

Module 19: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 2 activities below using these instructions and the Module 19 Zoom facilitation slides.

Suggested time: 45 minutes

Activity 1: Vaccine recommendation discussion (*advance on slide 2*)

Objective: Review the vaccine recommendations for different groups, including people living with HIV, pregnant women, and those with prior history of COVID-19

1. Remind learners of the case: (*advance to slide 3*)

In the module on COVID-19 vaccines, we explored Amara's case - a 27-year-old woman who presented to clinic with her 5-year-old son and her 4-month-old girl, and asked about how to prevent COVID infection. After learning about the vaccine, she chose to be vaccinated as well as her 5-year-old son. One month later, she returned with her 20-year-old sister. Her sister had COVID-19 three months ago, is pregnant, and asked if she should still be vaccinated.

2. Explain the activity: (*advance to slide 4*)

You will now have the opportunity to discuss vaccination guidelines. You will be moved into break-out rooms for a 10-minute discussion. In your groups, please discuss the questions below and explain your reasoning.

- a) Amara's 20-year-old sister had COVID-19 three months ago. Should she be vaccinated or not?
- b) You find out that Amara's sister is in her first trimester of pregnancy. Should she be vaccinated or not?
- c) Amara shares that her 30-year-old friend has HIV and asks if she should be vaccinated as well. Should Amara's friend be vaccinated or not?

3. Move learners into breakout rooms. (*advance to slide 5*)

4. After 10 minutes, close breakout rooms and return students back to large group.

5. Guide the group's debrief (*advance to slide 6*)

Ask the learners to share their responses to the questions. Remind learners that these are important topics and invite any questions. (*Advance to slide 7*) Review key points summarized below:

- a) Patients with a history of COVID-19 should still be vaccinated
 - Multiple studies show that vaccination protection after natural infection is higher compared to protection after infection alone.
 - Vaccine may afford protection against additional SARS-CoV-2 variants.

- b) Pregnancy is not a contraindication to vaccination and vaccination is recommended during pregnancy
 - Both the WHO and American College of Obstetricians and Gynecologists recommend COVID-19 vaccination for pregnant or lactating patients unless contraindicated for other reasons
- c) Vaccination is highly recommended for patients who are immunocompromised to prevent infection

Activity 2: Barriers to vaccine dissemination (IPE) *(advance on slide 8)*

Objective: Discuss the major barriers to equitable COVID-19 vaccine dissemination

1. Remind learners of the topic: *(advance on slide 9)*

Next, we'll discuss barriers to vaccine dissemination. Equitable vaccine dissemination remains an important hurdle to combating the global pandemic. Global barriers to vaccine dissemination disproportionately impact low-and-middle income countries (LMICs), resulting in challenges in vaccine roll out. At the global level, barriers include availability and affordability. At the national level, barriers include political commitment, regulation, supply chain, equity, data, human resources, and coordination. At the individual level, barriers include vaccine hesitancy.

2. Explain the activity: *(advance on slide 10)*

You will now be moved into breakout rooms to discuss barriers to vaccine dissemination. Take a minute to reflect on the barriers to global vaccine dissemination. In your groups, discuss a barrier you have experienced or observed in your health profession. How has that barrier impacted you and your patients? How might that barrier be addressed? How does vaccine equity relate to the historical context of colonialism and public health in Africa?

3. Move students into breakout rooms for multidisciplinary discussion *(advance to slide 11)*

4. After 10 minutes, close breakout rooms and return students back to large group:

5. Guide learner discussion and discuss different barriers *(advance to slide 12)* Ask each group to summarize key points from their discussion.

Activity 3: Vaccine hesitancy role play *(advance to slide 13)*

Objective: Apply the principles of motivational interviewing to engage vaccine-hesitant patients in conversations about vaccination

1. Remind learners of the topic: *(advance to slide 14)*

In this module, we also discussed vaccine hesitancy. Vaccine hesitancy refers to a delay in vaccination or refusal of vaccination despite access to vaccines. It is an important barrier to vaccination and may result from a variety of complex factors. In the module, Amara shared that her brother was hesitant to be vaccinated due to concerns about the side effects of the vaccine.

(advance to slide 15) Motivational interviewing is an approach to counseling that is both empathetic and patient-centered. It focuses on eliciting and strengthening patients' verbalized motivations for behavior change. One framework of motivational interviewing is known as "the 5 A's" model. It involves 5 important steps: ask, advise, assess, assist, and arrange. As you learned in the module, the WHO offers a helpful framework for talking about vaccines with patients. This framework includes listening with empathy, asking open-ended questions, sharing trusted information, and exploring reasons for wanting to get vaccinated.

2. Explain the activity: *(advance to slide 16)*

You will now have the opportunity to practice talking about vaccines with a patient who is hesitant to be vaccinated. You will be moved into breakout rooms in pairs. Please select one person to play the role of the provider and one to play the role of Amara's brother. You may refer to 5As approach and the WHO's "How to Talk About Vaccines" while playing the role of the provider. You will spend 5 minutes in your selected roles discussing COVID-19 vaccination. After the 5 minutes are over, please switch roles and repeat the role play. For the final 5 minutes, share feedback and reflect on the role play. What worked well and what would you improve?

3. Move students into breakout rooms for role play *(advance to slide 17)*

4. After the first 5 minutes, send a message to the breakout rooms that learners should finish the first role-play and switch roles to practice the role play again

5. After the second 5 minutes, send a message to the breakout rooms that learners should discuss how the role play went.

6. After the last 5 minutes, close breakout rooms and return students back to large group

7. Guide learner discussion: *(advance to slide 18)*

Ask learners to share their thoughts about the interaction: What went well? What was challenging? How did patient feel that the interaction went? How would the provider change their approach next time?