Multisectoral Actions for Building Trust to Promote Vaccine Acceptance

A local and community perspective
A discussion of the role different sectors play in building and strengthening trust in vaccination, with a focus on actions taken at the local and community level.
Sources of evidence

- The VCP’s Vaccine Confidence Index (VCI)
- 23 Country Global Survey
- CUNY SPH’s Vaccine Trust Gauge and the New York Vaccine Literacy Campaign
- Case studies of actions different sectors have taken to strengthen trust in vaccination
Background & Context
Why do we need to strengthen trust in vaccination?

- While some survey research has shown some signs of increasing confidence in the Covid-19 vaccine specifically, it also reveals high levels of distrust in institutions, and a strong correlation between distrust and vaccination intent.
- Moreover, the VCP’s Vaccine Confidence Index indicates falling confidence in vaccines in general in a number of countries globally.
Changes in confidence in vaccines in general in the EU since the COVID-19 pandemic (2020-2022)

Between Mar-Apr 2020 and Mar-Apr 2022, significant decrease in those who NET agree across the VCI index on vaccines in general - except for perceptions around religious compatibility.

The question on importance for all ages was not asked in 2020.

Countries with most important changes in vaccine confidence since 2020 include:

- Slovakia: -23% for safety, -21% for effectiveness, -31% for importance
- Slovenia: -15% for safety, -15% for effectiveness, -21% for importance
- Lithuania: -17% for safety, -13% for effectiveness, -23% for importance
- Latvia: -14% for safety, -13% for effectiveness, -30% for importance
- Bulgaria: -18% for safety, -20% for effectiveness, -27% for importance

Significant decrease on previous year

Significant increase on previous year
National and sub-national trends in vaccine confidence in sub-Saharan Africa: results from a Bayesian spatial modelling study
Global Support for COVID-19 Vaccine Mandates

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Source: Lazarus JV et al. Evolving COVID-19 Vaccine Hesitancy in the Pandemic’s Third Year, Unpublished submitted data 2022
Why are local and community-level actions more impactful?

- Vaccine hesitancy determinants are beyond the individual level
- Important to understand different dimensions of trust
- No one-size fits all solution
- Necessary for meaningful engagement dialogue
What are the barriers and drivers of vaccination at the local and community level?
Local barriers and drivers to vaccine uptake

Trends in willingness to receive a COVID-19 vaccine
Religion and ideologies
Vaccine effectiveness and importance
Socio-economic demographics
Mistrust of vaccine trials
Vaccine safety
The role of emotions and sentiments
Mapping conspiracy theories and rumours
Mistrust and vaccines
Interventions for clinical trials
Trust sources of information

Countries from which local barriers and drivers to vaccine uptake were identified
Multi-sectoral Approaches
What role can different sectors play in addressing barriers and promoting drivers of vaccination at the local and community level?
Framework & Output

Case-studies

Government

Public sector

Private sector

Discuss

Integrate

Write statement
The Vaccine Trust Gauge

“Health-related decision made by the [government institution] are usually created with my health and well being in mind”

Overall Population

- Local/city government: 64
- State government: 61
- Federal government: 64

By Vaccine Trust Level

- Low Trust
  - Local/city government: 19
  - State government: 15
  - Federal government: 16
- Medium Trust
  - Local/city government: 47
  - State government: 41
- High Trust
  - Local/city government: 84
  - State government: 83
  - Federal government: 87

Data from Strive National survey, November 2021, Weighted N=3026. **p<0.01, for equality of means
Case studies
Newcastle City Council - partnering with the local football club

Matchdays worked perfectly because you have so many people congregating together and by associating it with the football club you are able to engage with these groups in a way you would not if it was just in an NHS health centre or other community location.

Location: Newcastle, UK
Vaccine: Covid-19
Community: Working men in Newcastle
Context: By summer 2021 a noticeable gender gap had opened up in vaccine uptake in Newcastle with a 20% difference between working age women than men in areas of with the lowest uptake overall.

Local Government Association (2021), WHO (2022), ‘FIFA and WHO reiterate call on world to #ACTogether to end COVID-19 pandemic.’
We provided community leaders with extensive training in risk communication. This enabled us to build rapport quickly and easily with the communities we mobilize for vaccination. We could then confidently address myths, fears, and concerns raised with members of the community.

At the start of the vaccine rollout in April, all 12 supported districts were performing poorly. All but one district had less than a 20% uptake of their vaccine allocations among eligible persons. The vaccine expiration date of early July 2021 accelerated the need to increase uptake quickly to avert vaccine wastage.

The MoH and RHITES-EC acted immediately to expand eligibility and access, increase community engagement, and carry out social and behavior change and communication campaigns.
Studies have consistently found underestimation of the importance of vaccinating against meningitis, since exposure to the hazard is involuntary and the benefits of vaccination are not immediately apparent...Entertainment-education has succeeded in breaking down some of the bottlenecks posed by these behavioural factors.

Location: Niger State, Nigeria

Vaccine: MenAfric (Meningococcal A)

Community: Young men and women (16-29 years)

Strategy: In 2021, several states in Nigeria were recording very low Meningococcal A vaccine uptake.

To increase the uptake in these regions, the Niger State Local Government, in collaboration with the WHO, UNICEF and the National Youth Service Corps, implemented an intensified vaccine mobilisation through entertainment-education. This involved a combination of elaborate communication and social mobilization activities.

Debrief: What have you found in your experience about the role government can play in supporting vaccination at the local and community level?

Prompts:
- How government can leverage local drivers of vaccination
- How government can address local barriers to vaccination
- Drivers and barriers you found
- Trust in government and methods of working with government to address trust gaps
- Lessons for collaboration and coordination across sectors
Public Sector
The Vaccine Trust Gauge

“Trust in vaccine recommendations by [public institution]”

Overall Population

- Trusts recs. from CDC
  - 62%
- Trusts recs. from state/local health dept.
  - 58%

By Vaccine Trust Level

- Low Trust
  - Trusts recs. from CDC: 3%
  - Trusts recs. from state/local health dept: 2%
- Medium Trust
  - Trusts recs. from CDC: 34%
  - Trusts recs. from state/local health dept: 29%
- High Trust
  - Trusts recs. from CDC: 92%
  - Trusts recs. from state/local health dept: 87%

Data from Strive National survey, November 2021, Percent reporting a great deal of trust/ a lot of trust; Weighted N=3026. **p<0.01,
NICD South Africa - providing targeted support to antenatal centres

“By increasing the number of vaccine doses available and providing clinic staff with basic training on the benefits of influenza vaccination to pregnant women, we were able to vaccinate most (78.7%) pregnant women in study clinics.”

Location: South Africa
Vaccine: Influenza
Community: Pregnant women
Context: From 2015 through 2018, the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Services (NHLS) in South Africa, provided targeted support to antenatal centres (ANCs), with aim at increasing influenza vaccination among pregnant women.

The Promotoras - tackling vaccine access from the front-line

As suggested by the promotoras, one way to improve access and engage the most vulnerable is to bring the COVID-19 vaccines to the community, to spaces that are familiar and accessible, such as schools, community clinics, and churches.

Cáceres et al., (2022), ‘Exploring Latino Promotores/a de Salud (Community Health Workers) knowledge, attitudes, and perceptions of COVID-19 vaccines.’
Debrief: What have you found in your experience about the role the public sector can play in supporting vaccination at the local and community level?

Prompts:

- How the public sector can leverage local drivers of vaccination
- How the public sector can address local barriers to vaccination
- Drivers and barriers you found
- Trust in the public sector and methods of working with public sector actors to address trust gaps
- Lessons for collaboration and coordination across sectors
Private Sector
The Vaccine Trust Gauge

“My employer makes decisions with my health and wellbeing in mind”

Data from Strive National survey, November 2021, Percent reporting a great deal of trust/a lot of trust; Weighted N=3026, **p<0.01,
HEALTH AUTHORITIES AND MY EMPLOYER MOST BELIEVABLE SOURCES ON HEALTHCARE ISSUES

Percent who believe a piece of information or a news story about a health or healthcare issue from each source automatically, or after seeing it twice or less

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<th>Communications from...</th>
<th>National health authorities</th>
<th>My employer</th>
<th>National government</th>
<th>Traditional media</th>
<th>Major corporations</th>
<th>My social media feed</th>
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<td>53</td>
<td>50</td>
<td>45</td>
<td>43</td>
<td>31</td>
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<td>Nr. of times they need to see the information repeated before believing it:</td>
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<td>42</td>
<td>38</td>
<td>36</td>
<td>34</td>
<td>23</td>
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<td>- Once or twice</td>
<td>14</td>
<td>11</td>
<td>12</td>
<td>9</td>
<td>9</td>
<td>8</td>
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<tr>
<td>- If I see it here, I will automatically assume it is true</td>
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<tr>
<td>I will never believe it is true if this is the only place I see it</td>
<td>14</td>
<td>12</td>
<td>17</td>
<td>17</td>
<td>22</td>
<td>36</td>
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2022 Edelman Trust Barometer: Special Report: Trust and Health. HEAR_TIME.HEA. When you see a new piece of information or a news story about a health or healthcare issue in each of the following information sources, how many times do you need to see it or hear it repeated in that same type of information source before you believe it is really true? Question asked of half of the sample. “Once or twice” is a sum of codes 2 and 3. General population, 9-nkt avg. “Employer communications” only shown to those who are an employee of an organization (Q43/1).
Health Action Alliance – working together to increase convenience

“...This was an opportunity to use our collective strength to mobilize on a massive scale and serve our communities. We could not let lack of transportation be a factor in determining whether people have access to healthcare.

Location: USA

Vaccine: Covid-19

Community: National

Strategy: Making vaccination as convenient as possible is another important enabler to support vaccine adoption. Especially given that access to reliable transportation is a barrier to receiving health care for millions, especially senior citizens and people in low income communities.

During the Covid-19 pandemic, JP Morgan Chase & Co Lyft, Anthem and United Way lead the charge on improving equitable vaccine access by providing 60 million free rides to vaccination locations.

Health Action Alliance (no date), “Case Studies”
We pledge to hear concerns, listen to feedback, and develop vaccine literacy strategies based on science, facts and emerging information to counter hesitation through communication and education initiatives at global, national, and local levels.

Location: Global

Vaccine: Covid-19

Community: Employers

Context: BP2C is a coalition of employers and other stakeholders. The coalition aims to drive a global movement of employers of all sizes to support building vaccine confidence among their workforces through educational and communication resources.
SodaStream - inclusive communication

“"We are working to overcome the phenomenon of people not getting vaccinated because of fake news. SodaStream stepped up to help in the national vaccination effort and hundreds of people are getting vaccinated.

Location: Israel
Vaccine: Covid-19
Community: National
Context: Israel-based SodaStream brought in Jewish and Muslim religious leaders and Arabic- and Hebrew-speaking medical professionals to help present facts and help offset any misinformation about the COVID-19 vaccines among the company’s diverse pool of factory workers.

Jerusalem Post (2021), “Coronavirus: 1/1,000 chance of contracting COVID-19 if vaccinated – study”
Debrief: What have you found in your experience about the role the private sector can play in supporting vaccination at the local and community level?

Prompts:

- How the private sector can leverage local drivers of vaccination
- How the private sector can address local barriers to vaccination
- Drivers and barriers you found
- Trust in the private sector and methods of working with private sector actors to address it
- Lessons for collaboration and coordination across sectors
Integration of Different Sectors
What can we learn from the case studies?

Key insight

Mistrust in institutions, both local and international, is translating into mistrust in vaccination programmes. Government, the public and private sector must work together, and in collaboration with local and community actors, to contribute to their trust building efforts as this is necessary for improving confidence in vaccines.
Community Partnership & Integration Model

NYC Mayor

State and City elected and appointed officials

NYC DOHMH

Community District Boards

Community Advisory Boards

Borough Presidents

City Council

Faith-based Orgs

Local Business

Direct Service Orgs

Community Clinics

Community Organizational

Community Interpersonal

Individual

NY VC Throughline

informing policy

data reporting

partnership coordination

education and training

communication materials

data collection
The NY Vaccine Literacy Campaign - partnering with CBOs

“Workforces operating on the frontlines, do their best to meet the increased need for services and information, often without additional resources or training to do so. The most effective immediate response to this challenge is a comprehensive communication support system working in tandem with CBOs.

Location: New York, USA
Vaccine: Covid-19
Community: community-based workforces
Strategy: The NY Vaccine Literacy Campaign demonstrates the value of academic institutions partnering with CBOs to improve vaccine education and provide access to information about vaccination, so that people can make truly informed choices.

Shot at the Shop - making interventions culturally relevant

"This work is a natural extension of something that experience has shown can make a difference in how black and brown communities learn about the vaccine and get vaccinated."

Location: Maryland, USA

Vaccine: Covid-19

Community: Barbershops and beauty salons in Black community

Strategy: Engage initially 1,000 black owned barbershops and hair salons to act as health advocates for african american communities (pre-dates Covid-19). Barbers and stylists from across the US were invited to apply for a $1,000 grant provided by SheaMoisture for participating in the initiative.

University of Maryland (no date), “The Health Advocates In-Reach and Research Campaign (HAIR): Maryland Center for Health Equity”
What does successful integration look like?

- The reality is the role of these sectors are not clearly segmented. They rarely act alone; collaborations are often multi-pronged.
- In your experience, how can we ensure sustainable integration across different sectors?
- Are there sectors that are more integrated already, and ones that need more support?
- What are the potential watch-outs (e.g. power dynamics, exploitation, making sure community voices are front and centre etc)?
Plenary:
Recommended Actions
Break-out into groups and based on our discussion throughout the session, brainstorm recommendations of the top 3 actions that different sectors can take to strengthen trust in vaccination.
Next steps
Thank you