Vaccine Hesitancy in South Africa and the FIGHT AGAINST COVID-19

If the COVID-19 pandemic is to be effectively managed, a deeper understanding of the factors driving vaccine hesitancy and the acceptance of vaccination against COVID-19 (as well as many other diseases) need to be explored.

The world is already contending with problems such as supply-related challenges and vaccine nationalism (where wealthier nations hoard vaccine supplies to the detriment of poorer countries). Vaccine hesitancy simply makes an already difficult pandemic even harder to manage.

A research project reviewed the results of a number of surveys to gain an in-depth understanding of the problem of COVID-19 vaccine hesitancy in South Africa and to make proposals that may help to ameliorate the situation. The project was undertaken by researchers from Cochrane South Africa, an intramural research unit of the South African Medical Research Council; The Impact Centre at the Human Sciences Research Council; and the Schools of Public Health at WITS, UCT and Stellenbosch Universities.

According to the researchers, vaccine hesitancy is not a new phenomenon. One year prior to the COVID-19 outbreak, the World health Organisation (WHO) had already identified vaccine hesitancy as one of the ten main threats to global health: the other nine being air pollution and climate change; noncommunicable diseases; global influenza pandemic; fragile and vulnerable settings; antimicrobial resistance; Ebola and other high-threat pathogens; poor primary healthcare; Dengue; and HIV. Vaccine hesitancy had been reported as far back as 2015 in 90% of UN member states and diseases that had largely been eliminated have seen new outbreaks in the USA and Europe, largely attributed to vaccine hesitancy. There has also been resistance to vaccinations against diseases such as the H1N1 flu in the USA and UK in 2009, against the HPV vaccine in India and Japan and even boycotts against the polio vaccine in Nigeria in 2003.

The researchers demonstrate how South Africa, unfortunately, is no exception when it comes to vaccine hesitancy, with research revealing it to be a growing phenomenon. For example, in 2009 vaccine hesitancy amongst parents was identified by national and provincial Expanded Programme on Immunisation (EPI) managers as a major challenge for vaccination programmes. Various measles outbreaks between 2003 and 2011 also revealed a growing reluctance to vaccinate and the national school-based HPV vaccination programme in 2014 was met with resistance from some parents, adolescents and other stakeholders.

The surveys revealed a variety of factors that may shape COVID-19 vaccine attitudes, many of which are not unique to South Africa nor even to COVID-19 itself:

- **Age:** Many surveys found that age may be important, with older adults having less concerns and/or being more accepting of COVID-19 vaccination.

- **Race and education attainment:** May play a role in shaping COVID-19 vaccine acceptance, with white adults and people with higher levels of education being potentially less accepting of the vaccine compared to other groups.

- **COVID-SCORE Global Survey**
- **Africa Centres for Disease Control and Prevention (Africa CDC) Survey**
- **Three rounds of IPSOS online surveying**
- **COVID-19 Democracy Survey**
- **The Ask Afrika COVID-19 Tracker Study**
- **South African Social Attitudes Survey**
- **Council for Medical Schemes COVID-19 Vaccine Survey**
Political factors: Political factors also play a significant role in shaping attitudes toward COVID-19 vaccination. For example, political discontent or disillusionment may be important—people who had positive attitudes toward the government generally, and its handling of COVID-19 in particular, were more likely to accept COVID-19 vaccination. Similarly, not trusting the government’s capability in ensuring that the vaccine is safe and effective, and believing that politics played too much of a role in the vaccine development process, were common reasons for not wanting to get COVID-19 vaccination respectively.

Urbanicity and geographical location: People in urban suburb areas and those from cities may be more accepting of COVID-19 vaccination and it was also found that there may be preferences for different COVID-19 vaccines, with nearly half of the respondents in one survey preferring the Johnson and Johnson one-dose vaccine.

Vaccine safety and effectiveness: Across the surveys, anxieties around COVID-19 vaccine safety and effectiveness emerged as major concerns. One survey found that approximately a third of South Africans believe that vaccination could result in serious health side effects. In addition, doubts about the effectiveness of the vaccines were raised by respondents in a number of the surveys. Many respondents also voiced concerns that the vaccines were too new, resulting in many adopting a ‘wait and see’ attitude.

Opposition to vaccines in general: Another unfortunate factor to emerge from the surveys was the high level of general vaccine hesitancy among South Africans compared to international estimates. All three rounds of the IPSOS survey, for example, revealed that about 25% of South Africans who indicated that they would not get the COVID-19 vaccine also opposed vaccines in general. Another survey found that a third of respondents believed vaccines could result in serious side effects and 40% preferred infection-acquired immunity over vaccine-acquired immunity. These factors were also found to have increased as a result of COVID-19 national lockdown.

Among the solutions suggested by the researchers are communication campaigns and various other forms of community engagement designed to build people’s confidence in the safety and effectiveness of vaccines. For example, issues such as the stopping of the AstraZeneca vaccine rollout proved to be a factor that reduced the trust in vaccine safety and confidence in the process. A clear explanation of the reasoning behind the decision (the vaccine was found to be ineffective against the South Africa variant which emerged after the vaccine was purchased) could have reassured citizens that vaccine safety and effectiveness are taken very seriously by authorities.

Communication that is transparent, timely and balanced is a necessity. However, the researchers suggest that effective communication is only one facet of the trust-building measures needed to overcome vaccine hesitancy in South Africa. Others could include strong leadership and participation by communities with the help of NGOs and civil society organisations as well as faith and cultural leaders. Fair decision-making around the distribution of COVID-19 vaccines and integrating COVID-19 vaccination into broader health and development programmes could also help to build public trust and vaccine acceptance.

On a more encouraging note, the researchers propose that the pandemic provides a unique opportunity to intervene positively in the growing trends of vaccine hesitancy in South Africa and elsewhere. For example, discussions that were previously confined mostly to the realm of the medical and scientific community—infec tious diseases, vaccinology, immunity, and epidemiology—are now being widely discussed in public fora. While this presents all sorts of challenges, it also provides an unprecedented opening for public participation in the politics of knowledge around vaccination specifically and science and scientific evidence more broadly. The pandemic also provides an occasion for reflexive self-scrutiny amongst scientific and governmental bodies of their own practices and knowledge systems, with potential positive effect on (re)building public trust.

One year on, the world has seen a number of variants of the virus causing Covid-19 and the development of vaccines. While the development of vaccines has been a major breakthrough and vaccination has progressed globally, this has not been without challenges. Some of the challenges experienced go to the heart of the meaning of science, its method and how society engages with science.

In this lecture, Professor Salim Abdool Karim, Infectious Disease Epidemiologist and Dr Anders Tegnell, Sweden’s State Epidemiologist, in conversation with Mia Malan, Editor-in-chief at Bhekisisa Centre for Health Journalism, explore the meaning of science; its promise, ethos and method; the sociology of science; the interplay between the social context and scientific knowledge. Since the World Health Organisation (WHO) declared the COVID-19 outbreak as a global pandemic in March 2020, science and scientists have been propelled to the forefront to play the critical role of informing global strategies on tackling and managing the disease. Consequently, science has received high and consistent media coverage worldwide. In many ways, this time has allowed for the general public and citizens to engage with science and be exposed to the scientific method and associated debates within the scientific community. With such high profile given to science, scientists have also had to do their work under the gaze of the public eye.

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