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Executive Summary: Access to Covid-19 Vaccines and Concerns of Returnee Migrant Workers in Lao PDR During the Covid-19 Pandemic

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July 2022

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The University of Health Sciences, Lao was pivotal in the delivery of this project work and the authoring of its outputs.



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1. Introduction and background

1.1 Objectives

The study had the following research questions:

1. What are the reported practical and ideological barriers among returnee migrants to access Covid-19 vaccination in the Khammouane, Savannakhet, and Champasack provinces?
2. What are the returned migrants' perspectives and preferences, and their perceived impact on increasing Covid-19 vaccination uptake?
3. What could a fair, transparent, and inclusive response to Covid-19, which includes returnee migrants, look like?

1.2 Methods

This was a cross-sectional, mixed-methods study, based on a stratified sample of returnee migrants and key stakeholders (described in greater detail below).

The study had three core components:

1. A literature review of Covid-19-related government policies, plans, and reports;
2. Semi-structured interviews with key informants and returning international migrants. Due to movement restrictions, all interviews were conducted via WhatsApp, Google Meet, or Zoom rather than face-to-face as was originally planned; and
3. A quantitative survey with international migrant workers returning to Lao PDR and key stakeholders, including health policymakers from the health sector and social welfare; health-care providers; and individual experts from the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and International Labour Organization at central and provincial levels.

1.3 Limitations

This study has limitations due to the methods employed and Covid-19 travel restrictions. Migrant participants could not be recruited at the community level and instead were identified through the quarantine centre databases. Not using face-to-interviews may have limited the extent to which we were able to develop rapport with participants and may have added to some social desirability bias. The sampling and data collection methods may have led to sampling bias,

particularly limiting the inclusion of migrants more likely to be marginalised or vulnerable due to Covid-19 exposure.

Another significant factor is that the study included returnee migrant participants from three provinces. Thus, experiences may not be representative of Lao PDR migrants returning to other provinces or migrants who had returned through informal border crossings and did not enter the quarantine centres.

2. Summary of findings

2.1 Changes in vaccination availability and uptake

Key public health experts and policymakers explained that the number of available Covid-19 vaccines was reliant on donor support through the COVAX (Covid-19 Vaccines Global Access) facility. From the review of policy documents and bi-weekly Covid-19 situational reports, at the beginning of January 2021 there were 1,000 doses of Sputnik V, and 300,000 doses of Sinopharm in February (WHO 2021a). There were 480,000 doses of AstraZeneca and 800,000 doses of Sinopharm were available in March 2021 (WHO 2021b). In June 2021, a shipment of 100,620 doses of the Pfizer BioNTech vaccine through the COVAX facility arrived in Lao (WHO 2021c). By September 2021, approximately 5,567,490 doses of Covid-19 vaccines were available and prioritised for populations identified as high risk, including returnee migrants (equivalent to around 45 per cent of the population) (WHO 2021d). Further shipments continued, and as of 1 March 2022, 19.3 million doses of Covid-19 vaccines had been received, sufficient to fully vaccinate the entire population, including children aged 6–12 years old and booster doses for 37.7 per cent (WHO 2022b).

According to key informants and returning migrants, once migrants were established as a priority group, vaccination with the single dose Johnson & Johnson vaccine took place in the quarantine centres (at least for those returning via formal crossings). Once the stock of Johnson & Johnson vaccines had been depleted, the two-dose Sinopharm vaccine was provided in the quarantine centres, with the second dose given at local health facilities. Participants reported that having two doses was less convenient and reduced the propensity for full vaccination, as several migrants would not return for their second dose. Around three quarters (77.1 per cent) had received the Covid-19 vaccine, and of that group (N=317), 29.7 per cent had had the first dose (with 2 per cent of these scheduled for their second shot), 56.1 per cent two complete doses, and 14.2 per cent the single Johnson & Johnson dose. The reasons for not getting vaccinated included being currently infected with Covid-19 and having to wait for six months before they could get vaccinated (24.5 per cent), being pregnant (19.1 per cent), and health concerns due to an underlying medical condition or conditions (15.9 per cent).

This study revealed few ideological barriers among returnee migrants in accessing Covid-19 vaccination. Participants were interested in being vaccinated. While they expressed some preferences for particular vaccines, we did not find anti-vaccination sentiments among this population. Returning migrants felt that the equity principle had been followed as much as was possible, with those most at risk of severe consequences prioritised.

Practical barriers included the well-documented supply-side barriers related to vaccine availability, inadequate staffing, and inadequate storage conditions relating to short vaccine shelf-life. Another practical barrier was perceived convenience. This is not surprising, as a lack of perceived convenience is a well-documented demand-side barrier to accessing health care, including vaccinations, with decisions on the use of preventative health services often based on easily accessible options of least effort (Levesque *et al.* 2013).

Geographical accessibility, especially in rural areas, was also a practical barrier for migrant workers in accessing Covid-19 vaccines, especially the second dose. Ideological barriers, where they existed, commonly related to concerns about side effects, misinformation, and vaccine efficacy. Key facilitating ideological factors included the desire to keep themselves and their families safe and wanting to return to work, preferably in Thailand, which necessitated being vaccinated. Most migrants accepted the vaccination they were offered based on Ministry of Health guidelines. Where preferences were expressed, this was often based upon perceptions of side effects (41.9 per cent), whether vaccines could be used for those with chronic diseases (38.7 per cent), and perceived effectiveness (32.3 per cent).

At the beginning of the pandemic migrants were not prioritised for vaccination or included in the strategy. This meant that some migrants who returned before the establishment of the quarantine centres and went back to their community, were unvaccinated. This was partially related to supply issues. However, the situation changed considerably, not only due to the increased availability of vaccines, but also because of policy changes which enabled migrants to be vaccinated before leaving the quarantine centres. Consequently, most participants felt the arrangements were a fair and inclusive response to Covid-19, which included returnee migrants.

To ensure continued equity in access to Covid-19 vaccines among returned migrant workers, suggestions include making vaccines available at all levels of the health-care system, with mobile outreach in villages, especially in remote areas; having vaccination sites at international checkpoints; ensuring vaccine supply; and following up with unvaccinated migrants at the village level.

3. Conclusion and recommendations

This study revealed the practical and ideological barriers to accessing Covid-19 vaccines among returnee migrants in Lao PDR. Overall, the study found that once included as a priority group and as vaccine supply increased, returnees had good access to vaccines. The current arrangement of the Covid-19 vaccines was considered by participants to be fair and inclusive. Based on the study findings, we offer several recommendations:

1. Health education on Covid-19 vaccines should be provided to returnee migrants. Public health messaging should focus on the efficacy of the currently available Covid-19 vaccines in reducing or eliminating disease, hospitalisations, and death. Referencing clinical data that address people's concerns about potential side effects – for example, the very low rate of reported side effects from currently available vaccines – should be prioritised and could help dispel fake news about vaccines. Messaging should also emphasise the direct personal protection benefits of the vaccine.
2. Pro-vaccine ideologies can be leveraged to convert intent to uptake. High acceptance of vaccines, significant trust in friends or family as information sources, and seeing others like them getting the vaccine can be significant motivators in encouraging people to get vaccinated. Positive social signalling about Covid-19 vaccines in communities could help individuals follow through with taking their vaccine doses.
3. Offer vaccination at antenatal clinics and supply health-care providers with the information they need to explain to pregnant women the advantages of being vaccinated while pregnant compared to the potential risks. Health-care providers and awareness campaigns should address the concerns of pregnant women about the effectiveness and possible adverse effects of the vaccine in pregnancy.
4. Increase the uptake of the Covid-19 vaccine by creating a system to follow up with returnee migrants who did not receive the Covid-19 vaccination or only received one dose after leaving the quarantine centre, and ensure they are fully vaccinated before returning to work in neighbouring countries. For those migrants who came into the country through informal channels or border crossings, there is a need to follow up with them to provide the Covid-19 vaccination.

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