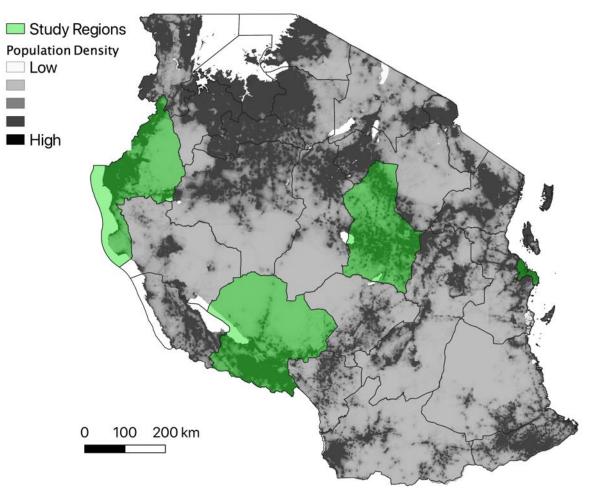
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- Joined COVAX in June 2021
- Revised COVID response plan in July 2021 with vaccination as central pillar
- To date, COVAX had shipped over 7.5 out of 12.8 million allocated doses
  - *TZ* population = 59 million
- Just over 4% of population have received at least one dose

Tanzanian President John Magufuli speaks in Dodoma, Tanzania, on Aug. 29, 2020. ERICKY BONIPHACE/AFF

### **Scope and Methods**



- Four regions: Dar es Salaam, Dodoma, Mbeya, and Kigoma
- Interviews with 52 public officials in September 2021
  - Official guidance received
  - Planning and implementation of vaccination activities
  - Access to COVID-19 information
  - Political, social, and economic factors related to vaccination efforts
- Thematic analysis of interview data in Dedoose

## Facilitating factors: political

### Change in executive leadership

- "In the previous regime of President Magufuli, people were strongly encouraged to follow traditional methods... but in this phase of President Samia Hassan we follow what science says" (Health Secretary, urban district)
- Increased transparency and access to information
  - "[Under President Hassan] I see as **there is transparency**. We are thankful our Government has seen there is a problem and they became open to its citizens" (Council Immunization and Vaccine Officer)
- Obligations to donors/international community
  - "Tanzania is part of the world... there is no option other than accepting the conditions" (Regional Immunization and Vaccine Officer)

### Facilitating factors: health systems

### Community outreach through various means

- "[the] region coordinates immunization by visiting various religious or political rallies, including parliamentary meetings and markets, where education is provided on the importance of immunization" (Regional Health Secretary)
- NGOs complement government efforts
  - "[The NGO] assists the government in educating the public about the importance of the COVID vaccine-19 [and] uses vehicles to walk street to street to inform the public" (NGO Zonal Manager)

## **Challenges: political factors**

- Divergent approaches engender confusion and mistrust
  - "You cannot tell people that there is no Corona and then four months later tell them there is a Corona again to get vaccinated" (FGD)
- Perceptions of external influence
  - "Magufuli was a true patriot... he rejected the pressure from outside" (FGD)
  - "We have a very difficult time in the community in promoting vaccinations, we are called white puppets" (FGD)

## Challenges: health systems

### Lack of resources

- "We lack the funds to implement and achieve the goals. For example fuel for transport to the countryside, money to pay the vaccine providers as well as other activities to prevent and curb the spread of COVID-19" (District Secretary, rural area)
- "Employees have to go into their pockets to donate fuel to ensure the success of this [vaccination] exercise" (District Immunization and Vaccine Officer, rural area)
- Lack of training/accurate information
  - "many practitioners do not have the necessary information on the disease and even vaccinations thus making the task of fighting the disease difficult" (Ward Executive Officer, urban area)

# **Challenges: community-level**

### Misinformation due to religious beliefs

- "Religious beliefs are also a barrier, the community believes that vaccination is an antichrist plan to use the mark of the beast number 666" (District Immunization and Vaccine Officer, rural area)
- Low risk perception
  - "The response of the people to the vaccine is still very low because this is one of the councils that has not brought any cases of COVID-19, from the first wave to the third wave... [people] do not believe in the existence of the disease" (District Immunization and Vaccine Officer, rural area)
- Gender power dynamics challenge uptake, create conflict

### **Negative externalities**

 People avoided schools and health facilities, fearing they or their children would be forcefully vaccinated

- "The region has experienced a great drop out from clinical attendances due to the fear created among parents that when they attend their clinics, they will be vaccinated" (Regional Medical Officer)
- "When the students saw the car and the doctors dressed in white then some of them panicked and ran to their homes thinking they were getting a corona vaccine" (Primary school teacher)

## Implications

- Limits of executive leadership to influence outcomes
  - Legacy of charismatic authority who spread misinformation and shunned external influence

#### Recommendations for health systems

- Training for local healthcare workers/vaccinators on overcoming misinformation and educating public
- Consistent guidance from ministry (perhaps a formal apology?)
- Increase capacity for COVID-19 testing
- •Resources (fuel, payment for vaccinators, repair technicians)
- Work with men to increase vaccination rates of women

#### Importance of involving religious leaders and other trusted local authorities