
***Addendum 2 to UNITAG Report on Priority Groups to be vaccinated against COVID-19***

# Category IC: essential non-health worker groups to include in those to be prioritized for COVID-19 vaccination amidst limited doses

**Background:** The goals of the national COVID response for Uganda is 1) To reduce severe disease and deaths; 2) to sustain the national health system response, and 3) to restore health and productivity of Ugandans. This goal will be realized in part by COVID vaccination. However, the number of doses available to the country under the COVAX facility are limited and there is therefore a need to prioritize key groups to start with.

Prioritization is guided by the WHO-SAGE Frame-work which stipulates the following prioritization principles: 1) Human well-being (protect and promote human wellbeing; 2) Equal respect (Respect and treat all humans as having equal moral status, 3) Equity (ensure equity in vaccine distribution, especially considering groups that are at higher risk of severe disease and death; 4) Reciprocity (make considerations for people who by the nature of their work put themselves at higher risk of infection to maintain essential services; and 5) Legitimacy (make decisions about whom to prioritize using a transparent process).

To meet sub-goals 1 and 2 of the national goal, the COVAX working group has already recommended 2 sub-groups under the Priority 1 category and they are:

- 1a. All health care workers (not only the formal but everyone that interacts with patients both in public and registered private facilities) and
- 1b. All people aged 60+ and people aged below 60 who have key co-morbidities as presented in the earlier recommendations.

To meet sub-goal 3 (restoring health and productivity of Ugandans), the NITAG COVAX working has included a category 1c, targeting 'Essential non-health workers. However, there is insufficient epidemiological data to define the specific sub-groups that should be included in the category.

**Approach:** In the absence of hard data on occupational risk from the national COVID-19 dataset, a social epidemiological approach was used, employing qualitative methods to identify the higher-risk occupational groups to prioritize in the category. Qualitative methods when applied appropriately can enable a deeper understanding of phenomena and the explanations surrounding them. In this case, consultations with stakeholders can enable a

considered judgement on which sub-groups stand out as particularly vulnerable. These approaches fall within the WHO SAGE Road Map guidance that allows countries to include 'Other considerations' to complement available data.

The method used for this assessment was Key Informant Interviews. The objective was to have a range of key informants from different stakeholder groups. A total of 16 Key Informants were identified, including the following:

1. Representatives of the surveillance team at the Ministry of Health COVID-19 Emergency Response centre (2)
2. Representative from the Ministry of Public Service (1)
3. Representatives of the private-for-profit sector (2) *(1 from a trader association and 1 from a financial institution)*
4. Representatives of the civil society organizations (2)
5. Health systems specialist (1)
6. Representative of the COVID-19 Scientific Committee *(Dr. Misaki Wayengera)* (1)
7. KCCA representative in-charge of traders, markets (1)
8. Representatives of religious leaders (2)
9. Leader of a slum area (1)
10. Local government leader (1)
11. Law-makers *(Members of Parliament)* (2)

The Key informants were asked the following questions:

- *What is your opinion on which priority sub-groups should be included under the essential non-health workers/people whose work makes it hard to socially-distance, that should be prioritized for the first phase of vaccination;*
- *For each sub-group you suggest, why do you think it should be included within the first available limited doses?*
- *Among the groups that you have suggested, how do you rank them based on who you think should be considered first (who should be first, second third and so on for all those mentioned….)?*

## Findings

*Table 1: Inputs received from stakeholder Consultation)*

| No | Type of stakeholder | Priority groups | Reason | Ranking |
|---|---|---|---|---|
| 1. | Religious leader (Muslim) | Teachers, lecturers, security organs especially the police | The teachers and lecturers should be considered because the education sector has been the most affected.<br>The police should be considered because they do day to day operations in the community and may not be in position to afford the vaccine | a) Teachers<br>b) Security personnel most especially the police<br>c) Lecturers |
| 2. | Religious leaders (Christian) | Policemen<br>Religious leaders<br>Journalists<br>Government Officials | Provide essential services and are exposed to many people in line of duty | a) Policemen<br>b) Religious leaders<br>c) Journalists<br>d) Government Officials |
| 3. | Local leader (LC1)<br>LC1 Chair of Kivulu slum area | Students,<br>Teachers,<br>People in the informal sector | The schools just resumed and it is necessary to vaccinate the students and teachers | a) Teachers<br>b) Students<br>c) Informal sector |
| 4. | CSO<br>Head of programs (NUDIPU) | Persons with disability living with HIV, Project field workers, parents of/and children with children with disabilities particularly those returning to school | They are at most risk. | a) Persons with disability living with HIV<br>b) Project field workers<br>c) parents of/and children with children with disabilities particularly those returning to school |
| 5. | CSO<br>Board Chair (THETA) | Teachers, Religious leaders, Prisoners, Herbalists, Waitresses, Hair stylists | It's difficult for these priority groups to social distance as they usually interact with a lot of people | a) Teachers<br>b) Religious leaders<br>c) Herbalists<br>d) Waitresses/Restaurant workers<br>e) Hair Stylists |

| No | Type of stakeholder | Priority groups | Reason | Ranking |
|---|---|---|---|---|
| 6. | Health System specialist | Saloons, slum dwellers, sports people, gym workers, politicians -parliamentarians and LCs to LC 3 Level, congested markets, religious leaders incl. support staff, | Cannot socially distance or mask up during work, meet lots of people from different places, live in congested places | a) Saloons<br>b) Sports people<br>c) Politicians |
| 7. | Parliamentarian Workers MP | Teachers and lecturers<br>Judiciary<br>Bankers | Provide essential services and interact with many people in line of duty | a) Teachers and lecturers<br>b) Judiciary<br>c) Bankers |
| 8. | Private for-Profit sector Private Sector Foundation, Uganda | business people<br>major associations and corporate leaders. | interface extensively with the public/communities. | a) business people<br>b) major associations and corporate leaders |
| 9. | Scientific Committee | Whereas you indicate, in addition, those seniors above 60yrs of age, the MSAC in deliberation with the Straregic Management Committee thought this age limit should be brought down to 50 yrs (accounting for about 3.5 million people). That in itself eliminates the focus on the important but vague criteria premised on comorbidities, replacing with the observed risk for severe COVID19 disease instead.<br>Concerning your request for additional sub-groups for phase 1 prioritization, thus, we have the following:<br>1. All seniors above 50 yrs, regardless of occupation<br>2. All UPDF and UPF staff (as a national biosecurity priority, and response concern).<br>3. All teachers | In a sense of government industrial workers due to liberalization, there was no # 4.<br>B. By bringing down the age group of seniors to 50yrs, you cover most seniors with risk for severe CoVIDq9 without a focus on profession<br>C. Teachers, though listed here as a separate priority sub-group, can be considered for stage or phase 2 vaccination as a group to cover all else under 50 yrs and above 18yrs.<br>D. There is an unclear demarcation between where some members of these categories will get a vaccine, either government or private sector.<br>In light of the above, and to make this easier to implement, we urge that sub categories 1 and 2 be prioritized as listed, consecutively. This is a much fair | c) Focus only on health workers and people aged 50 years and above for phase 1. All other groups should be considered in phase 2 |

| No | Type of stakeholder | Priority groups | Reason | Ranking |
|---|---|---|---|---|
| | | | approach, compared to an attempt to use professions or job descriptions. | |
| 10. | MoH Epidemic Response Dr Allan Muruta | To respond via email | | |
| 11. | MoH Surveillance/ Contact Tracing Mr Lubwama Bernard | To respond via email | | |
| 12. | Ministry of Public service | To respond via email | | |
| 13. | CSO Anti-Corruption Coalition | Airline staff, media, prisoners, tour operators and guides, bankers, immigration officers, Uganda Wildlife Authority and Uganda Revenue Authority employees, humanitarian workers | https://www.monitor.co.ug/uganda/oped/commentary/transparency-in-covid-19-pandemic-vaccination-is-vital--3312946 | |
| 14. | Banking Sector Uganda Bankers Association | Health workers and relevant support staff<br>Teaching and support staff in the education institutions<br>Frontline banking staff including tellers, service staff and relevant support<br>Providers of public transport | Frontline workers, at risk jobs | |

## Analysis

*Table 2 Ranking of Priority groups by mentions*

| **Top ranked** | |
|---|---|
| Teachers/Lecturers | 6 |
| Religious leaders | 3 |
| Security personnel most especially the police | 3 |
| **Next ranked** | |
| Bank staff | 2 |
| Top Political offices (LCV/MPs) and Top Government Officials | 2 |
| Bank staff | 2 |
| Prisoners | 2 |
| Journalists/Media | 2 |
| Hair stylists/people who work in salons/Spas | 2 |
| People with disability | 2 |
| Wildlife staff/Tour operators | 2 |
| Providers of public transport | 1 |
| Airline staff | 1 |
| Revenue officers | 1 |
| Project field workers | 1 |
| Judicial officers | 1 |
| Humanitarian workers | 1 |
| Informal business people/Market vendors | 1 |
| Waitresses/Restaurant workers | 1 |
| Traditional healers/herbalists | 1 |
| Professional sports people | 1 |
| Corporate leaders/Major associations | 1 |
| Students | 1 |
| Business people | 1 |
| None of these; current recommended groups are sufficient for phase 1 | 1 |

**Applying additional criteria to down-select priority groups from those with 1-2 mentions**

The assessment team observed that apart from the top ranked groups that were distinctly mentioned frequently, the other groups had a few mentions. Mentions alone were therefore not sufficient to identify which sub-groups to include in the priority list. The working group (composed of knowledgeable experts) decided to apply additional criteria to reduce the list. This involved the use of 'ranking', an approach commonly used in rapid qualitative consultations. Four criteria were used: (1) Perceived vulnerability; (2) Ease of Identification of the members of the group; (3) Effect on the economy and (4) Level of contact/risk of infecting others. These were defined as follows:

- Perceived Vulnerability: A person/professional is considered highly vulnerable if the nature of their work puts them into continuous contact with potentially infected people of if the nature of their work makes is difficult for them to socially distance.
- Ease of identification: A person/professional is considered easy to identify if the nature of their occupational group is such that they are organised, or they congregate in specific places that make it easy for them to be found, or they can be registered fairly quickly
- Effect on economy: A person/professional is considered to have a strong effect on the economy if their business contributes substantially to the economic output of the country

- Risk of infecting others: A [person/professional is considered to be at high risk of infecting others if by the nature of their work, they come into close contact with many people and therefore if infected, they can easily pass on the infection.

This assessment is also grounded in ethics as it blends two ethical criteria: 1) Epidemiological evidence regarding risk and vulnerability, and 2) functioning of the economy. The table below shows the outcomes of this qualitative analysis.

*Table 3 Applying additional criteria to down-select priority groups from those with 1-2 mentions*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Recommended based on clear majority opinion** | | | | | | **Recom.** |
| Teachers/Lecturers | 6 | | | | | | Yes |
| Religious leaders | 3 | | | | | | Yes |
| Security personnel most especially the police | 3 | | | | | | Yes |
| | **Additional criteria for those with fewer mentions** | | | | | | |
| | | **Perceived Vulnerability*** | **Ease of identification*** | **Effect on economy*** | **Risk of infecting others*** | **Average Score*** | |
| | | (0-5) | (0-3) | (0-3) | (0-3) | | |
| Providers of public transport | 1 | 5 | 3 | 3 | 3 | 4.00 | Yes |
| Airline staff | 1 | 5 | 3 | 2 | 3 | 3.71 | Yes |
| Bank staff | 2 | 4 | 3 | 3 | 3 | 3.71 | Yes |
| Revenue officers | 1 | 4 | 3 | 3 | 2 | 3.43 | Yes |
| Top Political offices (LCV/MPs)/Top Government Officials | 2 | 4 | 3 | 2 | 2 | 3.14 | Yes |
| Project field workers | 1 | 3 | 3 | 3 | 2 | 3.14 | Yes |
| Judicial officers | 1 | 3 | 3 | 3 | 2 | 3.14 | Yes |
| | | | | | | | |
| Humanitarian workers | 1 | 3 | 3 | 1 | 3 | 2.86 | Of note |
| Informal business people/Market vendors | 1 | 4 | 1 | 2 | 3 | 2.86 | Of note |
| Waitresses/Restaurant workers | 1 | 4 | 1 | 2 | 3 | 2.86 | Of note |
| | | | | | | | |
| Prisoners | 2 | 5 | 3 | 0 | 1 | 2.57 | Deferred |
| Journalists/Media | 2 | 2 | 3 | 2 | 2 | 2.57 | Deferred |
| Hair stylists/people who work in salons/Spas | 2 | 4 | 1 | 1 | 3 | 2.57 | Deferred |
| People with disability | 2 | 4 | 3 | 0 | 2 | 2.57 | Deferred |
| Traditional healers/herbalists | 1 | 4 | 1 | 1 | 3 | 2.57 | Deferred |
| Professional sports people | 1 | 2 | 3 | 2 | 2 | 2.57 | Deferred |
| Corporate leaders/Major associations | 1 | 2 | 3 | 3 | 1 | 2.57 | Deferred |
| Wildlife staff/Tour operators | 2 | 2 | 3 | 3 | 1 | 2.57 | Deferred |
| | | | | | | | |
| Formal business people | 1 | 2 | 2 | 2 | 1 | 2.00 | Deferred |
| Students | 1 | 1 | 3 | 1 | 2 | 2.00 | Deferred |

*Perceived Vulnerability: A person/professional is considered highly vulnerable if the nature of their work puts them into continuous contact with potentially infected people of if the nature of their work makes is difficult for them to socially distance.

*Ease of identification: A person/professional is considered easy to identify if the nature of their occupational group is such that they are organised, or they congregate in specific places that make it easy for them to be found, or they can be registered fairly quickly

*Effect on economy: A person/professional is considered to have a strong effect on the economy if their business contributes substantially to the economic output of the country
*Risk of infecting others: A [person/professional is considered to be at high risk of infecting others if by the nature of their work, they come into close contact with many people and can therefore easily pass on the disease if infected.

## Recommendations

**Specific recommendations regarding the groups to prioritize for COVID-19 vaccination under Category 1c: Essential Non-Health workers**

On the basis of 'other considerations' grounded in information obtained from qualitative consultations of stakeholders as well as additional ranking based on four criteria (Perceived Vulnerability, Ease of identification, Effect on economy, and Risk of infecting others), UNITAG thus recommends:

***In the event of very limited doses (up to 3%)***

- Teachers/Lecturers
- Religious leaders
- Security personnel most especially the police
- Airline staff (Their numbers are few and they are highly accessible)
- Top Political offices (LCV/MPs)/Top Government Officials (Their numbers are few and they are highly accessible)

If they are not already included in categories 1a) and 1b) already

***In the event of limited but more doses available (up to 10%)***

- Providers of public transport
- Bank staff
- Revenue officers
- Project field workers
- Judicial officers

Note: This recommendations applies to those individuals that are not already included in categories 1a) and 1b) already.