



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



INTERNAL MEMO

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To:	Minister ZL Mkhize, Honourable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19, MAC on COVID-19 Vaccines, and the Multi-sectoral MAC on Social Behaviour

STRATEGIES TO ADDRESS COVID-19 VACCINE HESITANCY AND PROMOTE ACCEPTANCE IN SOUTH AFRICA

Problem Statement

The COVID-19 pandemic continues to have significant health, human, social and economic impact on South African society. Ensuring a solid understanding of, demand for and promoting acceptance of current and forthcoming COVID-19 vaccines is critical to personal health, protecting the most vulnerable populations, reopening social and economic life and potentially achieving population health and safety through immunity [1]. Evidence suggests that among those not immediately accepting of vaccines, most are hesitant as opposed to anti-vaccines [1, 2]. Vaccine hesitant individuals comprise a diverse group of people with varying levels of doubt, indecision, uncertainty, or mistrust [2]. This advisory reviews current evidence to advise the National Department of Health on a concerted programme to deal with vaccine hesitancy in the country.

Evidence review

Several surveys have been conducted in South Africa from April 2020 to January 2021 to examine vaccine hesitancy. These include:

1. The University of Johannesburg and the Human Sciences Research Council (UJ-HSRC Survey) conducted three online surveys ($N=10,618$) to determine public perceptions of the Coronavirus on South Africans [3-6].
2. Ipsos conducted three rounds of surveys [7-9] on its Global Advisor online platform, which involved 22 countries and included a question on vaccine acceptance. South African sample ($N=500$; 500 and 1000 per round).
3. The COVID-SCORE Global Survey [10] included an online panel of respondents from 19 countries ($N=13,426$), and a sample of 609 respondents from South Africa.
4. The South African Social Attitudes Survey (SASAS) [11] administered by the HSRC, included three questions on attitudes towards vaccination ($N= 2,844$).
5. Ask Afrika conducted the 'COVID-19 Tracker study' [12-14] to understand the impact of the coronavirus on South Africans.
6. The Africa Centres for Disease Control and Prevention (Africa CDC) [15, 16] conducted a survey across 15 African countries, including South Africa ($N=15,000$).
7. The Council for Medical Schemes (CMS) implemented an online survey [17] to gauge support for Covid-19 vaccination among its members ($N=75 518$).

There is some variability in the levels and correlates of COVID-19 vaccine acceptance/hesitancy reported in surveys (e.g., vaccine acceptance levels ranging from 82% to 52% in different surveys). Some studies also have small sample sizes, nonrepresentative samples and/or unclear methods. The findings reported here therefore need to be interpreted with some caution.

The UJ-HSRC study, the largest and most comprehensive study to date, suggests that about two-thirds of South Africans favour the vaccine. For adults supportive of vaccination, the main motivations were about protecting self and others. The number of vaccine accepters comes close to the widely cited 67% required to reach a level of 'population immunity' for COVID-19. However, about a third of the South African adult population remains unconvinced or hesitant – a proportion that is higher than for most countries globally.

The Ask Afrika, UJ-HSRC and CMS studies revealed that key vaccine hesitancy drivers were about side-effects and effectiveness, with some people expressing broader distrust in the vaccine. The UJ-HSRC survey found that those with higher education levels, those disillusioned with the Government and its handling of the pandemic, were less accepting of the vaccine. The CMS study corroborated a perception that politics played too much of a role in the vaccine development process and this shaped some of the reasons for vaccine hesitancy. These findings are consistent with international evidence which shows that some people's vaccination intentions and behaviours are influenced by wider political events and relations [18]. Ask Afrika's most recent poll indicated that stopping the roll-out of the AstraZeneca vaccine reduced levels of trust and perceptions of vaccine safety and reduced confidence in the process. The UJ-HSRC and Ask Afrika studies show that age may be important correlates of vaccine attitudes, with younger adults having more concerns and/or being less accepting of the COVID-19 vaccine. The UJ-HSRC survey found that race may play a role in shaping COVID-19 vaccine acceptance, with white adults being less accepting.

These findings suggest that vaccine hesitancy is a complex and dynamic social process that reflects multiple webs of influence, meaning, and logic. International literature indicates that some from higher socioeconomic classes view health, health-related risks and decisions as matters of individual rather than social responsibility. For these people, vaccination promotion discourses which advocate vaccine uptake as being for the public good, can conflict with their perceived individual liberties and beliefs. For others, vaccine acceptance is viewed as a matter of collective responsibility and displayed a willingness to be vaccinated to protect others through 'population immunity'. This sense of Ubuntu was manifest in local survey participants from lower socioeconomic status, rural areas, and townships, who portrayed more of a sense of caring for their own families, less reliance on government, and greater willingness to take COVID-19 vaccines [18, 19].

In the UJ-HSRC survey, a small minority were swayed by explanations that linked vaccines to conspiracy theories and the occult. However, these and related implausible reasons have received sufficient media attention and do not warrant repetition. While the ideas held by vaccine denialists or "anti-vaxxers" are not irrelevant, **authoritative international literature suggests that efforts should focus on those who are hesitant, reluctant, distrusting of vaccine, requiring further information and persuasion, rather than focusing on anti-vaxxers, denialists and their diverse motives and arguments** [1, 2].

Recommendations

This review of the evidence suggests that many South Africans are already convinced that vaccines will be good for themselves and society. This is a powerful positive message that can form the basis of the Department of Health's current communication on vaccines [20]. A comprehensive, multi-sectorial communication strategy must focus on converting these positive attitudes into vaccine action while simultaneously addressing concerns for those who remain hesitant, reluctant, and distrusting.

Vaccine Literacy

Public education in the form of vaccine literacy campaigns must provide factual information, focus on legitimate worries about COVID-19 vaccines and be responsive to these concerns. Targeted strategies, which focus on certain population groups (e.g., younger, white, educated, middle class) and are tailored to their specific concerns, may be important. The Government should support civil society and other efforts in this regard, including through making public space available, cooperating on programmes, and providing financial support.

Communication

A comprehensive vaccine communication strategy around vaccine safety and effectiveness must be implemented that is open, timely, manages any mis/disinformation around it, and be balanced and transparent, including potential adverse effects, evidence gaps and uncertainties surrounding the vaccine [21, 22]. Such an approach will mitigate problems caused by potential crises during the vaccine roll-out, enhance public trust, enable greater public confidence and associated COVID-19 vaccination acceptance. Financial support to enable this must be prioritised.

Communication (see also Communication Strategy in 31 March 2021 MAC Third Wave Advisory) must involve more than information to address vaccine hesitancy, and factor in that people develop their beliefs through their life experiences and that culture, personal background, religion, and political leanings all shape people's reactions to facts supplied to them [18]. Vaccine uptake as an altruistic social act should be emphasised, as much as for personal immunity.

Clearer messaging must explain why the AstraZeneca vaccine was withdrawn, explaining that it was shown not to be effective against the variant that was discovered in RSA after the vaccine was purchased. This must be done in a way that shows how all citizens were protected from a less effective vaccine by excellent South African phylogenetic science. This message was not well expressed in a recent communication [20].

Communications should be delivered by a variety of trusted sources as these frequently differ between contexts and population groups [21-23]. Evidence suggests that scientific and clinical authorities are regarded as more credible vaccine communicators by some, with other groups less likely to change their behaviour based on Governments' messaging [19, 24]. Approaches that associate the vaccine roll out with politics or specific politicians should be discouraged as these are not likely to encourage vaccine acceptance. Understanding specific sources that are trusted and perceived as credible amongst target population groups and involving these in the provision of COVID-19 vaccine information, is therefore important.

Creating an Enabling Environment

The COVID-19 pandemic provides a unique opportunity for critical public engagement around science and scientific evidence, as well as social mobilisation around vaccination demand [25]. The data underline the importance of strong evidence-based leadership in driving demand and shaping attitudes towards vaccinations. The Government, civil society, the media, and influential political, faith and cultural leaders can all play a part in explaining vaccine practicalities (where, how, who, and when), safety and efficacy and the different phases of the roll-out process.

It is important for all outreach and community messaging to not focus exclusively on vaccines but to emphasise the importance of ongoing or enhanced adherence to non-pharmaceutical interventions in combatting SARS-CoV-2 transmission as these will make an important and positive difference in disease transmissibility and national disease burden [26].

Creating wide-scale uptake of vaccines will require community involvement and participation. Key to this effort are non-government and civil society organisations, as well as influential faith and cultural leaders in motivating communities towards vaccine acceptance [17]. Community mobilisers must engage with the community at various levels and through various organisations to support the vaccine programme. It is also important that vaccine roll-out is conducted efficiently and competently at the designated sites to maximise positive public reports on the vaccination experience – i.e., maximise positive user experience reports [1].

Rationale for recommendations

Communications to counter hesitancy and build confidence must be located within an evidence-based and highly localised context. In the case of COVID-19 vaccines, roll-out communications must be grounded in honest and contextualised messaging, i.e., building confidence whilst being transparent around supply and availability, prioritisation and eventual access.

Health information about the COVID-19 vaccine in isolation from other interventions, such as the ongoing importance of NPIs, will not be sufficient to achieve population immunity. Combined advocacy, communication, and social mobilisation strategies at all levels, from personal to community and social, are needed for the uptake of vaccines to occur at the scale required to address vaccine hesitancy. Hopefully, this will motivate people to access COVID-19 vaccines in the best interests of individuals, their communities, and South Africa as a whole.

Thank you for consideration of this request.

Kind regards,



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DATE: 12 April 2021

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