

Countering Vaccine Hesitancy with Effective Communication

Findings and recommendations on COVID-19 communication preparedness in India, Indonesia and the Philippines



Abstract

The significance of vaccine hesitancy for the COVID-19 global public health emergency is now well understood. Vaccine hesitancy refers to a delay in acceptance or refusal to receive available and accessible vaccines. The unprecedented spread of COVID-19 has highlighted the need to strengthen vaccine confidence and increase uptake of vaccines to save lives. Countering vaccine hesitancy has become an urgent public health priority of governments across the world.

The low acceptance rate of COVID-19 vaccines among certain sub-groups and areas in low-and middle-income countries has necessitated the need to examine innovative communication strategies that can be effectively employed to reach these different groups and address the issues related to vaccine hesitancy outlined above.

Drawing on the expertise of key opinion leaders and experiences of countries that have achieved a measure of success in addressing vaccine hesitancy, this brief presents a framework for best practices in COVID-19 vaccine communication. Some of the recommendations are drawn from developing countries that are much more resource-constrained and have low healthcare capacity.

The 'LISTEN' framework defines six clear and actionable best practices that can ensure an effective COVID-19 vaccine communication and

Key Findings

- Vaccine hesitancy was a challenge identified by WHO as one of the top ten global health threats in 2019.¹
- Only 56%, 49% and 36% of people were fully or partially vaccinated from COVID-19 in India, Indonesia, and the Philippines respectively, as of November 2021.
- Communication lapses in these countries include the lack of accountability, coordination, monitoring and evaluation, and limited outreach into local communities.
- Communication strategies from countries with high vaccination rates show that there is good public and healthcare workers hesitancy surveying, healthcare worker training and public communications strategies, including at the local level.

engagement plan. The framework can also be applied to counter routine vaccination communication roadblocks for re-emerging vaccine preventable diseases, such as measles and polio. The LISTEN framework with its key enablers, will likely drive greater effectiveness in vaccine communications in budget-constrained economies in the Asia Pacific region and beyond.

Identifying the successes and gaps in COVID-19 communication preparedness in India, Indonesia and Philippines

Successes in vaccine communications	Formation of national and local task forces for COVID-19	Detailed communications strategy guide for central government, state and district levels	Strong commitments at national level and from immunization partners
Indonesia	✓		
The Philippines		✓	
India		✓	✓

Gaps in vaccine communications	Lack of coordination between ministries and stakeholders resulting in inconsistent messaging	Lack of a tailored plan and outreach to local communities due to manpower and budget limitations	Lack of accountability, monitoring and evaluation to counter vaccine misinformation	Lack of consistency in implementation of communications strategy across different states
Indonesia	✓	✓	✓	✓
The Philippines		✓	✓	
India				✓

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What is LISTEN?

- Longitudinal surveys to understand vaccine hesitancy drivers – Frequent broad-based public surveys can help governments understand public sentiment and refine its communications plans to tackle vaccine hesitancy.
- Integrated and consistent messaging – Proactive and consistent messaging from a multi-ministry government task force throughout different pandemic phases is critical to raise public awareness and elevate public trust.
- Suitable local engagement plan – Adapting communications plans to address unmet needs of local communities and vulnerable population groups. This includes involving local stakeholders such as religious, community and civil leaders, and even at a neighborhood level to understand the local context.
- Targeted use of media and communications ambassadors – Information, education and communication (IEC) materials should be distributed using multiple channels and different formats. Messaging in these materials can be tailored to the stakeholder groups and formulated around the progressive phases of the pandemic.
- Education of key messengers – Healthcare workers and government institutions must understand the importance of communications and appreciate cultural and religious sensitivities to curb misinformation and deliver a successful vaccine roll out.
- Near or real-time misinformation monitoring and legal provision – A multipronged approach is required to mitigate infodemics. Efforts such as measuring and monitoring the spread of misinformation, detecting and understanding the impact of the spread, and responding and deploying interventions can protect against it. Finally, misinformation can be deterred or curbed through regulations and law-based provisions.

Country Experiences and Best Practice



Longitudinal surveys to understand vaccine hesitancy drivers:

- **New Zealand:** Monthly online public sentiment opinion surveys, longitudinal, broad-based and targeted post-vaccination surveys, and qualitative research on specific audiences and issues, have enabled the government to tailor national communications and engagement tactics to changing circumstances and sentiments. (e.g., Māori sentiment towards the COVID-19 vaccine).
- The government's Behavioural Insights Team continuously updated its analyses and refined its communications advice.

Integrated and consistent messaging:

- **Singapore:** A clear legal framework and emphasis on a whole-of-nation approach through a coordinated multi-ministry government task force helped to raise public awareness and elevate public trust.²
- **Malaysia:** The government engaged in proactive communication to craft relevant and specific messaging and accompanying IEC materials for the different pandemic phases.

Suitable local engagement plan:

- **New Zealand:** Lead agencies such as the Ministry for Pacific Peoples are employed to understand local needs through discussions between local communities and clinicians.³ Local stakeholders' feedback is used to create tailored communications that fit the local context.
- **Australia:** Culturally and linguistically diverse communities have separate implementation plans and communication materials are developed from stakeholders' feedback.
- **Singapore:** Grassroots organizations, such as People's Association and Silver Generation Ambassadors, conduct home visits to address the concerns of seniors, who may be more vulnerable to misinformation.
- **India:** The state of Uttar Pradesh rolled out a cluster strategy to accelerate holistic vaccine delivery. Village heads (Gram Pradhans), Accredited Social Health Activists (ASHAs) and Anganwadi workers (AWWs), were involved in intensive mobilization activities and door-to-door efforts. Conveniently located vaccination centres were made available to drive last-mile vaccine acceptance and accessibility.⁴

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Targeted use of media and communications ambassadors:

- **Malaysia:**
 - » Messaging for the public awareness campaign was delivered in different formats (e.g., infographics, slides, banners, etc.) and subsequently distributed through a variety of channels (e.g., TV and radio spots, billboards, and social media posts).
 - » Targeted call-to-action messages were formulated around the progressive phases of the pandemic.
 - » IEC materials used were measured and evaluated by the number of uploads and a COVID-19 Content Analysis Team identified latest trends in social media usage and reporting.
 - » In terms of communications ambassadors, religious leaders were co-opted to amplify the government's messaging at the community level.⁵
 - » Corporate companies pitched in to be involved in vaccination drives, town hall meetings, webinars, training, and education sessions.⁶
 - » Celebrities, social media influencers, and local peer groups were involved to help raise awareness and generate public support for vaccinations.⁷
 - » At the same time, queries and questions on vaccines were directed to government organisations for credibility.
- **India:** Culturally relevant IEC materials were used to ease vaccine hesitancy among tribal villagers in Dharni. Members of the tribal community were involved in creating various communications such as videos and plays in local dialect.

Education of key messengers:

- **Rwanda:** Interpersonal communication skills, risk and communication training, and training on greater appreciation for cultural and religious sensitivities were made priority for all healthcare workers.

Near or real-time misinformation monitoring and legal provision

- **Côte d'Ivoire:**
 - » Near real-time media monitoring was facilitated by engaging and training community contributors who reported misinformation. Once the findings were shared with the national Risk Communication Technical Working Group (RCTWG), appropriate calibrated risk communication and community engagement measures were deployed to counter the misinformation.
 - » Multi-sectoral partnership that involves NGOs and the government helped to develop, implement and manage locally appropriate systems for understanding and responding to misinformation.⁸
- **Singapore:** The Protection from Online Falsehoods and Manipulation Act (POFMA) pushes back against online falsehoods using correction orders or, in serious cases, 'stop communication' or 'disabling directions'. The government actively works with popular social media sites to prevent the spread of misinformation.

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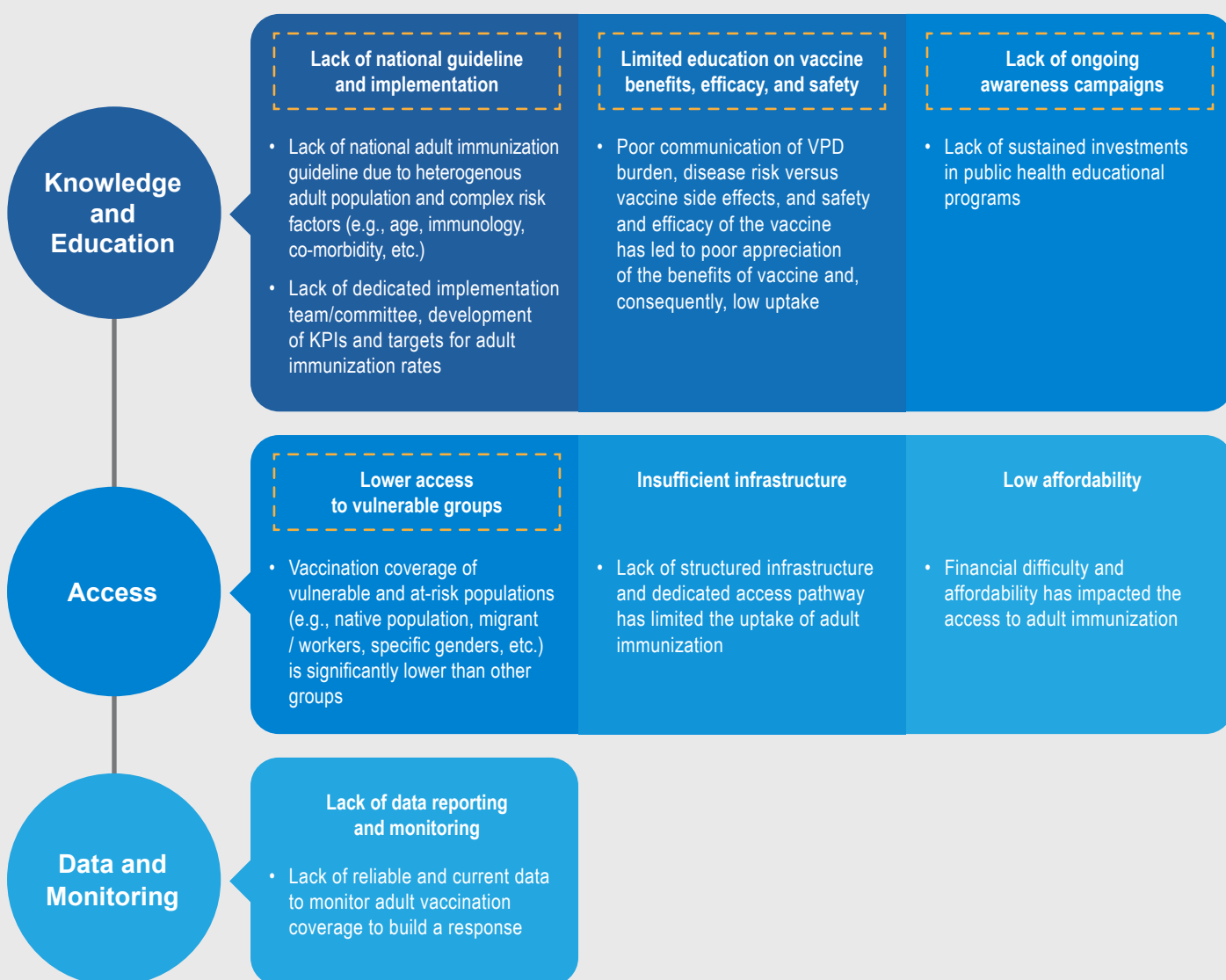
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The LISTEN Framework to address routine vaccine communication roadblocks

Pre-COVID-19, anti-vaccination messaging was primarily targeted to parents and focused on creating doubt about the safety and efficacy of paediatric and adolescent vaccines. Recently, opposition to vaccines has taken on more political overtones related to the trade-off between societal responsibility and personal choice.

The potential barriers that LISTEN can address for routine vaccine communication roadblocks are:



Addressable by LISTEN

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Vaccine communication roadblocks	LISTEN recommendations	Practical Guidelines
Lack of national guideline and implementation	Implementing and integrating national immunization guidelines	<ul style="list-style-type: none"> • Have robust national immunization guidelines with clear recommendations for groups with risk factors • Establish a dedicated task force/expert technical group to drive implementation and integration of communications across different administrative levels • National guidelines to include policies and communication strategies to tackle misinformation using real-time social listening methods
Limited education on vaccine benefits	Championing holistic vaccine education	<ul style="list-style-type: none"> • Engage Healthcare Workers to champion safety and efficacy of vaccines for routine vaccination across the lifecourse • Education for politicians and civil servants to understand the disease burden of vaccine preventable diseases and its economic impact to prompt and drive policy intervention for adult immunization • A functional Adverse Events Following Immunization (AEFI) monitoring and reporting system to be set up to investigate any adverse effects immediately
Lack of ongoing campaigns	Building effective public awareness campaign efforts	<ul style="list-style-type: none"> • Targeted use of media and communications ambassadors for public awareness campaigns to engage the public and drive acceptance of routine vaccination • Involvement of religious, community and civil society leaders to communicate IEC materials to local communities
Lower access to vulnerable groups	Improving access for vulnerable groups	<ul style="list-style-type: none"> • Conduct regular longitudinal surveys on public and healthcare workers' attitudes to routine immunization • Survey analysis of the needs of vulnerable groups (e.g. financial, information sources, access to infrastructure) must be in context so that underlying message is not lost • Use of local ambassadors to address communities' specific concerns

Recommendations for India, Indonesia and the Philippines

The LISTEN framework can likely drive greater effectiveness in the vaccine communication efforts of India, Indonesia and the Philippines.

Budget-constrained economies such as India, Indonesia and the Philippines will need to leverage technology, public-private partnerships and behavioural science expertise to enable the LISTEN framework. However, more research is needed on the net cost-benefit of investing in vaccine communication preparedness versus the health and economic hardships that come with high levels of vaccine hesitancy.

Key Considerations from LISTEN

- Vaccine hesitancy campaigns to reflect local context and be cognizant of prevailing public attitudes to vaccines
- Always consult and coordinate with local stakeholders in vaccine communications
- A whole-of-government approach to ensure coordinated design and implementation of campaigns to counter vaccine hesitancy
- Healthcare workers communications training to address people's hesitancy
- Longitudinal surveys of the general public and healthcare workers across different population segments
- Social listening to combat misinformation

LISTEN Enablers

Technology:

- Real-time data monitoring for vaccine record and AEFI systems to collect data to inform communication strategy
- Official government communication channels
- Social listening capability to capture misinformation
- Monitoring of public vaccine sentiments using AI and big data text analytics

Public Private Partnership

- Involvement of private sector in campaigns to promote vaccine confidence and uptake
- Private sector support for additional resources such as manpower and funding to conduct outreach activities and training to drive demand generation at the local level, as well as research projects to understand how certain aspects of online media can affect health and resiliency
- Partnership with technology companies to counter spread of misinformation

Behavioural Sciences Expertise

- Specialized behavioural teams to provide insights to craft key messages that focus on empathy and building trust at the local level

Bibliography

- ¹ The Lancet, COVID-19 Vaccine Hesitancy and Acceptance in a Cohort of Diverse New Zealanders, August 2021
- ² BMJ Global Health, Health system resilience in managing the COVID-19 pandemic: lessons from Singapore, August 2020
- ³ Ministry for Pacific Peoples, Steering MPP's community COVID-19 response, August 2021
- ⁴ Nepal Journal of Epidemiology, Improving Last-mile Delivery of COVID-19 Vaccines: The Cluster Strategy, September 2021
- ⁵ Human Vaccines and Immunotherapeutic, Vaccine hesitancy and the resurgence of vaccine preventable diseases: the way forward for Malaysia, a Southeast Asian country, January 2020
- ⁶ Malaysia Ministry of Health, Health promotion and risk communication initiatives, 2020
- ⁷ Harvard Business School, How Influencers, Celebrities, and FOMO Can Win Over Vaccine Skeptics, January 2021
- ⁸ UNICEF, Vaccination Demand Observatory launched to strengthen local communication programmes to address vaccine misinformation, April 2021