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INCREASE Corona Workshop Series: Knowledge Exchange in Virtual Workshops on the SARS-CoV-2 Pandemic

INCREASE Corona Workshop No.2

Social aspects of vaccination against COVID-19 in Iran and Germany

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Cover image: Tochal, Tehran, Iran in 2019 by Mehrdad Rajabi (edited by Vicente Sandoval)

Preface

In its conception, the INCREASE-project proposed a series of virtual workshops devoted to discussing about ongoing developments of the COVID-19 pandemic with a special focus on relevant aspects for the context of Integrated Disaster Risk Management (IDRM) in Iran and Germany. These two-hour workshops bring together experts from both countries and aim to develop a corresponding network of specialists.

The topic and scope of each workshop depend largely on the ongoing development of the COVID-19 pandemic in each country and of the interests among participants. For updated information about the workshops, please visit https://www.increase-project.com/corona-workshop-series/

The workshop took place on **21 February 2022** online and this summary provides key insights on the conversational course, presentations and discussion offered by speakers and participants.

Social aspects of vaccination against COVID-19 in Iran and Germany

The first workshop, that took place on 30 August 2021, addressed introductory questions regarding the COVID-19 pandemic in Iran and Germany, as an initial step to approach in the subsequent workshops more specific questions regarding to the social aspects of vaccination, role of volunteerism, multi-hazard risks and preparedness.

In this second workshop, the keynote speakers Prof. Dr. Steffen Augsberg (Giessen University & German Ethics Council), Dr. Abbas Ostadtaghizadeh (Tehran University of Medical Sciences), Prof. Dr. Tahereh Changiz (Isfahan University of Medical Sciences), and Dr. Lutz Liffers (Office for Project and Event Management, Senator for Finance in Bremen city), introduced us about different social dimensions of and experiences on vaccination against COVID-19 in Iran and Germany. The conversation was moderated by Dr. Vicente Sandoval (FU-Berlin), and Dr. Farnaz Arefian (University College London & Silk Cities) participated as discussant. Following are the key insights obtained from the course of conversation and discussion.

The German vaccination campaign: Trials, tribulations, and tribalism

By reviewing a timeline of events, the German campaign on vaccination against COVID-19 starts with when vaccines were considered a certain possibility in the summer of 2020, until 2022 when a vaccination mandate is under debate in the country.

At the beginning, in autumn 2020, vaccine procurement started slowly, especially compared to the situation in other countries like the UK, US, and Israel. This may be related to differences in competencies among German federal states but also at the EU level. Other debates during these days were the issuing and use of immunity certificates. Due to the ethical considerations, authorities at the Ministry of Health requested to the German Ethics Council (GEC) an assessment on immunity certificates. By the lack of evidence, and because the implications that an immunity certificate may have on the circulation of the virus, the GEC recommended to do not issue immunity certifications at this time. In November 2020, the discussion shifted towards vaccine prioritisation criteria, in other words, which groups will receive the vaccines firsts and under which circumstances. The focus was, as in other places too, to reach the most vulnerable groups first and those exposed, such as the elderly, healthcare workers, among others. By late 2020 and early 2021, the vaccination rollout place again German authorities into the question of a vaccination certificate, or in other words, 'privileges' for those who received the vaccination against to those who do not. The ethical implications were evident as many people would not receive the vaccination even looking forward to receiving it, such as children. One of the arguments in favour and against a widespread use of vaccination and immunity certificates moved around the effectiveness of vaccines and whether vaccinated people posed "close-to-zero" risk of further infections. Later, in summer/autumn 2021, the so-called 2G/3G regulation came into place (that is, public spaces are only open to those that are vaccinated, recovered, or tested - ***g****eimpft,* ***g****enesen,* ***g****etestet*) in an attempt to influence people willingness to be vaccinated against the COVID-19 by making daily life complicated for those against the official recommendations.

By December 2021, the German government eased previous restrictions on the double vaccinated (and, later on, the boosted) by putting 'social pressure' on the unvaccinated. Later, regulations strengthened the fourth wave (i.e., Delta variant). Despite this strategy, large percentages of the population remain unvaccinated: how large was the group of unvaccinated? That was an important question with no easy answers because it depended on the 'perspective' of each state, and also the lack of reliable data. For example, there were vaccine mandate for specific institutions and professions, and it was unclear whether it can be implemented due to a general shortage of care workers.

At the beginning of 2022, the question of a general vaccine mandate was an ongoing discussion. The German Ethics Council (GEC) voted in favour of such measure in December 2021, however, not all agreed as four members of the GEC opposed the decision. For them, relevant questions were not yet answered:

- Relevance of new variants (e.g., omicron et al.),
- Other ways to increase the number of vaccinated were not explored,
- Feasibility assessment to effectively implement a vaccine mandate.

COVID-19 in Homelessness: A Worldwide Scoping Review on Vulnerabilities, Risks, and Risk Management

Usually, 'homelessness' is defined as living in isolation and on the margins of the society. Homeless people mostly encounter themselves in poor social and economic status, with irregular access to ordinary housing or safe place to live, and in many countries, they live daily without a shelter, place to sleep, or crowded temporary accommodations.

Likewise, homeless people are exposed to more morbidity and mortality because of social inequalities, permanent lack of housing, and increased risk of exposure-both to COVID-19 and other hazards. Homeless people have found difficult, for example, to follow the most common COVID-19 protective measures, such as washing hands, keep distance, wear a mask, and get vaccinated (due to the lack of housing or official documentation).

The study presented by Dr. Abbas Ostadtaghizadeh (Tehran University of Medical Sciences) aimed to offer a comprehensive review of the studies on homelessness during the COVID-19 pandemic. For this purpose, the study conducted an scoping review on articles published and other credible sources published until 15 March 2021 (see Figure 1) on homeless people during the COVID-19 pandemic: the Arkesy and O'Malley framework (2005) was used to conduct this study.

According to the study, the findings were divided into three categories: 1) Vulnerability factors of the homeless to COVID-19 pandemic; 2) COVID - 19 risks of Homelessness; and 3) COVID-19 pandemic management in homeless.

Vulnerability factors of the homeless to COVID-19 pandemic

For the study's authors, there are four main vulnerability factors affecting homeless people in regard to COVID-19: Personal factors; Lifestyle factors; Social factors; and Managerial factors. Among the 'Personal factors', we can find: weak immune system; background disease; sleep disorders; malnutrition; mental retard; mental disorders; and lower life expectancy.

Among the 'Lifestyle factors', these elements were found important: Lack of housing; living in unsuitable and crowded places; poor hygiene; drug addiction and substance use disorders; excessive smoking and sharing cigarettes; alcoholism; lack of health literacy; unsafe sex; loneliness; and unwillingness to care and follow up the health status.

There were 'Social factors' found: Negated population by authorities; Lack of public attention; social inequalities; insufficient access to social services; social stigma; lack of social responsibility for the homeless; and lack of social supports (e.g., insurance).

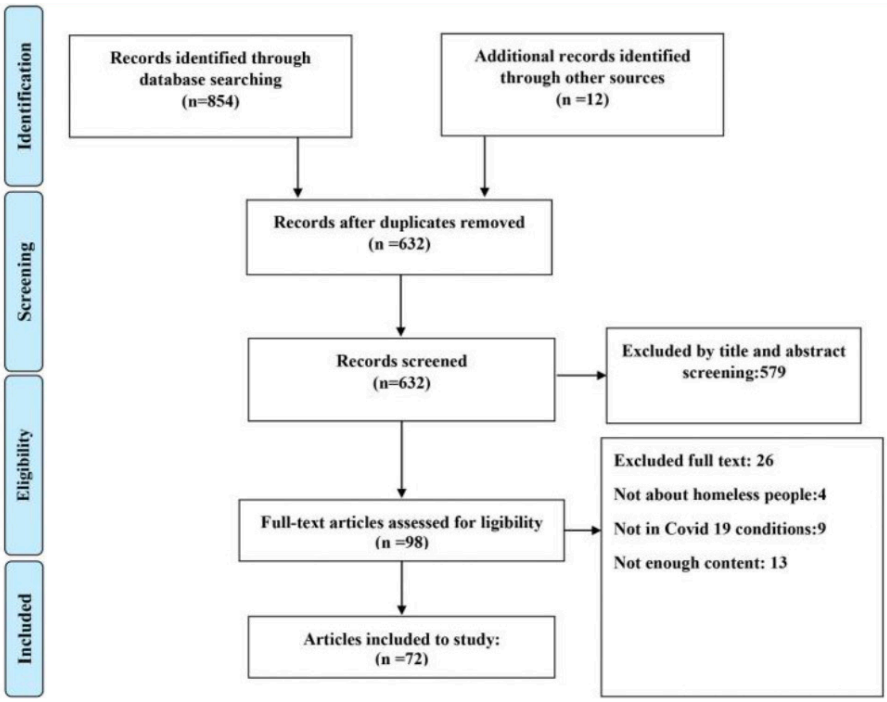

Figure 1. Scoping review of articles and other sources

Finally, the study also underlines 'Managerial factors': Ignorance of the homeless by organisations; irresponsibility of organisations; unsafe shelters; impossibility of conducting diagnostic tests in shelters; inadmissibility of access to drugs in times of quarantine; weak decentralised health systems in the implementation of integrated policies; and lack of associated social services.

COVID-19 risks of Homelessness

Here the study's author found 3 important categories of risk for homeless people during the COVID-19 pandemic: COVID-19 risks for Homeless Individuals; COVID 19 risks for societies; and COVID 19 risks for organisations.

Different risk factors were found for 'homeless individuals': Rapid spread of the disease in homeless; longer asymptomatic period; more asymptomatic patients; more severe disease; impossibility of social distancing; limited access to healthcare; lack of access to drugs among the homeless addicts; and more mortality and morbidity rates.

In the case of 'risks for societies', several factors were underlined: disease transmission to the community; breaking the transmission chain is disrupted; difficult to quarantine; and uncontrolled population.

Among the 'risks for organisations' these factors were found important: difficult identification of affected homeless; difficult quarantine services; difficult tracking; lack of information; transmission of the disease among shelters staff; lack of human resources; and personnel safety in shelters.

COVID-19 pandemic management in homeless

In regard to the management of the COVID-19 pandemic and homeless people, the study found several important factors affecting positively and negatively: prioritising emergency and affordable housing for the homeless; restrictions on entry and exit of persons into temporary shelters; providing access to hygiene resources before entering the shelter; observing the social distance of at least 6 feet when sleeping; implementation of 'infection control approach'; active screening and diagnostic tests for all residents and staff; psychological support for the homeless; strengthening the referral system and rapid transfer of homeless; establishing street clinics with nurses and doctors; and locating and decentralising the homeless.

Finally, the study's author presented a useful guidance for organisations providing health and social services during the spread of diseases. The study can be consulted here: https://doi.org/10.1080/19371918.2021.2011525

Dealing with social aspects of COVID-19 Vaccination: A lived experience in Isfahan, Iran

Isfahan Province in Iran has about 5.2 million population (more than 50 countries in the world, including New Zealand, Oman, and others). 88 percent of the population in Isfahan Province live in urban areas. Main ethnic groups are Persian (main), Lur, Bakhtiri, Georgian, and Armenian, among others. Geographically speaking, Isfahan Province is the crossroad for main destinations in the country. Other figures reveal that 12 percent is elderly population, there is a literacy rate of about 90 percent, while basic vaccination coverage reaches above 90 percent.

During the COVID-19 pandemic until mid-2022, there were and still are two important (social) challenges. First, a challenge related to 'knowledge': there is uncertainty in academic literature and also 'infodemic' is creating issues to convince people get vaccinated. A second level of challenge relates to access to facilities (i.e., tests, PPE, vaccines, medical equipment, etc.). This challenge can be linked to aspects such as the international sanctions on Iran; limited global production; limited domestic production, and financial shortage.

In January 2021, the Iran government developed a 'National COVID-19 Vaccination Plan' based on the "Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines" by the World Health Organisation in November of 2020.

There were two fundamental aspects that were considered in the experience introduced by Prof. Dr. Tahereh Changiz (Isfahan University of Medical Sciences), related to the vaccination campaign in the Isfahan Province: The identification of target populations; and strategies for vaccine acceptance and uptake (demand). To this purpose, the province followed the Increase Vaccination Model (Figure 2).

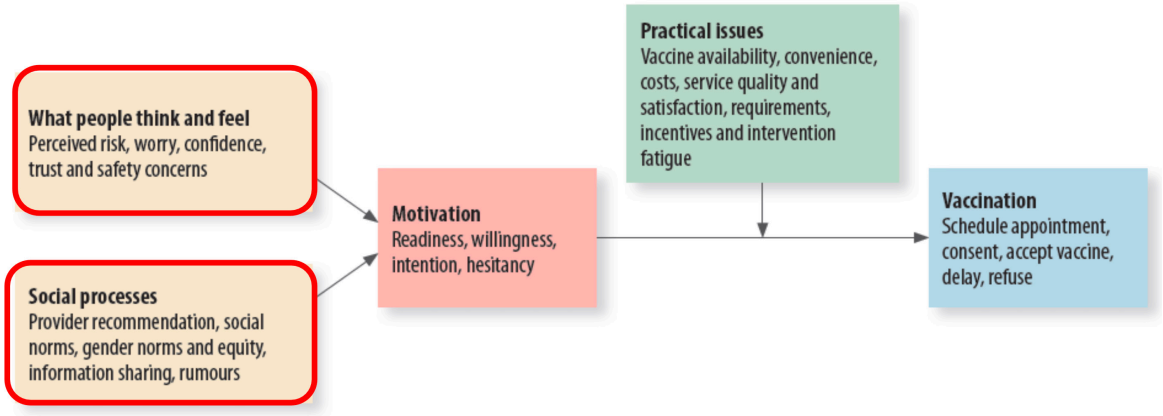

Figure 2. Increasing Vaccination Model

In regard to managing the vaccination demand, it was found that this was a complex process. Both the increasing of the motivation (to vaccinate) and for supporting people's demand for vaccines 'walked on a thin line'. It is difficult to balance the demand with limited and unpredictable supply, and the fact that aligning changes in demand with introduction of new priority groups (i.e., according to the national vaccination plan) was difficult. This situation requested a different approach, so authorities of the Isfahan Province sought to implement an 'Integrated demand approach'. This approach focused on four dimensions or elements: 1) Social listening, digital engagement, and misinformation management (for example, dedicated hotline for Covid-19 cases and media outlets with diverse languages (both simple and academic); 2) risk communication and community engagement; 3) empowering frontline health workers; and 4) crisis communications.

Particularly interesting, perhaps, is the approach on community engagement. 'Basij engagement' (*Basij*= mobilisation) is a community network with hubs in all cities, villages, job groups, industrial area, and mosques that it has been supporting vaccine demand and communications. It helps with partnership and field supervision, information exchange, and the establishment of vaccination bases and lines –place, logistics, non-technical staff, among others– (see Figure 3).

Figure 3. Basij engagement in Isfahan Province, Iran 2022

Some of the key messages or lessons learnt in the years of pandemic has been, first, the importance of well-established health infrastructures and the recognition of community networks. Secondly important, it has been the successful establishment of partnerships and engagement of NGOs, formal organisations, and other stakeholders, authorities, and key actors. Thirdly, it has been the efficient and effective mobilization of resources (both financial and human resources). For the letter, it has been important to count with strong social networks, trust, and cohesion.

If the mountain does not come to us … Socio-spatial vaccination campaign in Bremen, Germany

On a scale of Germany, Bremen can be considered as a 'small, big city' which is at same time a federal state (i.e., city state): about 560.000 inhabitants in 300 km2.

The COVID-19 vaccination campaign started on 27 December 2020, and in Bremen was designed and planned as a 'project', that is, not out of the line organisation. This meant that it was conceived as an agile way of working with an iterative development. In terms of infrastructure and resources, the campaign counted with 2 exhibition halls as 'vaccination centres', 14 Mobile Teams that operated around the city –especially for those who cannot attend the vaccination centres–, 1 regional vaccination centre for rural and peri-urban areas. In total, Bremen reached a capacity up to 18,000 vaccinations daily.

Figure 4. Successful week at temporary vaccination centre in Bremen, 2021

According to Dr. Lutz Liffers (Office for Project and Event Management, Senator for Finance in Bremen city), at the beginning there were a 'mountain of challenges' for the vaccination campaign's design and planning. These challenges can be summarised as follows: super-diversity population (i.e., age, religion, language, cultural backgrounds, etc.); lack of transport or access opportunities (i.e., immobility); missing or incorrect data; and distrust in public and state institutions. So, the 'mindset' during the process of design was 'If the mountain does not come to the vaccination centre, the vaccination centre goes to the mountain'. In this way, some solutions to this challenge included temporary vaccination centres 'on site', information was distributed through day-care centres or kindergarden, and also a closest as possible cooperation with district institutions, including civil society and grassroot organisations. In some cases, the campaign distributed 4,000 vaccinations in one week in an improvised dance hall (see Figure 4).

Final remarks

After all presentations, and questions and answers, there were some general reflections. The first, is that the COVID-19 can be seen and interpreted as a 'disaster', as a research/academic subject but also it was experienced by many people, communities, institutions, and societies. Disasters are also triggered by health issues.

Another reflection remembers us that the Sendai Framework (UNDRR, 2015) is mainly focused on participatory approach and community engagement, while the COVID-19 pandemic shows us the value of community engagement. In the context of a pandemic, we could not remove the people and communities from the centre/core of any response and recovery strategy. The pandemic also revealed to many the co-existence of two societies, one visible and another 'invisible', that is, marginalised and ignored. The cases presented showed us that design and planning a response is very complex and issues of coordination are very much important. From the logical aspects, some questions are important to be considered: who should show solidary for whom? who should decide on solidarity? who should compromise? how the freedom choice matters in relation to solidarity? for example, in relations to vaccine choice. Other questions: How underrepresented part of society is considered? And how do address challenges with inclusiveness?

Iran had a very good experience in case of post-earthquake and post-war reconstruction, and lessons learned from these experiences, but how do these lessons learned from other disasters inform the COVID-19 pandemic response and future disasters? And what is the role of social media? Among others.

Upcoming workshops

In the coming months, there are further workshops of the series that aim to deepen on different aspects of the COVID-19 pandemic in Iran and Germany. Dates and details about these workshops will be announced soon.

No.	Title	Description	Dates
1	Introductory conversation on the COVID-19 situation in Iran and Germany: National health and emergency systems	National health and emergency systems, and national strategies on COVID-19 in Germany and Iran. **Read about the event here:** https://www.increase-project.com/1st-corona-workshop/	30 August 2021
2	Social aspects of vaccination against COVID-19	Vaccination hesitancy (differences between Iran and Germany). Ethics issues, and knowledge and reactions from different social groups. **Read about the event here**: https://www.increase-project.com/2nd-corona-workshop/	21 February 2022
3	Risk communication	How to mobilise people under different cultural framing. Practical approaches/ solutions.	23 May 2022
4	Logistics of civil protection in the pandemic in Iran and Germany	Civil protection, logistics, and volunteerism during the pandemic: Preparedness, response, and relief.	01 November 2022
5	Lesson learnt from social aspects of the COVID-19 pandemic	Reflections from social aspects of the COVID-19: management, vaccination strategies, and decision-making during the pandemic in Iran and Germany.	TBC

Speakers

Prof. Dr. Steffen Augsberg

Prof. Dr. Augsberg holds a chair in public law at Giessen University and is a member of the German Ethics Council. Therein, he chaired the working group for the ad-hoc recommendation "Solidarity and Responsibility during the Coronavirus Crisis" and helped develop prioritisation criteria for vaccine allocation. Lately, he has expressed skepticism with regard to a possible vaccine mandate.

Dr. Abbas Ostadtaghizadeh

Dr. Abbas Ostadtaghizadeh is a Medical Doctor, Master of Public Health, and PhD for disaster and emergency health. He is an assistant professor in Tehran University of Medical Sciences (TUMS), the head of disaster and Emergency health department, and duty of School of Public Health. In addition, he has cooperated with Iranian Red Crescent Society (IRCS) as the president advisor, Tehran Disaster Mitigation and Management Organization (TDMMO) as senior adviser.

Abbas worked in Tehran Municipality as the vice president of TDMMO, and director general of health department where he innovated several community- based initiatives specially implementation of health centers in all Tehran's neighborhoods. He was the Dean of disaster management center in University of Applied Sciences and Technology. He has conducted several research or educational projects funded by national and international organizations such as UNDP, WHO, UNSCAp, and ICRC. He is a member of The Global Network of Civil Society Organizations for Disaster Reduction (GNDR) and Asian Mayors Forum (AMF). His main interests are disaster resilience, disaster risk assessment and mapping, climate change adaptation, community-based initiatives, urban health, and social determinants of health.

Prof. Dr. Tahereh Changiz

Faculty Member at Isfahan University of Medical Sciences. She is Medical Doctor, Master of Science in Medical Education, and PhD in Pharmacology, with more than 20 year experience in educational development and evaluation programs at the national level. As the chancellor of Isfahan University of Medical Sciences and Health Services, was the leading authority for health services in Isfahan province for 4 years (2017-2021).

Dr. Lutz Liffers

Dr. Lutz Liffers, born in 1961 in Rheinland Germany, studied theatre studies, literature and sociology. As part of an interdisciplinary research project at the University of Bremen, Dr. Liffers conducted research on the relationship between migration, education and urban development. He worked for many years in the cultural and educational sector for the Deutsche Kinder- und Jugendstiftung (German Children and Youth Foundation), Arbeitnehmerkammer (Bremen Chamber of Employees), Kultur Vor Ort e.V. and was active as an educational and organizational consultant in many major cities in Germany. Since 2016 he has been working for the Senator for Finance in Bremen and is head of the Office for Project and Event Management in the field of administrative reform / administrative modernization.

Dr. Farnaz Arefian (Discussant)

Dr. Arefian is an expert in disaster management and risk reduction (DRR), urban design and strategic management. She has a background in private sector consultancy and management for delivering large-scale urban development and architectural projects, including participatory post disaster reconstruction. She has first-hand experience in post disaster reconstruction in the city of Bam, Iran, after the disastrous earthquake in 2003. Her PhD research dealt with organisational design and management for post disaster reconstruction programmes. Her current research interests concern disaster risk reduction; urban reconstruction; urban resilience;

strategic management and organisational configuration for urban development programmes; and contextual urban challenges in the Middle East and Central Asian cities.

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