Covid Vaccines Acceptability Insights Introduction

Johnson & Johnson Global Public Health

Coronavirus 2019-nCov novel coronavirus
Introductions

Johnson & Johnson
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• Norah Ochiel (MSI)

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• Tristan Hunt, Principal
• Marina Tan, Consultant
• Zahra Asghar, Associate
Agenda

1. Welcome
   Group 15 min

2. Our Insights + Opportunity Use Cases
   Jason Betik + Janice April 45 min

3. Zooming into Nairobi
   Jeff Doering 20 min

4. Discussion + Next Steps
   Group 40 min
Through a dedicated Global Public Health (GPH) organization, we are a team of innovators who put the world’s most vulnerable at the heart of everything we do—measuring our success in lives improved.

170+ person team across 26 countries

End-to-end organization
- Research & Development
- Strategy & External Affairs
- Field-based teams

100+ partners to deliver impact

250 million+ lives impacted in 2021

Executive-level leadership

Leverage full capabilities and resources of Johnson & Johnson
Our Mission

Make relevant innovations that
save lives, cure patients and prevent disease
available – affordable – accessible
for the world’s most vulnerable & underserved populations.
Vaccine Uptake: Strengthening Vaccine Confidence

Vaccines do not guarantee vaccinations: As COVID-19 vaccines become more widely available, we must strengthen vaccine confidence to improve vaccine uptake.

J&J GPH is conducting unbranded research to improve understanding of vaccine confidence across Sub Saharan Africa and how it is changing over time. This research does not include any information about the J&J vaccine, nor any other vaccines from other manufacturers.

Vaccine Confidence Research is in service of Vaccine Confidence Campaigns and Risk Communication Plans. Donors and NGOs can use this research to increase the effectiveness of their Campaigns.

ILLUSTRATIVE EXAMPLES OF RESEARCH:

- **WHY** people aren’t getting vaccinated
- **WHICH** population segments are most resistant
- **WHERE** to focus geographically within country
- **WHAT** to say to change attitudes and behavior
- **WHO** should the communication come from

**WHO/SAGE 3Cs model**

[https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf](https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf)

- Convenience
- Confidence
- Complacence

- Attitudinal/Behavioral Segmentation
- Geospatial Mapping of the 3Cs
- Message Testing
- Influencer Plan

Getting the vaccine is like getting a sturdy umbrella and overcoat during a rainstorm. It makes sure that you avoid the worst of it. The idea is to keep you safe and dry from the rain.

J&J GPH is conducting unbranded research to improve understanding of vaccine confidence across Sub Saharan Africa and how it is changing over time. This research does not include any information about the J&J vaccine, nor any other vaccines from other manufacturers.

Vaccine Confidence Research is in service of Vaccine Confidence Campaigns and Risk Communication Plans. Donors and NGOs can use this research to increase the effectiveness of their Campaigns.
In our commercial business, campaigns are now highly targeted and relevant for specific audiences through precision marketing.

Our intention is to share J&J’s commercial tactics to benefit the global public health community and to invest in disseminating actionable, data-based insights.

STOP SMOKING. START LIVING.

let’s do something incredible

Many global health SBC campaigns start by targeting demographics. Complementing this with advanced consumer analytics that overlay attitudes & behaviors across geographies can help target and tailor relevant communications.

Segment 1: 30%
Segment 2: 12%
Attitudinal/Behavioral Segmentation can serve as a springboard for targeted creative development, testing and communication execution with advanced analytics.

👋 Check in:
Where are you in the creative development process?
We used statistically robust segmentation to identify groups of vaccination attitudes and mapped what messaging works, from whom, and where.

We aim to understand the enablers and barriers along the spectrum of those who will take the COVID vaccine, those who will never take the vaccine, and those who are undecided, as well as the proportion of these groups per country.

Especially for the undecided, we want to understand what their reasons against vaccinating are, and engage them in a conversation on issues that matter to them — speak to them based on their real values and concerns.
The data behind it (in partnership with IPSOS MORI + fraym)

**Segmentation**
Vaccine awareness, uptake, attitudes, beliefs, drivers, barriers, optimal communication channels **Kenya**, **Zambia**, and **Nigeria**

- Over n=800 per market
- Sampling quotas:
  - 50/50 male and female split
  - 33/33/33 split across low, medium and high poverty using Poverty Index scores
  - At least 10% self-reporting one or more comorbidities
  - Regional sampling proportional to country population

**Fieldwork conducted between August to September 2021**
Respondents recruited using Ipsos’ database of individuals 18+
Interviewers conducted 30-minute computer-aided telephone interviews

**Message Testing**
Force-choice experiment of messages, ideal messenger, and likelihood to impact behavior in **Kenya**, **Zambia**, and **Nigeria**

- Over n=800 per market
- Similar sampling quotas to segmentation
- Must not have received the COVID-19 vaccine before
- Must not always avoid personal vaccinations

**Fieldwork conducted between November to December 2021**
Interviewers conducted 30-minute computer-aided telephone interviews with conjoint analysis

**Geospatial Mapping**
Geospatial mapping of vaccine attitudes, media consumption, demographics, language, socioeconomics, communications, media, and health centers in **Kenya**, **Zambia**, and **Nigeria**

- 2021 Fraym Kenya field survey (May 2021)
- WHO health facilities mapping¹
- Malaria Atlas Project walking and driving times to health facilities²
- Uses artificial intelligence and machine learning with proprietary software FUSEfraym™

The segments reinforce the WHO/SAGE recommendations of the 3 C’s Framework (Confidence, Complacency, Convenience) for vaccine engagement, with the backing of demographic data

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¹ Note 1: This master list of health facilities was developed from a variety of government and non-government sources from 50 countries in sub-Saharan Africa, accessible here: https://data.humdata.org/dataset/health-facilities-in-sub-saharan-africa

² Note 2: Least-cost distance compensates for travel costs, such as slope and terrain, accessible here: https://malariaatlas.org/research-project/accessibility-to-healthcare/
A snapshot of the segments

Confident Enthusiasts
Ready now

“I love it! I want it now!”

Enthusiastic Pragmatists
Ready now

“In theory I would get it, but I’m uncertain about logistics.”

Vaccine Ambivalents
6-12 months

“I’m not against it, I just don’t think I need it. I’ll wait and see.”

Vaccine Skeptics
6-12 months

“I know it’s important, but I want to wait and see if it’s safe.”

COVID Cynics
Never

“It doesn’t work. I don’t need it. Stop telling me to get it.”

% of Kenya population
[Global %]
30% [24%]
38% [19%]
15% [20%]
12% [25%]
6% [12%]

Segment #
1
4
5
2
3

Challenges aligned to WHO 3C Framework

Convenience
Practical barriers to access

Confidence +
Complacency
perception of low risk and disease severity

Confidence
Trust in safety and efficacy

Confidence Complacency
Convenience

Check in:
• Does this resonate?
• As you think about your target pops, which segment(s) might you target first?
### Meet the Confident Enthusiasts in Kenya (Segment 1 Teaser)

#### Segment 1 Overview

<table>
<thead>
<tr>
<th>Summary</th>
<th>Convinced of COVID threat and vaccine benefits. Would be quick adopters driven by social responsibility to protect their community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Kenya population [multi-country %]</td>
<td>30% [24%]</td>
</tr>
<tr>
<td>Likelihood to take a COVID-19 vaccine</td>
<td>Very High</td>
</tr>
<tr>
<td>Speed of uptake</td>
<td>As soon as possible</td>
</tr>
<tr>
<td>Perceived ease of getting the vaccine</td>
<td>Very easy</td>
</tr>
<tr>
<td>COVID disease perceptions</td>
<td>High perceived risk and severity</td>
</tr>
</tbody>
</table>

#### Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>53%</th>
<th>47%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>18-24</td>
<td>7%</td>
</tr>
<tr>
<td>Urban/ Peri-urban/ Rural</td>
<td>28%</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Index</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>36%</td>
<td>34%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Self-Employed</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Unemployed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11%</td>
<td>11%</td>
<td>22%</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>

#### Information Channels (Top 3)

- **Radio**: 95%
- **TV**: 85%
- **Social media**: 69%

#### Optimal Messages + Messengers (Global)

**WHAT** to say to change attitudes and behavior

**WHO** should communicate

**HOW** the messages reach them

- Getting the vaccine is like getting a sturdy umbrella and overcoat during a rainstorm.

**Control messages**: Messages that have already been circulated by the WHO/Health officials

- **Experts**: Doctors, Nurses, Pharmacists, Community Health Workers, Govt Officials, WHO Officials

**Expert/Non-expert messages**: Messages developed by a creative agency, delivered either by a medical/health expert or layperson (non-expert)

- **Non-Experts**: Family and Friends, Religious Leaders, Community Leaders, Celebrities

*PROPERTY OF JOHNSON & JOHNSON*
Meet the **Enthusiastic Pragmatists** in Kenya (Teaser)

<table>
<thead>
<tr>
<th>Segment 4 Overview</th>
<th>Demographics</th>
<th>Optimal Messages + Messengers (Global)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convinced of COVID threat and merits of a vaccine, but inhibited by practical barriers. Cost-benefit analysis of the process could cause uptake delay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>% of Kenya population [multi-country %]</strong></td>
<td><strong>Gender</strong></td>
<td><strong>Information Channels (Top 3)</strong></td>
</tr>
<tr>
<td>38% [19%]</td>
<td>55%</td>
<td>Radio 93%</td>
</tr>
<tr>
<td><strong>Likelihood to take a COVID-19 vaccine</strong></td>
<td><strong>Age</strong></td>
<td>TV 80%</td>
</tr>
<tr>
<td>High</td>
<td>18-24</td>
<td>Social media 62%</td>
</tr>
<tr>
<td><strong>Speed of uptake</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As soon as possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceived ease of getting the vaccine</strong></td>
<td><strong>Urban/Peri-urban/Rural</strong></td>
<td><strong>WHAT</strong></td>
</tr>
<tr>
<td>Not easy/not at all easy</td>
<td>22%</td>
<td>to say to change attitudes and behavior</td>
</tr>
<tr>
<td><strong>COVID disease perceptions</strong></td>
<td><strong>Poverty Index</strong></td>
<td><strong>WHO</strong> should communicate</td>
</tr>
<tr>
<td>High perceived risk and severity</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td><strong>Expert/Non-expert messages:</strong> Messages developed by a creative agency, delivered either by a medical/health expert or layperson (non-expert)</td>
<td><strong>HOW</strong> the messages reach them</td>
</tr>
<tr>
<td></td>
<td>Self-Employed</td>
<td>Experts: Doctors, Nurses, Pharmacists, Community Health Workers, Govt Officials, WHO Officials</td>
</tr>
<tr>
<td></td>
<td>Full-Time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part-Time</td>
<td>Non- Experts: Family and Friends, Religious Leaders, Community Leaders, Celebrities</td>
</tr>
<tr>
<td></td>
<td>Unemployed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>44%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>27%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>12%</td>
<td>31%</td>
<td></td>
</tr>
</tbody>
</table>

Getting the vaccine is like getting a sturdy umbrella and overcoat during a rainstorm.
# Meet the Vaccine Ambivalents in Kenya (Teaser)

## Segment 5 Overview

<table>
<thead>
<tr>
<th>Summary</th>
<th>Not convinced of the threat of COVID as a disease and lack motivation to seek a vaccine, but few barriers to uptake. Could be moved by social norms and strong messaging.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Kenya population [multi-country %]</td>
<td>15% [20%]</td>
</tr>
<tr>
<td>Likelihood to take a COVID-19 vaccine</td>
<td>Moderate</td>
</tr>
<tr>
<td>Speed of uptake</td>
<td>Wait at least 6-12 months</td>
</tr>
<tr>
<td>Perceived ease of getting the vaccine</td>
<td>Fairly easy</td>
</tr>
<tr>
<td>COVID disease perceptions</td>
<td>Low perceived risk and severity</td>
</tr>
</tbody>
</table>

## Demographics

### Gender

| Gender | 32% | 68% |

### Age

<table>
<thead>
<tr>
<th>Age</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45+</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>37%</td>
<td>24%</td>
<td>19%</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Urban/Peri-urban/Rural

| Urban/Peri-urban/Rural | 41% | 8% | 51% |

### Poverty Index

<table>
<thead>
<tr>
<th>Poverty Index</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>46%</td>
<td>32%</td>
<td>22%</td>
</tr>
</tbody>
</table>

### Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Self-Employed</th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Unemployed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>36%</td>
<td>6%</td>
<td>10%</td>
<td>37%</td>
<td>11%</td>
</tr>
</tbody>
</table>

## Optimal Messages + Messengers (Global)

<table>
<thead>
<tr>
<th>Information Channels (Top 3)</th>
<th>Radio</th>
<th>TV</th>
<th>Social media</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>89%</td>
<td>81%</td>
<td>58%</td>
</tr>
</tbody>
</table>

### WHAT to say to change attitudes and behavior

- Getting the vaccine is like getting a sturdy umbrella and overcoat during a rainstorm.

### WHO should communicate

- Experts: Doctors, Nurses, Pharmacists, Community Health Workers, Govt Officials, WHO Officials
- Non-Experts: Family and Friends, Religious Leaders, Community Leaders, Celebrities

### HOW the messages reach them

- Control messages: Messages that have already been circulated by the WHO/Health officials
- Expert/Non-expert messages: Messages developed by a creative agency, delivered either by a medical/health expert or layperson (non-expert)
### Meet the Vaccine Skeptics in Kenya (Teaser)

**Segment 2 Overview**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Convinced of COVID threat, but scepticism around vaccine safety and efficacy inhibits perceived benefit and quick uptake.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Kenya population [multicountry %]</td>
<td>12% [25%]</td>
</tr>
<tr>
<td>Likelihood to take a COVID-19 vaccine</td>
<td>Moderate</td>
</tr>
<tr>
<td>Speed of uptake</td>
<td>Wait at least 6-12 months</td>
</tr>
<tr>
<td>Perceived ease of getting the vaccine</td>
<td>Fairly easy</td>
</tr>
<tr>
<td>COVID disease perceptions</td>
<td>High perceived risk and severity</td>
</tr>
</tbody>
</table>

#### Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>42%</th>
<th>58%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45+</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>19%</td>
<td>17%</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urban/Peri-urban/Rural</th>
<th>Urban</th>
<th>Peri-urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>38%</td>
<td>10%</td>
<td>53%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poverty Index</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
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<td>44%</td>
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<th>Part-Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>11%</td>
<td>22%</td>
<td>35%</td>
<td>17%</td>
</tr>
</tbody>
</table>

#### Optimal Messages + Messengers (Global)

**Information Channels (Top 3)**

- **Radio**: 92%
- **TV**: 86%
- **Social media**: 71%

**WHAT**

- to say to change attitudes and behavior

**WHO**

- should communicate

**HOW**

- the messages reach them

**Control messages:**

- Messages that have already been circulated by the WHO/Health officials
  
  **Experts:** Doctors, Nurses, Pharmacists, Community Health Workers, Govt Officials, WHO Officials

**Expert/Non-expert messages:**

- Messages developed by a creative agency, delivered either by a medical/health expert or layperson (non-expert)
  
  **Non-Experts:** Family and Friends, Religious Leaders, Community Leaders, Celebrities
Meet the COVID Cynics in Kenya (Teaser)

**Summary**
Strongly hesitant of COVID threat and a COVID vaccine. Mistrust in the vaccine’s purpose and advocates means they will be slow to vaccine adoption, if at all.

- **% of Kenya population [multi-country %]**
  - 6% [12%]
- **Likelihood to take a COVID-19 vaccine**
  - Very Low
- **Speed of uptake**
  - Never
- **Perceived ease of getting the vaccine**
  - Fairly easy
- **COVID disease perceptions**
  - Low perceived risk and severity

**Demographics**

<table>
<thead>
<tr>
<th>Gender</th>
<th>62%</th>
<th>38%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>20%</td>
<td>38%</td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td>38%</td>
</tr>
<tr>
<td>35-44</td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>45+</td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Urban/Peri-urban/Rural</td>
<td>31%</td>
<td>20%</td>
</tr>
<tr>
<td>Poverty Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>27%</td>
<td>27%</td>
</tr>
<tr>
<td>Employment Status</td>
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<tr>
<td>Self-Employed</td>
<td>9%</td>
<td></td>
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<tr>
<td>Full-Time</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Part-Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Optimal Messages + Messengers (Global)**

- **Information Channels (Top 3)**
  - Radio: 96%
  - TV: 78%
  - Social media: 69%

**WHAT**
to say to change attitudes and behavior

**WHO**
should communicate

**HOW**
the messages reach them

**Control messages:**
Messages that have already been circulated by the WHO/Health officials

- **Experts:** Doctors, Nurses, Pharmacists, Community Health Workers, Govt Officials, WHO Officials

**Expert/Non-expert messages:** Messages developed by a creative agency, delivered either by a medical/health expert or layperson (non-expert)

- **Non-Experts:** Family and Friends, Religious Leaders, Community Leaders, Celebrities

Getting the vaccine is like getting a sturdy umbrella and overcoat during a rainstorm.
Zooming into your target geographies

Similarly to epi mapping used to identify health disease hotspots, we have mapped vaccine attitudes + media consumption patterns to the county level...

... to target creative campaign strategies that will resonate the most in prioritized geographies.
We used geospatial machine learning methods to create a local understand of vaccination uptake barriers

Factors we're mapping: "3C's", attitudinal/behavioral segments, media consumption patterns

**Data**

This report leverages the 2021 Fraym Kenya field survey (May 2021)

Health facilities in sub-Saharan Africa were sourced from the World Health Organization.¹

Walking and driving time to health facilities were sourced from the Malaria Atlas Project.²

**Methods**

**Machine Learning for Hyperlocal Mapping**: The localized maps seen in this report were produced using the proprietary software FUSEfraym™. This software uses artificial intelligence and machine learning (AI/ML) to weave together survey data with satellite imagery and geostatistical datasets.
Potential ways to use this analysis:

- Concentrate communication campaigns and media spending in specific geographic areas
- Target specific messages to niche audiences in prioritized geographies
- Optimize vaccine distribution
- Service & Product Delivery Planning

3 Levels of Views

**National**
Patterns at the country level

**Regional**
Patterns at across counties

**Local**
Patterns at the Sq. Km
Ex. 1: Reaching ‘Vaccine Skeptics’ Near Nairobi

How do we reach those near Nairobi who are worried by Covid but have vaccine concerns?

**WHO are we looking for?**

<table>
<thead>
<tr>
<th>Segment 2</th>
<th>Vaccine skeptics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Convinced of COVID threat, but scepticism around vaccine safety and efficacy inhibits perceived benefit and quick uptake.</td>
</tr>
<tr>
<td>% of population</td>
<td>25%</td>
</tr>
<tr>
<td>Likelihood to take a COVID-19 vaccine</td>
<td>Moderately low</td>
</tr>
<tr>
<td>Speed of uptake</td>
<td>Wait at least 6-12 months</td>
</tr>
<tr>
<td>Perceived ease of getting the vaccine</td>
<td>Fairly easy</td>
</tr>
<tr>
<td>COVID disease perceptions</td>
<td>High perceived risk and severity</td>
</tr>
</tbody>
</table>

**WHERE do we find them?**

People in the vaccine skeptics segment can be seen in greater numbers in the dark red squares on the map below, around the Nairobi area. They aren’t focused in one place.

**HOW do we reach them?**

Media consumption patterns for Vaccine Skeptics around Nairobi can be seen in the chart below.

Given their heavy social media use, as well as their broad geographical distribution, a digital programmatic RCCE campaign via WhatsApp and Facebook might be most effective to reach this group, using geolocations as target points.

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**Putting it all together:** In order to reach Vaccine Skeptics near Nairobi, leverage Facebook and WhatsApp platforms, targeting near the north and north-west part of the city.
Ex. 2: Finding ‘Enthusiastic Pragmatists’ Nationally

How do we reach those who want vaccines but don’t think they can get them?

**WHO are we looking for?**

**Segment 3: Enthusiastic Pragmatists**

**Summary**
- Convinced of COVID threat and merits of a vaccine, but inhibited by practical barriers. Cost-benefit analysis of the process could cause uptake delay.
- % of population: 19%
- Likelihood to take a COVID-19 vaccine: High
- Speed of uptake: As soon as possible
- Perceived ease of getting the vaccine: Not easy/not at all easy
- COVID disease perceptions: High perceived risk and severity

**Profile**
- Convinced of the threat of Covid-19 and interested in taking a vaccine but concerned about practical ability of them to get one.

**Confidence**
- High

**Convenience**
- Difficulty in accessing vaccines

**Complacency**
- High perceived risk of Covid

**WHERE do we find them?**

People in the enthusiastic pragmatists segment are disproportionately located around Nyandaru, Samburu, and Lamu.

**HOW do we reach them?**

There are more TV viewers – specifically of Citizen TV in Nyandaru than any other single media channel. These viewers primarily speak Swahili.

**Social Media**
- Facebook Users: 50
- Twitter Users: 16
- Opennews Users: 19
- WhatsApp Users: 55

**TV News**
- Al Jazeera: 6
- CGTN: 3
- Citizen TV: 72

**Language**
- English: 0
- Somali: 0
- Swahili: 31

**Putting it all together:** In order to reach Enthusiastic Pragmatists in Kenya, try reaching people watching Citizen TV in Nyandaru country first.
Ex. 3: Understanding Complacency near Mombasa

How do we reach those who *might* take a vaccine but don’t see a risk in Covid, in Mombasa?

WHO are we looking for?

- **Segment 5**: Vaccine ambivalence
  - Not convinced of the threat of COVID as a disease and lack motivation to seek a vaccine, but few barriers to uptake. Could be moved by social norms and strong messaging.

<table>
<thead>
<tr>
<th>% of population</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood to take a COVID-19 vaccine</td>
<td>Moderate</td>
</tr>
<tr>
<td>Speed of uptake</td>
<td>Wait at least 6-12 months</td>
</tr>
<tr>
<td>Perceived ease of getting the vaccine</td>
<td>Fairly easy</td>
</tr>
<tr>
<td>COVID disease perceptions</td>
<td>Low perceived risk and severity</td>
</tr>
</tbody>
</table>

WHERE do we find them?

People in central Mombasa tend to be less complacent, whereas those in the suburbs – particularly to the south-east and east, tend to be more complacent.

HOW do we reach them?

Pop-up vaccination sites in the north part of Mombasa could be used to reach those in complacency ‘hot spots’ where the residents tend to be less motivated to travel for a shot.

We also know that those who are more complacent in this neighborhood tend to have more convenience-related challenges, so pop-up clinics would serve them well.

Putting it all together: In order to reach complacent people near Mombasa, try in-person outreach in the Shanzu ward.
What’s Next: Message Testing
Rigorous research to study which message (narrative language), messenger, gender of messenger, and media channel motivate each segment the most to vaccinate against COVID-19

- More than 2500 participants across three countries
- 60 messages were developed by Creative Agencies in Kenya, Nigeria, and Zambia that specifically addressed vaccine barriers

Intent: Increase motivation to vaccinate against COVID-19

Our data show the most favorable combination of what to say (message), who should say it (messenger), and how it should be sent (media / channel)

Messages shown to study participants

**Expert messages:**
Delivered by a medical/health expert, including a mix of messages developed by a creative agency and existing WHO/public health messages
- Doctors
- Pharmacists
- Nurses
- Community Health Workers
- WHO Officials
- Government Officials

**Non-expert messages:**
Delivered by a lay-person, developed by a creative agency
- Family/Friend
- Religious Leader
- Community Leader
- Music or Sports Celebrity
How might this work complement your efforts?

Would you be interested in diving deeper into these insights?

Let’s discuss!