

## How are countries encouraging their citizens to get vaccinated?

### Brief report with contributions from the IAP COVID-19 Expert Group

On 4 August 2021, as COVID-19 infections, including of the delta variant, were rapidly increasing in parts of Australia, IAP received a request from the Australian Academy of Sciences (AAS), asking if we were: *“aware of any health campaigns in countries around the world that have been successful in encouraging their citizens to get vaccinated?”*

With little specific information on hand, the question was distributed to members of the IAP COVID-19 Expert Group (<https://www.interacademies.org/project/academy-response-covid-19>) to source responses from as many countries as possible.

In addition, relevant news items from different countries were collated, as well as a few papers published in the scientific literature.

By 6 September 2021, feedback had been received from IAP COVID-19 Expert Group from nine countries: Brazil, China, Cuba, Finland, France, India, Israel, Japan and the Philippines. In addition, reports were identified from a number other countries, including Canada, Italy, the United Arab Emirates, the United Kingdom and the USA, as well as news reports mentioning actions in a range of other countries.

### Academy response

The one relevant document that we are aware of that has been prepared by an academy is ‘Enhancing COVID-19 Vaccine Acceptance in Canada’ from the Royal Society of Canada (RSC, <https://www.interacademies.org/publication/enhancing-covid-19-vaccine-acceptance-canada>). As summarised:

COVID-19 vaccine acceptance (the intent to receive a vaccine i.e. attitude not a behaviour) exists on a continuum ranging from a small minority of people who strongly oppose vaccination, through the heterogeneous ‘vaccine-hesitant’ or the ‘moveable middle’ group with varying levels of concern and uncertainty, to the majority who are willing to be vaccinated but may not turn their intention into action.

However, vaccine acceptance varies over time as personal decisions may be influenced by many factors. These include:

- knowledge, attitudes, cultural and religious beliefs;
- the communication environment including social networks;
- the rate of COVID-19 in a community, and
- the organization of health and community services and policies.

Therefore, to engage and empower people to make informed choices about COVID-19 vaccines, we need carefully designed interventions tailored to community needs and concerns that build trust in health authorities and those delivering vaccines, as well as promote acceptance.

The Royal Society of Canada (RSC) Working Group on COVID-19 Vaccine Acceptance has developed a COVID-19 Vaccine Acceptance Framework, inspired by the one prepared by Hasnan and Tan and with the World Health Assembly’s Immunization Agenda 2030 goal of leaving no one behind.

Given the complexity of factors that influence vaccine acceptance, the Working Group has emphasized four major inter-related factors:

- people & communities

- healthcare workers
- accurate and reliable immunization knowledge
- the healthcare system and public health programmes.

Each has implications at federal/provincial/territorial/Indigenous levels and are influenced by the four overarching areas of education, infection control, extent of collaborations and communications about COVID-19 disease and COVID-19 immunization.

"The objective of our report is to provide decision makers and colleagues on the front lines with actionable, evidence-based guidance," said Chair Dr. Noni MacDonald, Chair of the RSC Working Group.

*In general, other responses to the IAP call for feedback from its COVID-19 Expert Group included the following, broken down into a series of thematic areas:*

### **Provide clear information; Begin dialogue early**

There is general agreement that the effectiveness of the best approaches to improve vaccination coverage has been achieved by focusing on communication, building trust and facilitating access. This has been demonstrated with the roll-out of the polio and measles-rubella vaccines, and is likely also true for COVID-19 vaccines (Burgess *et al.*, 2021).

Brazil, where the main issue is currently access to vaccines, is considered to have one of the lowest rates of vaccine rejection worldwide (only 5% of the population). Indeed, on social media there has been a flood of people posting selfies of themselves being inoculated, and the same sort of mood is portrayed in the and in the mainstream media. The suggested explanation is that this 'vaccine friendliness' among Brazilians can be attributed to the vaccination campaigns that health authorities persistently promoted in the past, particularly focusing on children, but also extended to adults. Apparently, success in mobilizing campaigns aimed at combating infant paralysis set a strong tradition that gradually fostered positive attitudes towards prevention of other diseases.

Early dialogue was also part of the strategy of the Philippine Department of Science and Technology (DOST), which leads the country's Task Group on Vaccine Evaluation and Selection (TGVES). Working with different government agencies, TGVES is in charge of overseeing the applications for the conduct of clinical trials in the country, and of evaluating their results. Even before the implementation of the ongoing vaccination roll-out in the Philippines, TGVES started working with the Philippine Department of Health and the Presidential Communications Operations Office (Task Group on Demand Generation and Communications) for the implementation of communication strategies that would provide information on COVID-19 vaccine candidates in an effort to prime communities on the status, importance, and processes of clinical vaccine trials – all in preparation for the eventual roll-out of the vaccines. Educating the public on the rigorous review processes that vaccine candidates have to overcome before they are even approved for roll-out was recognized as a key strategy in encouraging people to come forward for vaccination, especially in the case of COVID-19 vaccines that were developed and approved in record time. The public were also informed about the benefits of receiving a vaccine and the important role that it will play in defeating the pandemic, as well as the government's roll-out plans.

The Philippine's overarching national communication plan is implemented by the Task Group on Demand Generation and Communications and follows the branding 'ResBAKUNA' of the Philippine Department of Health. The plan aims to disseminate accurate information about COVID-19 vaccines, address vaccine hesitancy, and increase the demand for COVID-19 vaccines among Filipinos and is implemented in partnership with different institutions from the local up to the national level.

Collaborating with different government agencies enables a swift exchange of information and facilitates an effective process of vetting and verifying details.

### **Methods and platforms for communication**

Finnish Institute for Health and Welfare offers a comprehensive webpage providing information on COVID-19 vaccines. The information is provided in Finnish, English and Swedish. There are separate pages, about the development of COVID-19 vaccines, efficacy of COVID-19 vaccines, safety of COVID-19 vaccines, COVID-19 vaccinations for children and young people, and separate pages about mRNA vaccines and adenovirus vaccines. In addition, the Finnish Institute for Health and Welfare has organized public events on TV and online, where experts have answered questions received from general public. These events were recorded, and the videos are available on the webpage of Finnish Institute for Health and Welfare (<https://thl.fi/en/web/infectious-diseases-and-vaccinations/what-s-new/coronavirus-covid-19-latest-updates/vaccines-and-coronavirus>) as well as on YouTube.

Likewise, in Cuba, transparency has been regarded as the basis for the acceptance of COVID-19 vaccines. Strategic, informative communications related to COVID-19 vaccination began early, with state-owned TV channels broadcasting health education messages in place of commercials. Health officials regularly provided comprehensive advice that kept the public up-to-date and encouraged a collaborative spirit. Such messages were provided during daily briefings broadcasted throughout the country as part of an intense media campaign, and included targeted information about the priority vaccination of people who were at most risk and the proper safety measures those individuals should take. In parallel, in order to combat misinformation, Cuba's health network created the website *Infecciones por coronavirus*, which houses information from sources like the WHO and PAHO on the state of the pandemic and had a function allowing users to submit their questions to be answered by national experts. In addition to a fact-checking project, COVID vaccines-related infographics and materials with information from government agencies like the Ministry of Public Health were also produced and made available.

In the Philippines, regular dialogues are held with communities. Online 'town-hall meetings' are held to address the public's most pressing queries and concerns on vaccine clinical trials. Common queries raised during the sessions include the following topics: the safety and efficacy of COVID-19 vaccine candidates; the risks and benefits of participating in clinical trials; ethical guidelines and considerations; and the protocols, timelines, and logistics of the clinical trials, among others. Recordings of these sessions are available online, and transcripts are also made available for download.

The Philippines has also established a 'Speakers Bureau' composed of medical and scientific experts and heads of agencies who serve as speakers in public fora and media engagements, providing reliable information on the COVID-19 vaccines and the vaccination programme.

China has also carried out a widespread vaccine education campaign. Included in the campaign are various ads scattered across televisions, radio and social media sites across the country. The ads encourage COVID-19 vaccination, report evidence on the safety and efficacy of the vaccine, provide scientific information about the coronavirus, and address frequently asked questions.

Israel provides an interesting case of an aggressive and largely successful campaign to confront false rumours and hesitancy about the COVID-19 vaccine among devout ultra-Orthodox and Hasidic Jewish communities, who were among the hardest hit by the virus in Israel. Whenever anti-vaxx posters were put up around the community, local residents (supported by the government) would quickly cover them with posters from the Ministry of Health. Within a couple of weeks the anti-vaxx poster campaign fizzled out (<https://www.npr.org/2021/04/22/988812635/how-israel-persuaded-reluctant-ultra-orthodox-jews-to-get-vaccinated-against-cov?t=1631219078190>).

	Local level (boroughs, towns, villages)	Regional level (municipalities, regions, counties)	National level
Primary aim	Establish community COVID-19 vaccine task forces	Coordinate and facilitate actions of local COVID-19 vaccine task forces	Coordinate and release funding; coordinate and deliver national messaging
Key actors	Community leaders across multiple categories (eg, faith groups, ethnic or cultural identities, teachers, family networks, expert patient groups); third-sector organisations working locally (eg, youth organisations, NGOs); and general practice and community clinics	Regional and public health hospital trusts or consortiums Primary health-care networks	Departments and ministries linked to: health, local government, community, and civil society
Responsibilities	Map networks of relationships, trust, and social power; identify at-risk groups; map local influencers; identify trusted communication channels; define content for locally meaningful communication campaigns and make available in diverse formats; and work with regional public health and community services to implement and monitor vaccination programmes phased by priority groups, enabling locally driven expertise and processes	Work with local community leaders to implement locally defined communication strategies; develop and strengthen regional networks to access resources for at-risk groups to enable uptake; share information and experience that is transferable across other regional settings; and provide data monitoring and logistical support, liaising with local trusts and service sectors to ensure easy access to local communities and resources are targeting the right groups effectively	Provide funding and infrastructure support to allow joined up working across related systems and structures to enable a systems-wide approach to vaccine uptake; fund and deliver wide-scale multiple platform mass media of positive and routine experiences of diverse individuals, families, and communities receiving the vaccine
Mechanisms for delivery	Focus group discussions, community codesign forums, online surveys, direct outreach (online, telephone, face to face), peer-to-peer engagements, social media campaign	Wide-ranging large and small public forums (including online delivery); production of educational materials; coordinate delivery of vaccines; set up knowledge fairs, where community leaders and local health coordinators can exchange perspectives; establish new paid posts to maintain community involvement at local level	Micro grants to community task forces and community groups (including young people) to promote vaccines and vaccination programmes in meaningful ways

**Table: A pathway to enabling community engagement in COVID-19 response and vaccine roll-out**

Table from Burgess *et al.*, 2021.

### Building trust

China has focused on the management of adverse events following immunization (AEFI), an essential component of all immunization programmes, to ensure continued public confidence in vaccination and reduce vaccine hesitation. General hospitals provide additional medical support to the temporary vaccination sites and ambulances are stationed on site in the case of adverse events.

In Europe, the EudraVigilance website maintains a database of suspected adverse reactions to COVID-19 vaccinations ([https://www.adrreports.eu/en/covid19\\_message.html](https://www.adrreports.eu/en/covid19_message.html)), so that the public can access the data – although it is made clear that the data are not easy to interpret.

As related by a member of the Oxford University communication team supporting the roll-out of the Oxford AstraZenica vaccine (<https://www.asiaresearchnews.com/content/communicating-vaccine-research-pandemic>), it was considered that representing a university undertaking public research was already considered as more trustworthy by the public. Likewise, developing a relationship with key media contacts who can be trusted to report the science accurately and clearly, really helped. Then: “being honest about not having all the answers can build trust.”

High-profile role models promoting vaccine uptake can also be effective for building trust, and were especially used in the early days of roll-out in many countries. In the US, Joe Biden was vaccinated ‘live’ on TV; likewise Vladimir Putin in Russia and Boris Johnson in the UK.

In Finland, several role models publicly announced that they had been vaccinated. For example, when the Director of Department of Health Security, Finnish institute for health and welfare, Mika Salminen, received his first vaccine, it was shown on national TV, and the city of Rovaniemi published news about the lead vocalist of a well-known hard rock band, Lordi, and Santa Claus getting vaccinated ([https://yle.fi/uutiset/osasto/news/eurovision\\_winner\\_lordi\\_gets\\_covid\\_jab\\_at\\_pop-](https://yle.fi/uutiset/osasto/news/eurovision_winner_lordi_gets_covid_jab_at_pop-)

[up vaccination event/12043471](#)). Although Rovaniemi is in Lapland, such events received broad national coverage.

(Conversely, Gareth Southgate, England's football (soccer) coach who was riding the crest of a popularity wave after the team reached the European Championship final, was persuaded to appear in a short video for the National Health Service to promote vaccination and has since stepped away from the issue because of the personal backlash he received from anti-vaxxers (<https://global.espn.com/soccer/england-eng/story/4462548/england-boss-gareth-southgate-reveals-abuse-over-covid-19-vaccine-push>)).

### **Facilitating access**

In Finland and Italy, as in many other countries, citizens can book their vaccination times online or by calling to their own health centre. While siting vaccination centres in and around hospitals and clinics can build on people's trust in such institutions, they may be difficult to access for some people. Many countries, including some municipalities in Finland, therefore, also offer pop-up vaccination points so that citizens can simply walk in and get vaccinated. In the UK, especially during lock-down when crowds were not allowed to attend games, many football stadia were converted to vaccination centres. A pop-up centre was also constructed outside Rome's central train station in Italy.

In China, too, efforts are being made to improve the convenience of vaccination by siting vaccination clinics at temporary locations as well as providing mobile vaccination vehicles. Community workers and volunteers help to mobilize, organize and coordinate vaccination efforts.

In Japan, experts in efficiency from Toyota's 'kaizen corps' ('kaizen' means improvement) reviewed the processes employed by vaccination for handling patients and suggested adjustments that made the process quicker and more efficient, not only improving patients' experiences, but also successfully raising the number of people who can get vaccinated by 1.5 times (<https://mainichi.jp/english/articles/20210609/p2a/00m/0bu/022000c>).

In Mexico, some vaccination centres even laid on entertainment in the hope of making it more fun to get a jab.

### **Engage with disenfranchised groups**

In Israel, as one of the world's first major vaccination campaigns got underway, it became clear that the minority Arab population was much more hesitant to accept the vaccine than the Israeli community. In response, an information campaign was launched, along with mobile vaccination units that provided opportunities in isolated areas. Religious leaders and other 'influencers' from the Arab community, including from professional football players, lawmakers and especially also doctors, were also targeted and pictures of them receiving their jabs publicised (<https://www.csmonitor.com/World/Middle-East/2021/0115/Israel-is-a-vaccination-leader-but-it-labors-to-reach-Arab-citizens>).

The Orthodox Jewish community in the USA typically has an insular lifestyle that limits access to credible medical information. Many individuals in these communities don't use the internet, social media or smartphones, so it became imperative that culturally sensitive, written and spoken educational materials were made available. Recommendations for reaching into the community included utilising dial-in hotlines and Yiddish language radio stations that reach a large proportion of the population, and that healthcare workers, who are generally widely trusted in the community, could be provided written material to share (<https://www.forbes.com/sites/miriamknoll/2021/05/24/hit-hard-by-the-pandemic-orthodox-jews-are-choosing-the-covid-19-vaccine/?sh=20e5bcf767e1>).

## Incentives: Carrots and sticks

A paper in *Science* collated several examples of cash incentives and free lottery tickets that had helped improve vaccination rates, based largely on the US experiences

(<https://www.sciencemag.org/news/2021/08/cash-shots-studies-suggest-payouts-improve-vaccination-rates>).

Similar schemes to incentive vaccine-hesitant people (the following is based largely on this article: <https://news.trust.org/item/20210601155421-gr1fs/>) have been implemented in Cambodia; in the UK, where 18-30-year-olds were offered discounted takeaway meals and free travel to their COVID-19 jab; in Lebanon, during a period of fuel shortages, the Uber taxi service offered two free rides for travel to and from listed vaccination centres; and in Moscow, up until July 11, anyone who received the first of a two-dose vaccine was entered into a draw with five cars worth 1 million roubles (\$13,900) being given away every week. Lottery prizes may vary: the mayor of a Philippine town planned a cow raffle as an incentive, while another community raffled sacks of rice. In Hong Kong, a property developer is raffling off a \$1.4 million apartment for people who have been vaccinated. Finally, in Washington State, USA, vaccination centres were offering a free marijuana joint to people who got their vaccinations in a 'joints for jabs' promotion (<https://www.theguardian.com/us-news/2021/jun/09/washington-state-joints-for-jabs-boost-vaccination-rates>). Indeed, US States were permitted to use federal relief funds to cover the cost of programmes meant to incentivize vaccination.

In European Union, a common 'Green Pass' is now available to all citizens. However, it is valid for just 2 days following a negative COVID-19 test, for a few weeks following a first inoculation, and for 270 days after completion of the full cycle of vaccination. Different countries within the EU, however, are placing different restrictions on those who do not have a Green Pass.

In France, as the rate of vaccination was slowing down in the latter part of 2021, the government took three decisions (suggested by the French Academy of Medicine) to increase the vaccination rate:

- establishment of an obligation of vaccination for health professionals and for professionals involved in the care of elderly persons;
- an end to free COVID-19 virus tests done in order to have access to travel or such activities as cultural meetings, etc. (but not when there are medical reasons);
- establishment of the Green Pass for travel and access to various activities (restaurants, museums, etc.), which is based upon various health conditions, including that of a full vaccination against Covid-19.

Despite some opposition to the Green Pass in France, its implementation seems to have had a positive effect on adhesion to vaccination (likely combined with other factors, such as fear of a new epidemic wave). Despite France being recognized as one of the European countries with the largest proportion of vaccine-hesitant people, current vaccination rates are little different from other western European countries.

It is noted that, in France, convincing arguments about science and solidarity were not sufficient to reach suitable vaccination rates, and that fear and some form of constraint were instrumental in the continued roll-out of the vaccination campaign.

In Italy, vaccination is mandatory for health professionals and for professionals involved in the care of elderly persons, whereas the Green Pass is required for employees in the health system, and in education and higher education institutes. A new decree-law to extend the mandatory green pass to employees in the public administration and in specific businesses (i.e. bars and restaurants,



cinemas, swimming pools and sports centres, transportation sector) will be discussed in the Italian parliament in mid-September. At present, a Green Pass is required to eat or drink indoors in restaurants or bars, to go to the cinema, or to take a train or bus that crosses two or more regions. Anyone can download an app that can read the Green Pass QR code, confirming the name of the carrier and giving a simple valid/not valid answer, while not revealing any personal health details.

However, there has also been push-back on the Green Pass process by individuals and groups (in both France and Italy and elsewhere) who argue that it impinges on personal liberty granted by national law/the constitution. Meanwhile in the UK, the government has just decided to go against the recommendation introducing vaccine passports

(<https://www.independent.co.uk/news/uk/politics/vaccine-passports-uk-sajid-javid-b1918609.html>).

In the USA, there have been calls for the unvaccinated people to pay higher health insurance premiums, although it is not clear if this has so far been implemented: “Why should patients be kept financially unharmed from what is now a preventable hospitalization, thanks to a vaccine that the government paid for and made available for free?” – is the question asked in one opinion piece (<https://www.nytimes.com/2021/08/02/opinion/health-insurance-unvaccinated.html>).

### **Mandatory rules**

In the United Arab Emirates, employees of government entities must do a free PCR test every two weeks if they are vaccinated, but those who are not vaccinated must undertake the PCR test every second day, and they must pay for it. People who, for medical reasons, cannot take vaccines, do not have to pay. Following these protocols is mandatory in order to be able to go to work. (Online/distance working is no longer encouraged/accepted as much as it was earlier in the pandemic).

Indiana University has mandated that, in order to attend classes etc, all students should be vaccinated – a decision that was upheld by the US Supreme Court (<https://www.nytimes.com/2021/08/12/us/supreme-court-indiana-university-covid-vaccine-mandate.html>), and in September, California mandated that schoolchildren from age 12 must be vaccinated in order to attend classes. Such mandates have also been put in place for various sectors of society in a number of countries – especially those working in care homes or healthcare workers, etc. An extended list of such mandates is provided here: <https://www.reuters.com/world/countries-make-covid-19-vaccines-mandatory-2021-07-13/>

Within this list, it is noted that in Fiji, as of 15 August, unvaccinated public servants would be forced to go on leave (<https://bit.ly/3AJ5Yeq>) and those who remain unvaccinated by November will be dismissed. Malta has banned visitors from entering the country unless they are vaccinated. And three countries have implemented a population-wide mandate: Kazakhstan was considering introducing mandatory vaccinations or weekly testing for people working in groups of more than 20. As of 7 July, Turkmenistan is making vaccination mandatory for all residents aged 18 and over (<https://www.reuters.com/world/asia-pacific/turkmenistan-makes-covid-19-vaccination-mandatory-2021-07-07/>). Indonesia made inoculations mandatory in February, threatening fines of up to 5 million rupiah (equivalent to US\$357).

Most recently, in an aim to boost vaccinations in the face of another wave of COVID-19 infections in parts of the country, US President Joe Biden announced that every business with 100 or more employees will be required to have unvaccinated workers either to get vaccinated or submit to weekly COVID-19 testing, although there are already voices being raised about filing legal contestations to the

mandate (<https://www.independent.co.uk/news/world/americas/us-politics/joe-biden-private-vaccine-mandate-b1917469.html>).

### **Disclaimer**

*The examples provided above are to illustrate the variety of efforts being undertaken in different countries to improve the uptake of COVID-19 vaccines. IAP has not analysed the effectiveness of any of these efforts. Their inclusion here should not be seen as an endorsement by IAP. Neither can IAP attest to the accuracy of sources published in the public media.*

### **Reference**

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