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Vaccination Hesitancy

ADB Webinar

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Based on a Social Weather Station survey online from April to May 2021 in the Philippines, as reported by Behavioral Insights Network PH

- 32% of Adult Filipinos willing to get vaccine, if provided free;
- 33 % unwilling to get vaxxed;
- 35% uncertain about getting vaxxed with 39% scared of adverse effects

Factors that may influence hesitancy

Asia Pacific Immunization Coalition Jan 2022

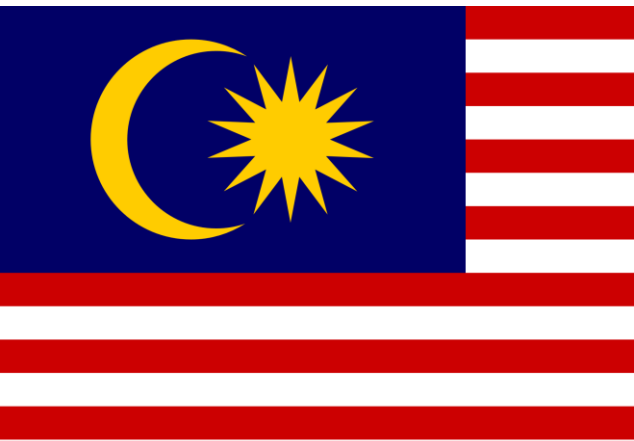
- Trust in the vaccines
 - With issues like novelty, relevance, safety and efficacy
- Trust in government
- Current Service delivery
 - Confidence in HCPs and HCWs
- Social media posts and accountability

COVID-19 Vaccine Hesitancy in ASEAN: Insights from a Multi-wave Survey Database from July 2020 to March 2021

- Credits to co-authors:
 - Ron Mendoza
 - Madeline Mae Ong
 - Jurel K. Yap

Research question

- What are the determinants of Vax Hesitancy?
- What can we learn from here to offer insights into targeted Communications Strategies?



Methods

- Data collected by MIT-Initiative on Digital Economy and Facebook between July 2020- March 2021
- Logistic regression correlating survey data from 5 Southeast Countries
- Significance was evaluated in 5% and 1% levels.
- We acknowledge sampling bias (non-access to internet)

Figure 2
The vaccine hesitancy continuum

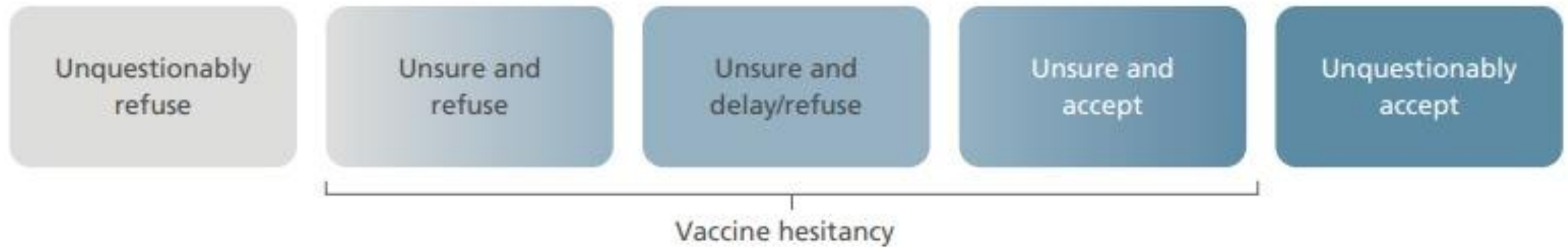


Table 1. Demographic profile of respondents

Characteristic	Country	N	Statistic	%
Gender	ID	34480	% Female	32%
	MY	38842		46%
	PH	40367		53%
	TH	37886		44%
	VN	36082		41%
Age	ID	34464	Median age group	31-40 y/o
	MY	38820		31-40 y/o
	PH	40352		31-40 y/o
	TH	37869		41-50 y/o
	VN	36068		20-30 y/o

Source: Authors' calculations using the MIT-Facebook database

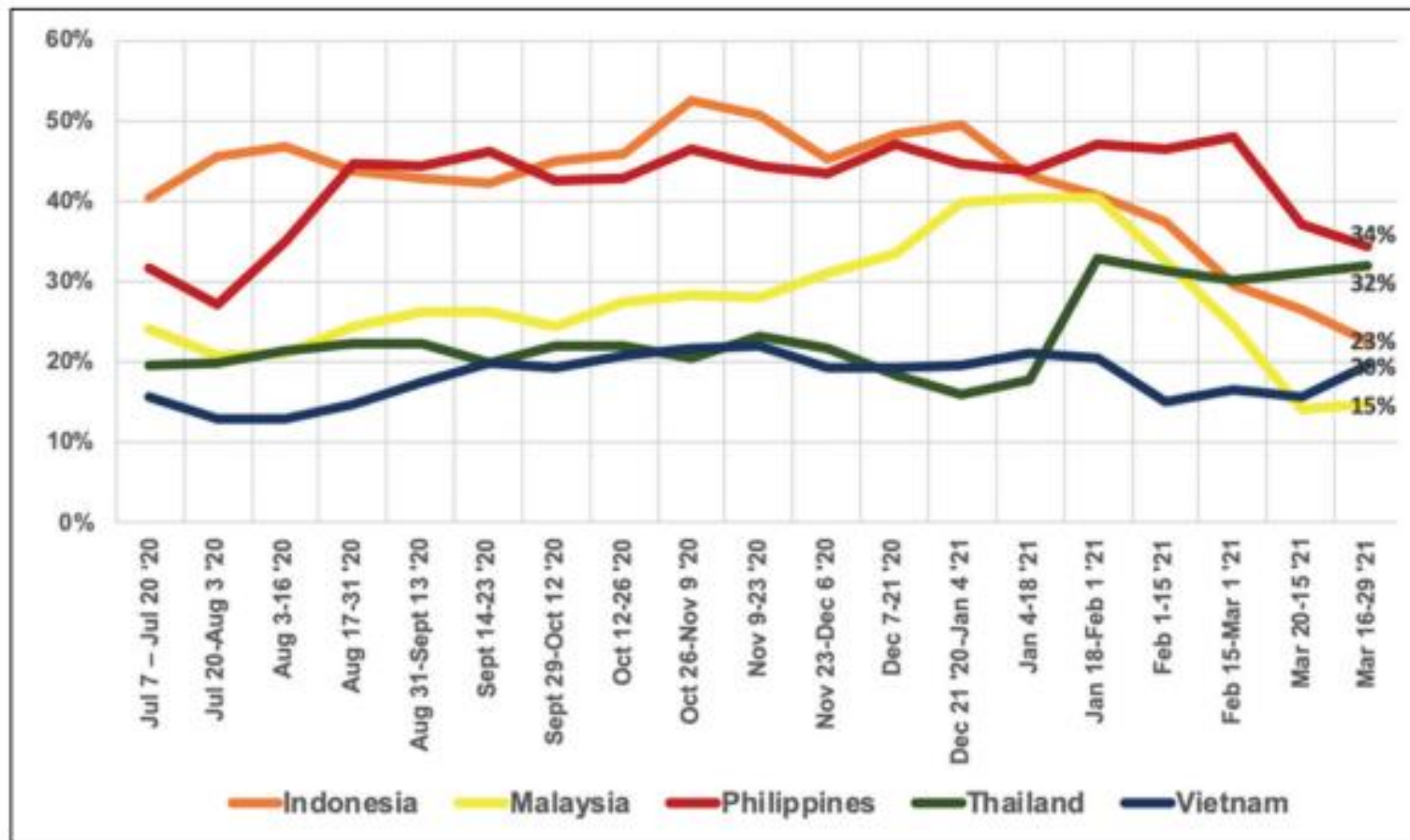


Figure 1. Vaccine hesitancy trends in the ASEAN.

Source: Authors' calculations using the MIT-Facebook database

Results

- The highest vaccine hesitancy is in Indonesia with 42% of population, followed by Philippines, the second highest. Malaysia trailing third at 27%. (these were also countries with most COVID cases per million popl.)
- Vietnam has the highest rating for government and community handling of COVID was explained as having higher confidence to vaccination. Philippines has lowest rating.
- **Gender.** It appears that the women in Philippines 56% are vaccine hesitant, followed by Indonesia at 52% and Malaysia at 42% and Vietnam. This increased in Thailand in the final wave. *
- **Age.** Older respondents from Malaysia and Thailand are likely vaccine hesitant. But Older Respondents from Philippines are less vaccine hesitant.
- **Socio Economic class difference.** In the Philippines, the poor seems to be more vaccine resistant that the upper rich segment of population.



Mothers or would-be mothers are unsure about whether to get the Covid vaccine due to lack of medical research. Photograph: Anthony Wallace/AFP via Getty Images

Why Women?

<https://www.theguardian.com/society/2021/jan/31/there-is-a-lot-of-distrust-why-women-in-their-30s-are-hesitant-about-the-covid-vaccine>

- 30-40 year old age bracket
 - Likely pregnancy, breastfeeding concerns, or raising a young family
- Is it because healthcare responsibilities are largely feminized?
- Study period was pre-vaccination (pre March 2021) when caution was made for those who are pregnant due to lack of safety data. (3 quarters of tests excluded pregnant subjects).
- Lack of knowledge on how women's bodies work.
- Trust gap: to health system, scientists and doctors.

Some theories:

- In Philippines: evidence of targeted disinformation & fear-mongering for women.
 - <https://firstdraftnews.org/articles/why-the-dengvaxia-controversy-was-so-effective-at-spreading-vaccine-hesitancy-in-the-philippines/>
- In Indonesia:
 - Issues like non-Halal vaccines
 - Links to Communism and distrust of source
 - Threats of fines imposed by Government (coercion)
 - Mistrust in government due to unclear messaging
 - Belief in harmful side effects in presence of alternative preventives
 - <https://www.newmandala.org/whats-behind-covid-19-vaccine-hesitancy-in-indonesia/>

Results 2

- Television. This is a Top Rated Medium. Curiously, TV in Indonesia helped in diminishing vaccine hesitancy while in the Philippines, it increased hesitancy.
- Newspaper. The trust in newspaper reports helped drive vaccine hesitancy down only in the Philippines.
- Radio. Increased trust in Radio is linked to decreased vaccine hesitancy only in Vietnam.
- Journalists. In Thailand, trust in Journalist seems to bring down vaccine hesitancy.
- Scientists. Local Health workers. WHO. They command highest trust in general. Trust in Scientist in the Philippines for example, lowers vaccine hesitancy and this is good. Trust in local health workers work well for Indonesia in lowering hesitancy.
- Politicians. They command the lowest trust in general.

Results 3

- Increased exposure to COVID information is linked to decreasing vaccine hesitancy in these countries: Indonesia, Malaysia, Phils., Thailand.
- Increased appetite for information has links to decreasing vaccine hesitancy in Indonesia and Vietnam.

Results 4

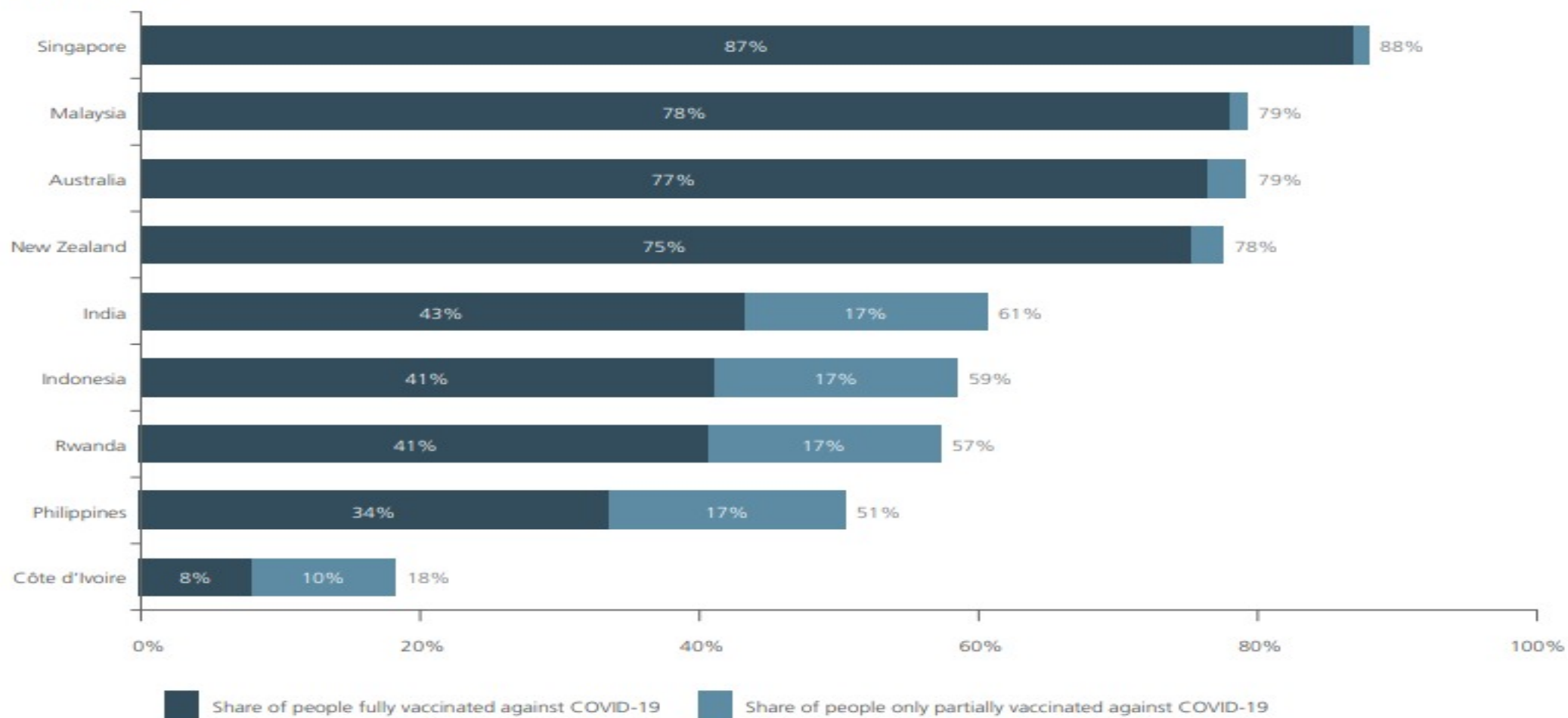
- Across the 5 Asian countries, respondents who know of someone tested positive for COVID, they tend to be less vaccine hesitant.
- Wearing mask. Interestingly, those who wear and view masks as effective are less likely to be vaccine hesitant (in Indonesia, Malaysia and Vietnam).
- Handwashing was linked to decreased vaccine hesitancy only in the Phils.
- Governments. Strong evidence linking increased satisfaction to country pandemic response leads to less vaccine hesitancy in Malaysia. So, trust in governments if high, results to lowering of vax hesitancy in Indonesia, Malaysia and Vietnam. But in the Philippines, the low satisfaction to country pandemic response leads to more vaccine hesitancy.

Some considerations moving forward:

- Ineffective communications can contribute to lack of confidence.
- The need to reinforce trust in personalities who are credible sources of information. (how much is regular and quantity of info?)
- During crisis. Govt managers to bring trusted media practitioners to level off basic science and do factual sharing of information and what this means to people and community. But not to editorialize the content.
- Government monitors proactively misinformation budding in the airwaves.
- Better understanding of human and society behavior will inform better social marketing practice and fine tune information sharing.
- Scientists, while most trusted, do not always agree on the details of science and interpretation – there is a duty to help understand and decide but not to argue in public space.
- We need balance communications and good capture of AEFI and quick feedback. If not, the conspiracy of hiding something grows.

Figure 1
Share of people vaccinated against COVID-19, December 31st, 2021

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having one dose of a two-dose protocol, are ignored to maximise comparability between countries



Source: Our World in Data

Conclusion

- Lessons.
 - Trust in governance and health systems will influence trust in vaccines and vaccination
 - Effective Communications Strategy
- A whole of nation approach:
 - Multistakeholder engagement
 - Shared responsibility
 - Amplify correct messages