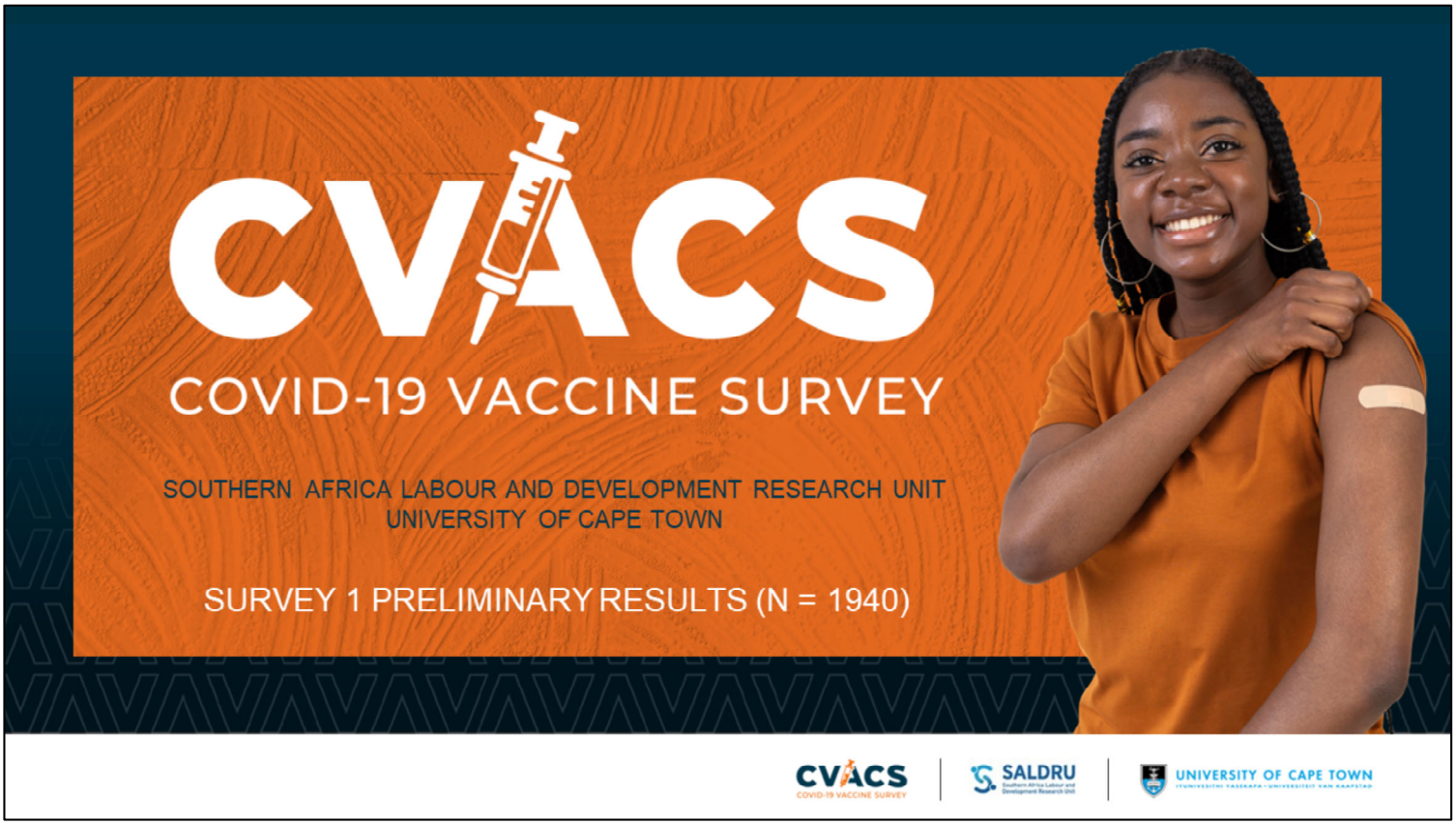
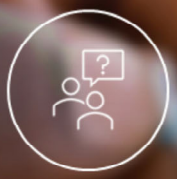


- The COVID-19 Vaccine Survey was born out of the vision of the Bill & Melinda Gates Foundation.
- CVACS is conducted by the Southern Africa Labour and Development Research Unit, University of Cape Town.
- Results in this presentation are based on partial data from Survey 1 of CVACS.
- It is important to note: The results presented here have not yet been adjusted using survey weights
- Findings therefore must not be interpreted as representing the beliefs/opinions/choices of all unvaccinated individuals in South Africa.
- Our findings provide a picture the beliefs/opinions/choices of the sample of unvaccinated individuals that we found and interviewed.

Purpose & aims

Provide high quality, timely information on barriers and facilitators to COVID-19 vaccine uptake in South Africa



Provide rapid answers to the most pressing policy-relevant questions to support vaccine demand creation strategies

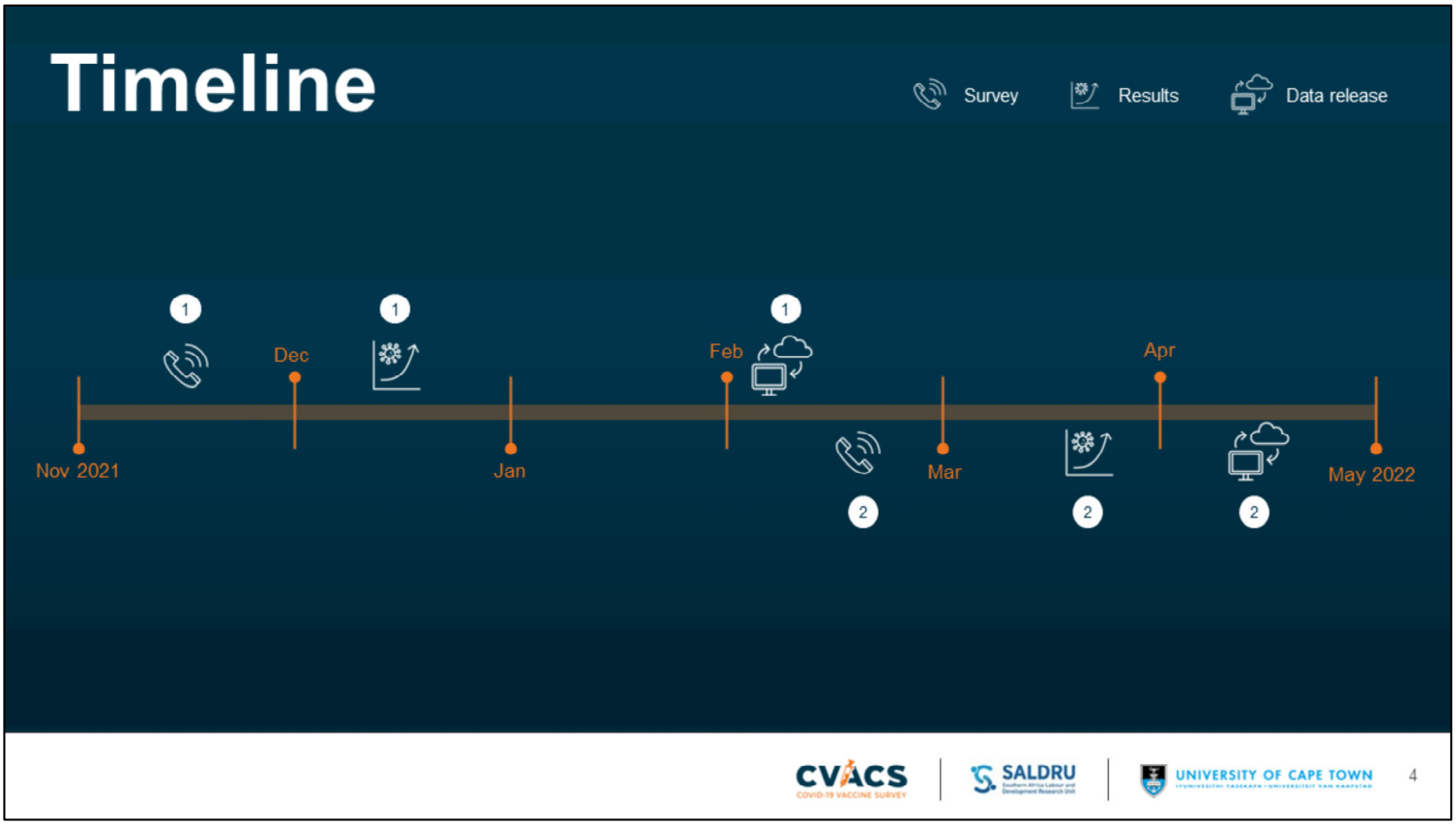
Track individuals through the surveys to understand who gets vaccinated and why

Test the impact of different messages

Rapidly share results and data

Overview

Repeated, brief telephone surveys with same respondents
Large sample (±N=3500), broad coverage Unvaccinated at baseline
Stakeholder crowdsourcing of survey instrument
Data and results sharing
Rapid and responsive cycles to inform policy and programs



- The full results for Survey 1 will be released in January 2022.
- The Survey 1 data will be available around the end of January 2022.
- Survey 2 will start mid-end-February, with results released ±1 month later, and data released around the middle of April.

The team

Brendan Maughan-Brown, PhD

CVACS: Team lead
University of Cape Town

Behavioural science, determinants of disease risk, health service demand, surveys

brendan.maughanbrown@gmail.com

Katherine Eyal, PhD

CVACS: co-lead
University of Cape Town

Program evaluation, economics of household welfare, mental health and education, survey data analysis

katherine.eyal@uct.ac.za

Kim Ingle

CVACS: Operations and data
University of Cape Town

Survey operations, data quality, questionnaire design, data analysis, survey communication and policy engagement

kim.ingle@uct.ac.za

Tim Brophy

CVACS: Operations and data
University of Cape Town

Survey operations, data collection, data quality, data dissemination, survey instruments

timothy.brophy@uct.ac.za

Alison Buttenheim, PhD, MBA

CVACS: Consultant
University of Pennsylvania

Vaccine demand, behavioural science, policy crowdsourcing, survey experiments

abutt@upenn.edu

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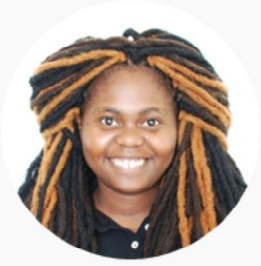
- The team was supported by many colleagues at SALDRU including Nicola Branson, Cally Ardington, Murray Leibbrandt, Vimal Ranchhod & Reza Daniels.

The team

Data Quality Analysts



Victoria Basopo

Morne Hoffmann

Julia Tatham

Consultative group

Kate Alexander
University of Johannesburg

Zameer Brey
Bill & Melinda Gates Foundation

David Harrison
DG Murray Trust

Saul Johnson
Genesis Analytics

Mosima Mabunda
Discovery Vitality

Ammaarah Martinus
Western Cape Government

Jacqui Miot
HE2RO

Gaurang Tanna
National Department of Health

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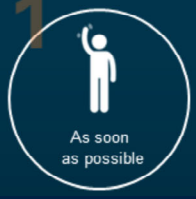
- The CVACS Consultative Group provided key input for the study design and the survey instrument, and helped to facilitate the crowdsourcing of questions.
- We are very grateful for their contributions, which have helped ensure the information is valuable for policy and strategy.

Key findings and implications

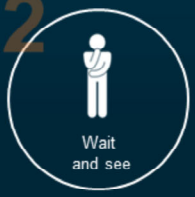
There are **4 distinct groups** of unvaccinated individuals (based on future intentions).
Demand creation/promotion <u>and</u> service delivery must be tailored and targeted to each group

1



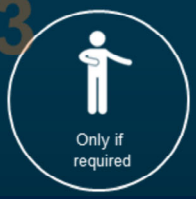
Close intention → behavior gap. Make vaccination easy and **frictionless**. Bring services to people. **Convenient, friendly** vaccination services.

2



Change mental models about **what they are waiting for.** Address **fears about consequences** of vaccination. Make salient **how many others like them** have been vaccinated (so-called "social proof" interventions).

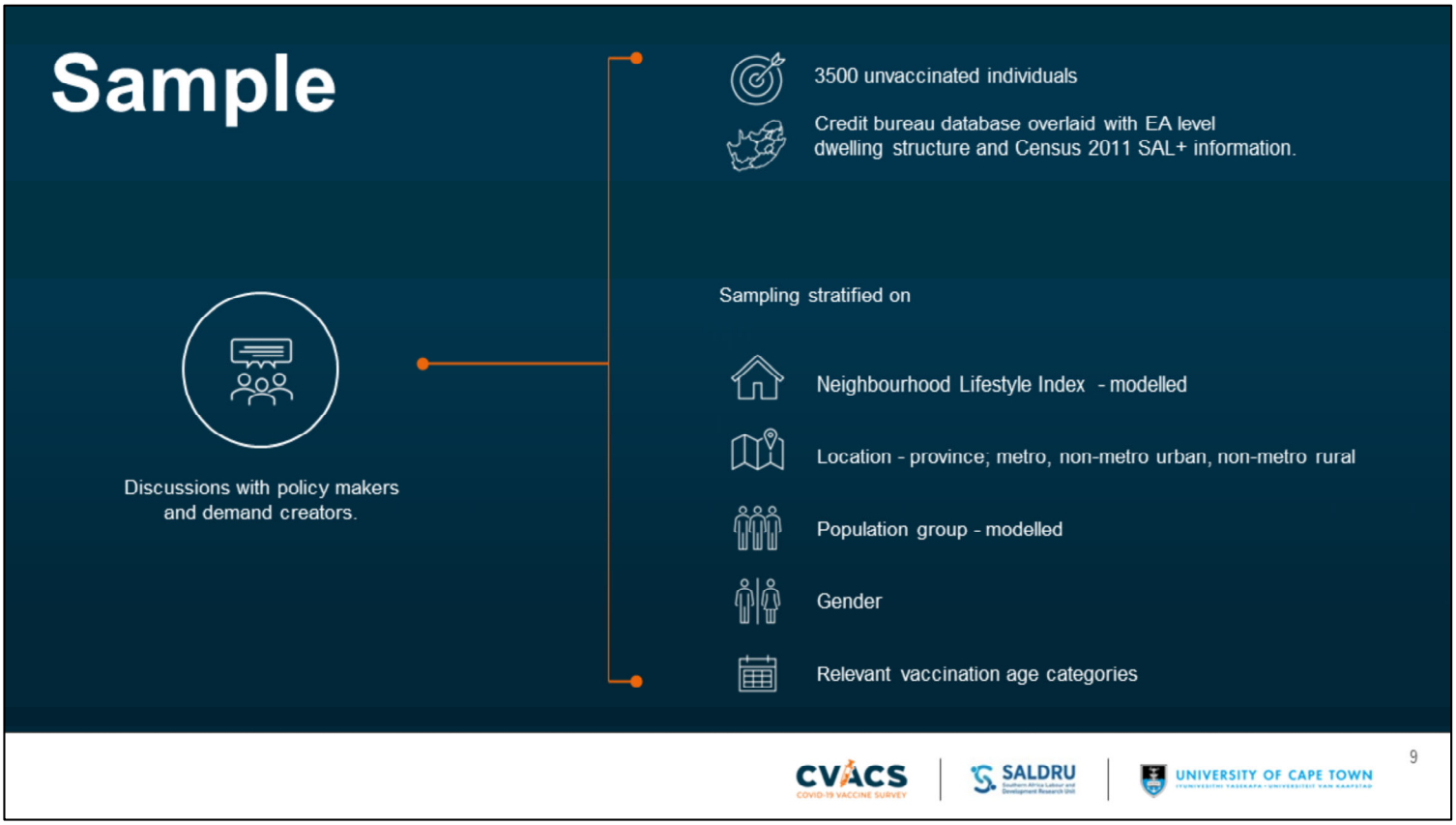
3



Similar to the ASAP group, but **lower motivation.** May not see the benefit from or need for vaccine, but **unlikely to push back** against mandates.

4

Hard to counter the belief that vaccine will "kill" or harm you. Intervene to **prevent spread of misinformation.**



- Credit bureau data contains those with credit checks run, not only credit application.

Recruitment

1

Initial strategy

Exact person sampled - recruitment low and progress slow.

Most who answered the phone were the sampled individual.

2

Revised strategy

Attempting to recruit any adult who answered the phone.

Most demographics and lucky prize draw details moved to the end.

Higher than expected reported vaccination level

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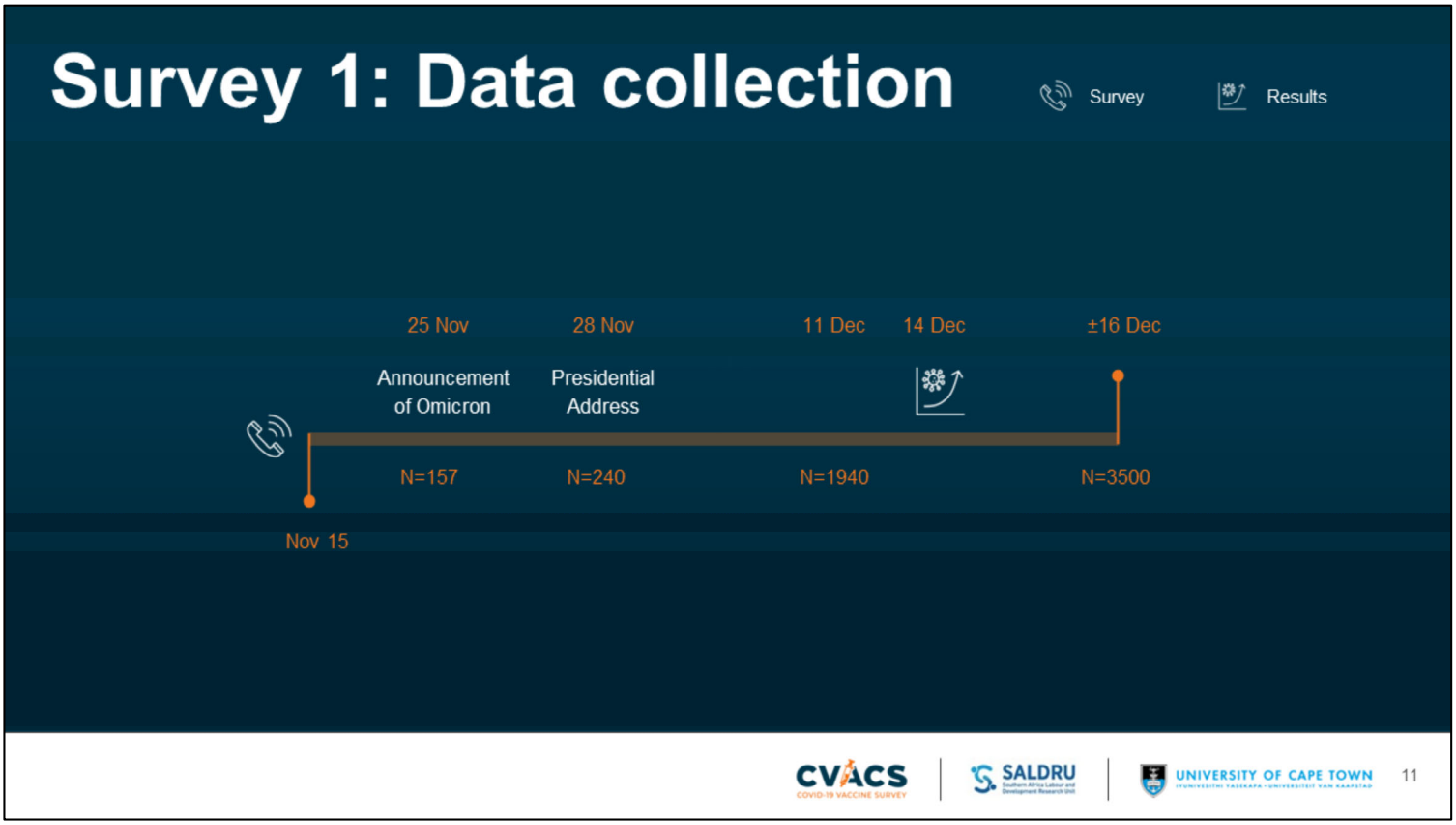
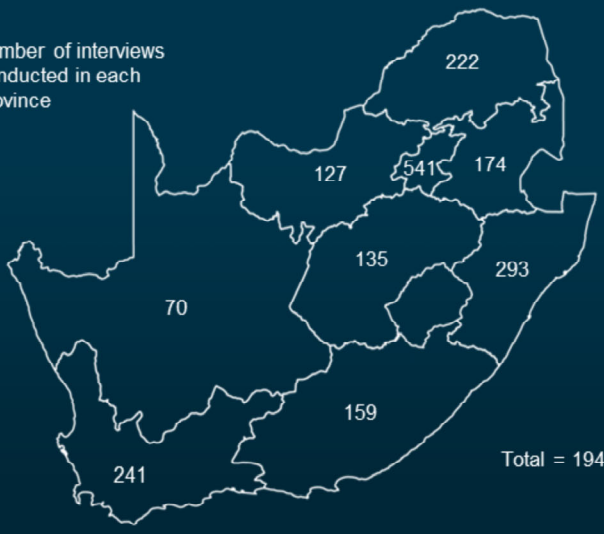


- The vast majority of information collected is from the period after the announcement of the Omicron variant
- The results in this presentation are for a sample of 1940 individuals

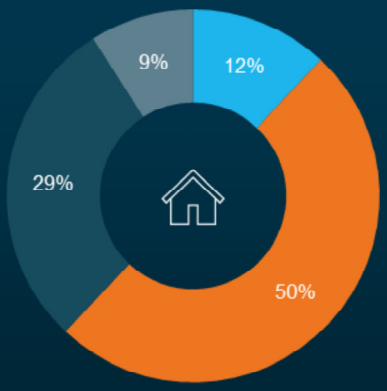
Surveys conducted

Number of interviews conducted in each province



Total = 1940

Types of households that have completed the survey



Traditional | Township/Informal | Formal residential | Farm/Smallholding

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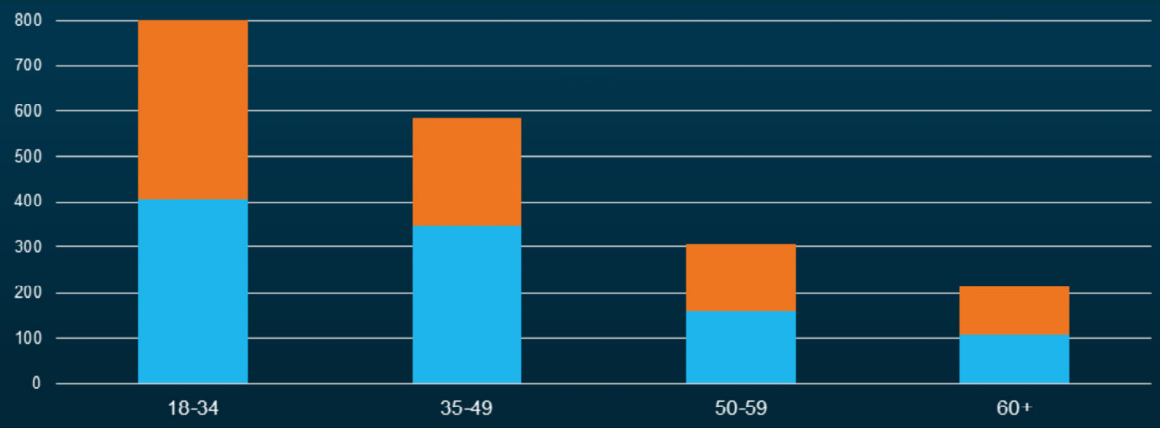
Respondents

by age group and gender



Male Female

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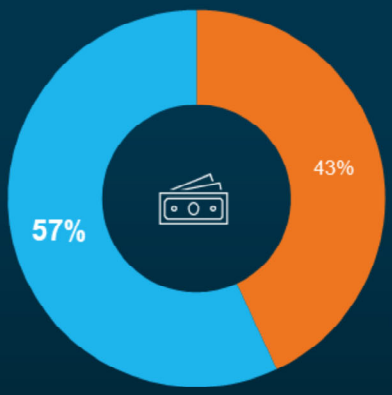
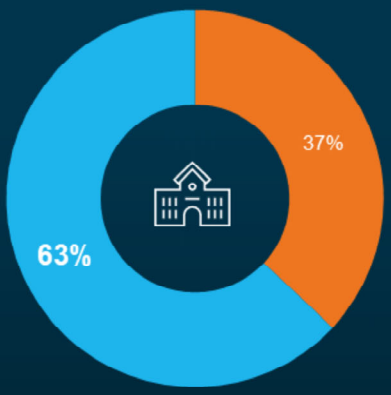
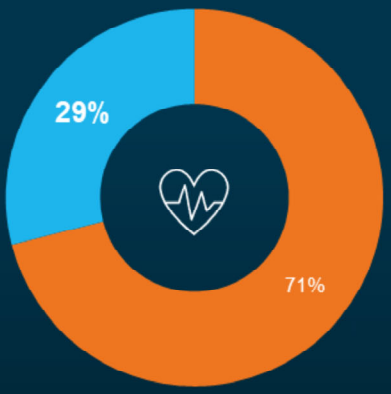
Socioeconomic status



Earned any money in the past week



Completed Matric/Grade 12



Has medical aid/health insurance

Yes No

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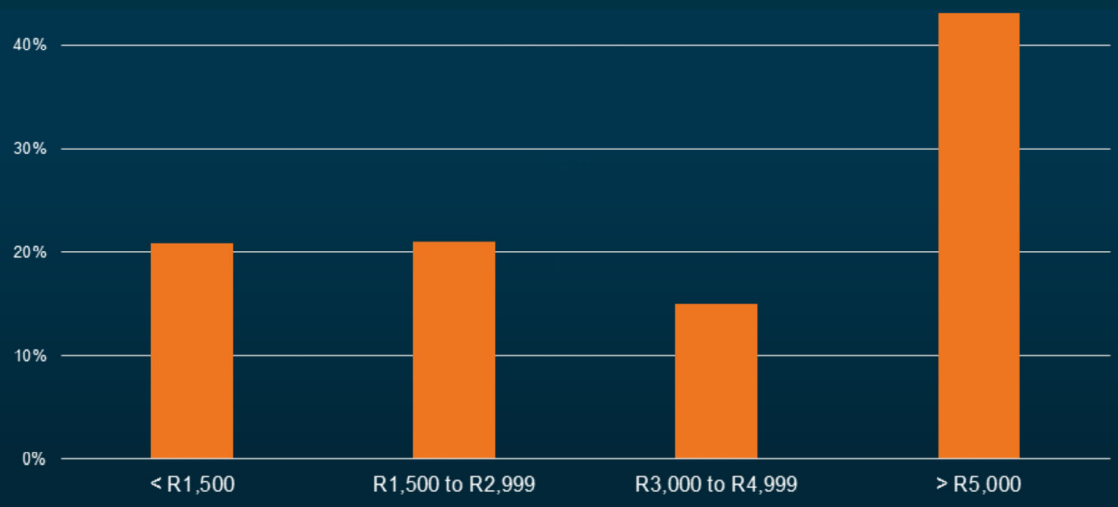
Total household income (last month)



Note: 25% of sample did not provide data

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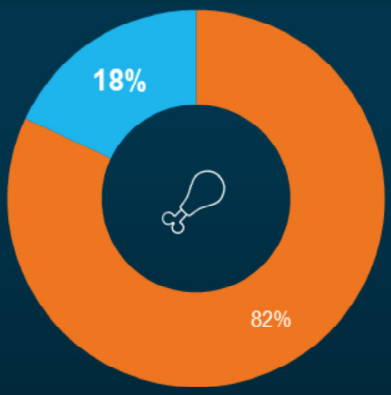
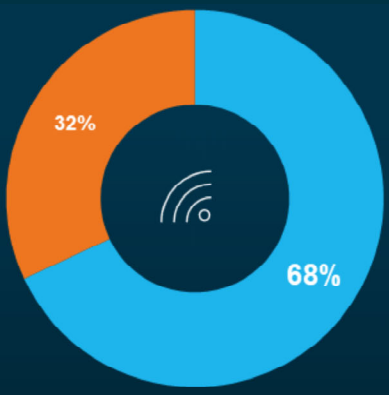
- It is important to note that non-response to this question will likely have influenced the distribution.

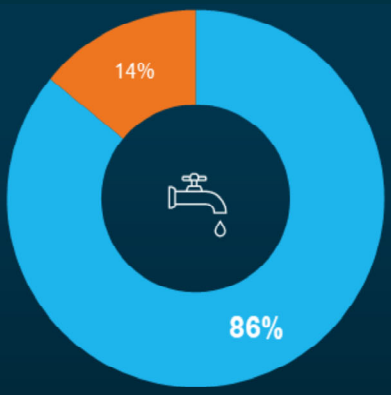
Household characteristics



Someone went hungry in the past week



Own an internet enabled device



Access to piped water

Yes No

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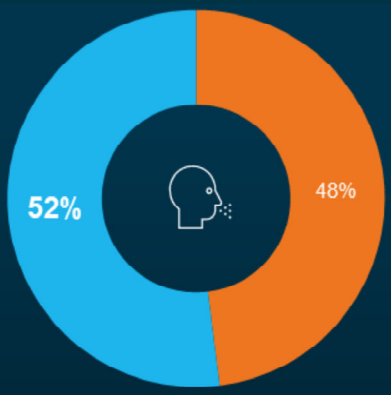
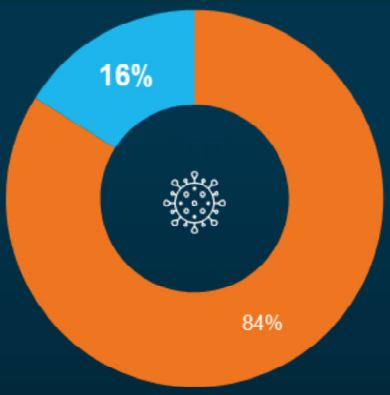
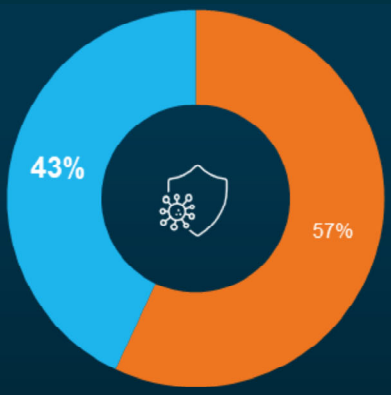
COVID-19 information



I know someone who got very sick or died from COVID-19



I have had COVID-19



At least one household member is vaccinated

Yes No

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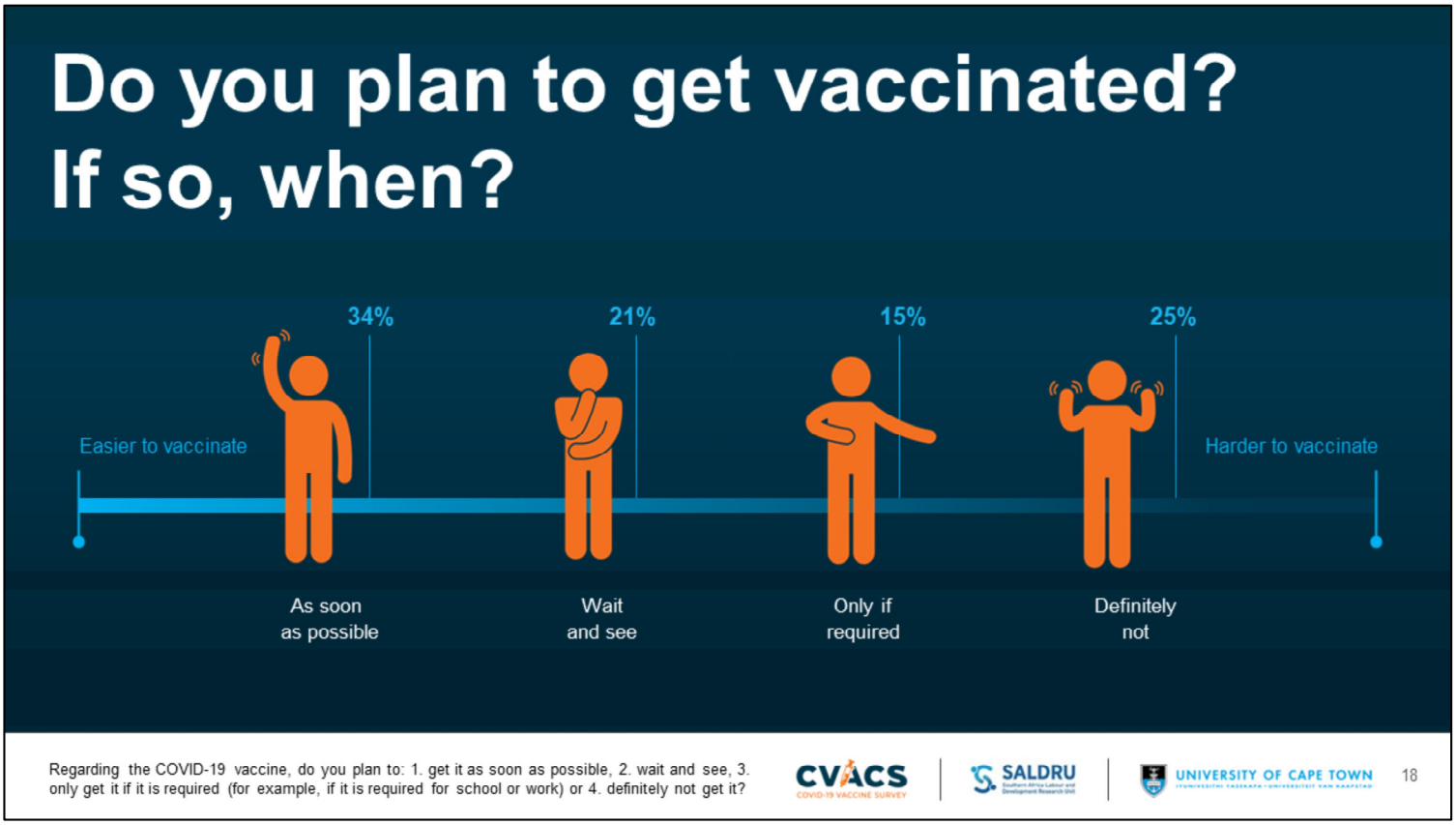
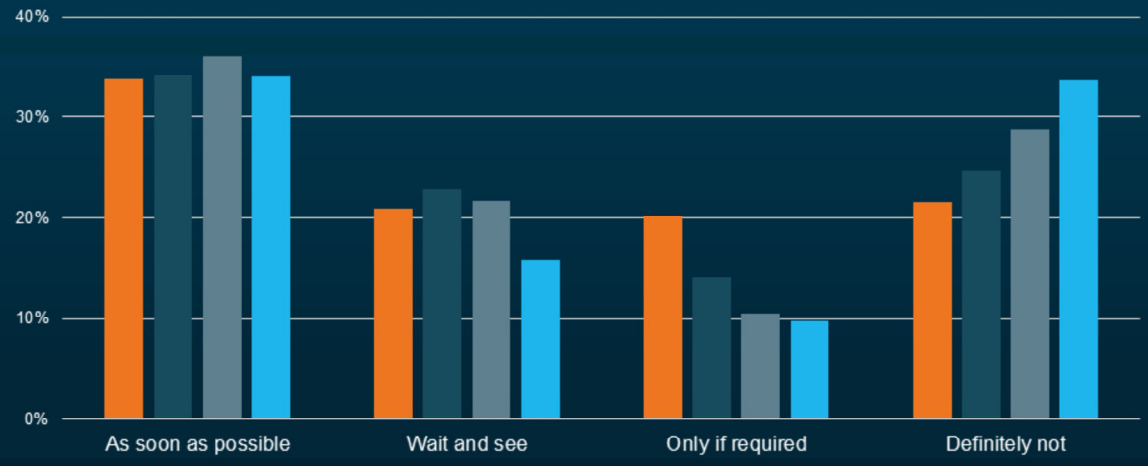


- In addition to the responses shown here, 4% of respondents said “Don’t know” and less than 1% refused to answer the question.

Plan to get vaccinated by age groups



18 - 34 35 - 49 50 - 59 60+

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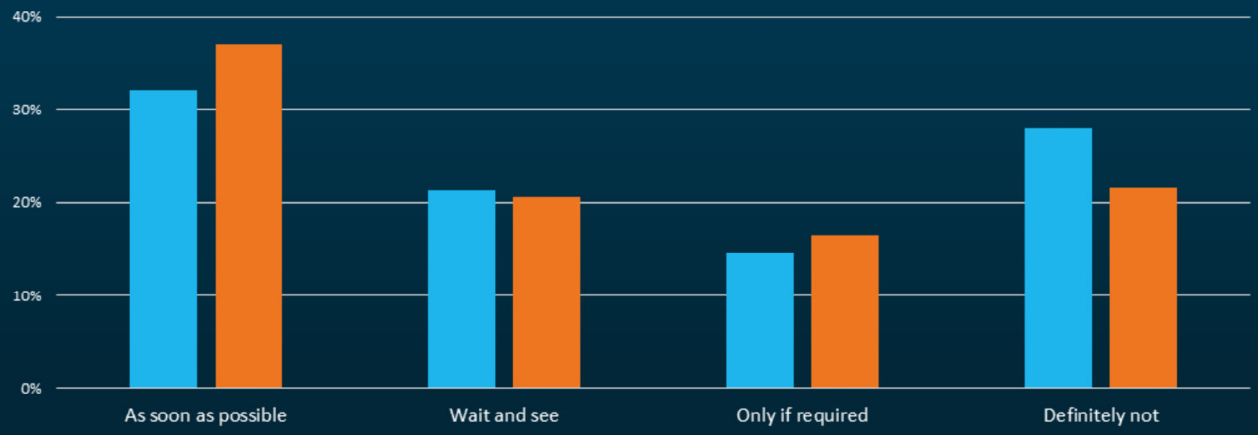
Plan to get vaccinated by gender



Male Female

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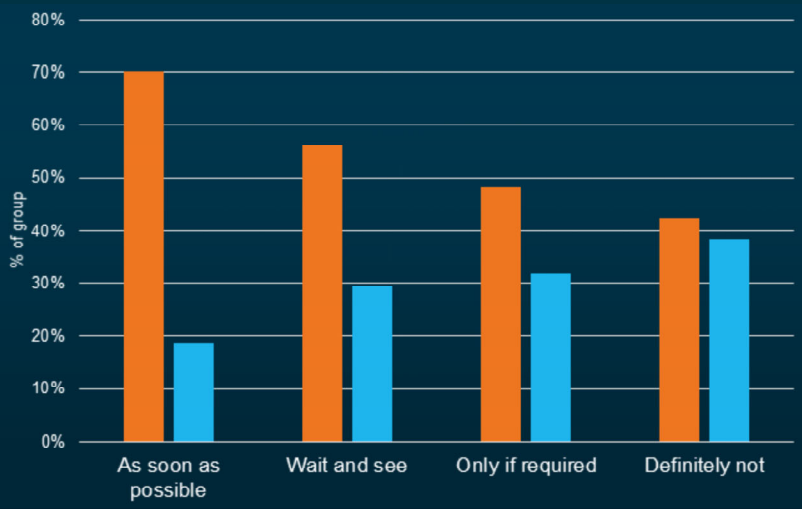
As soon
as possible

Who are the ASAP group?



My household income is below R5 000

I have medical aid

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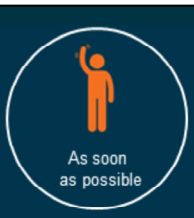
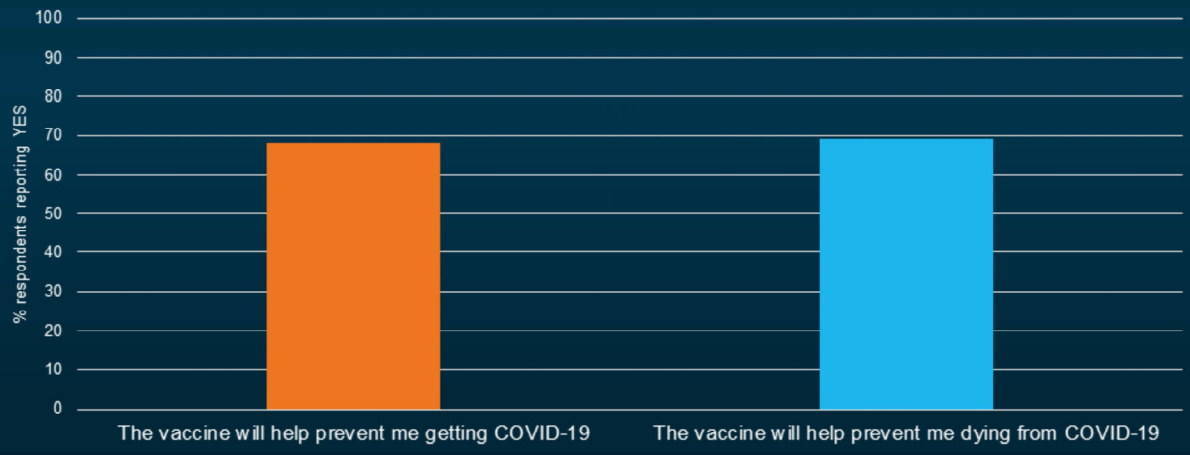
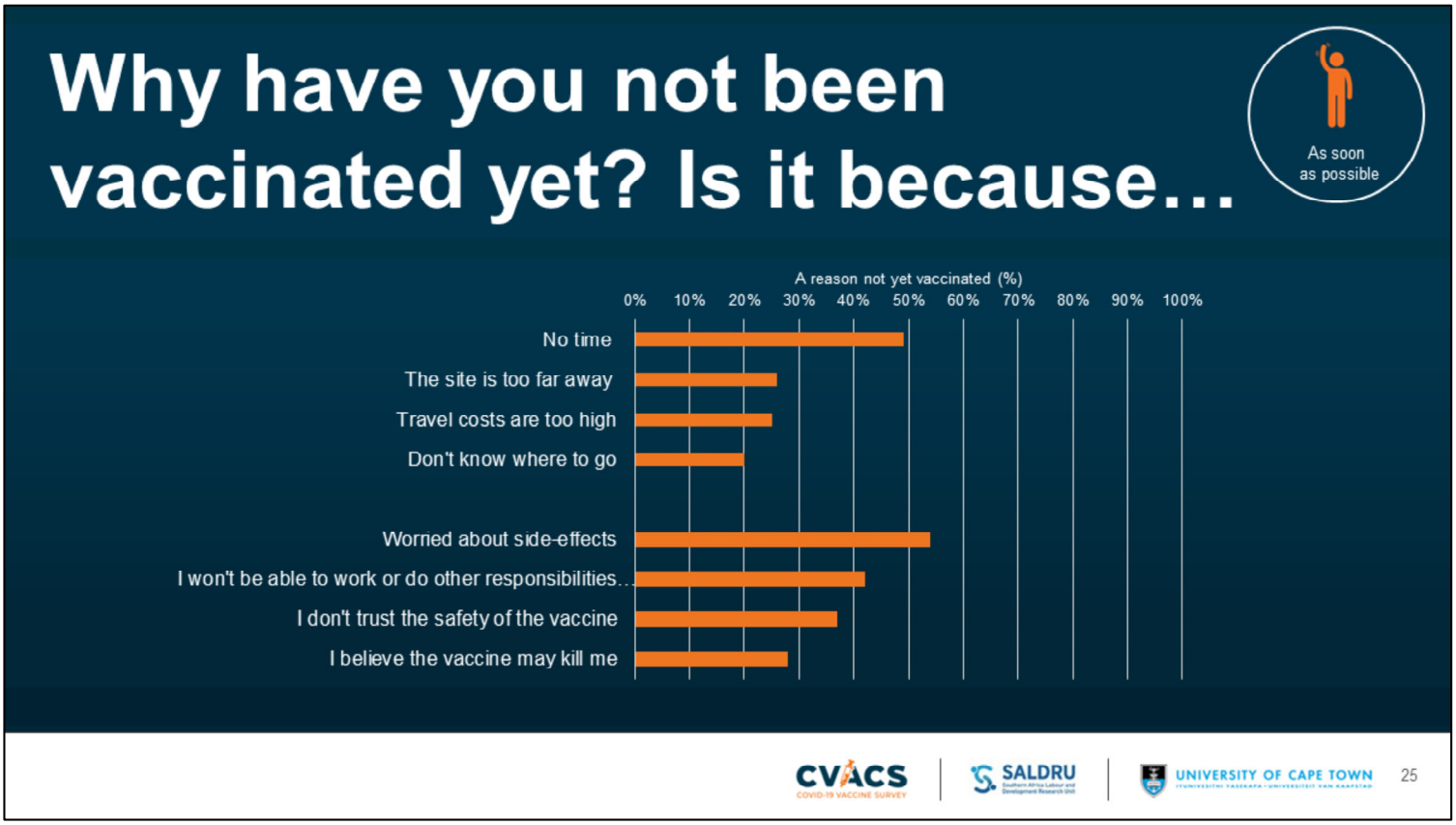
Perceived efficacy of vaccines





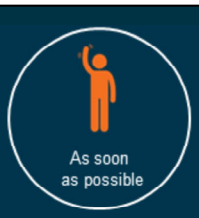
- Method: Thematic analysis.
- These are the most common themes. The largest words are the most frequent themes.

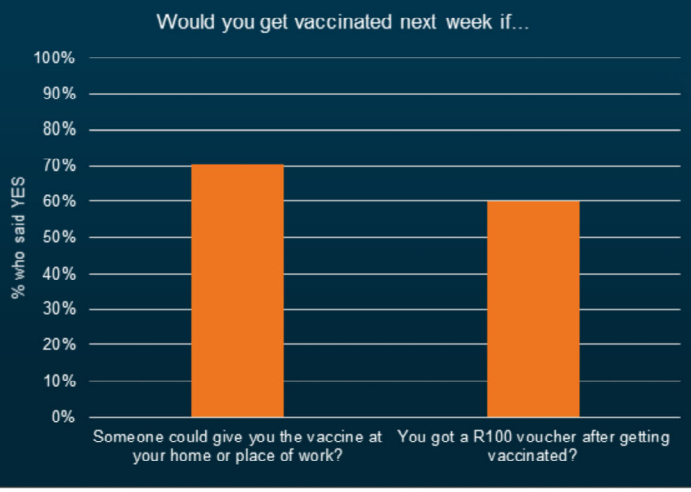


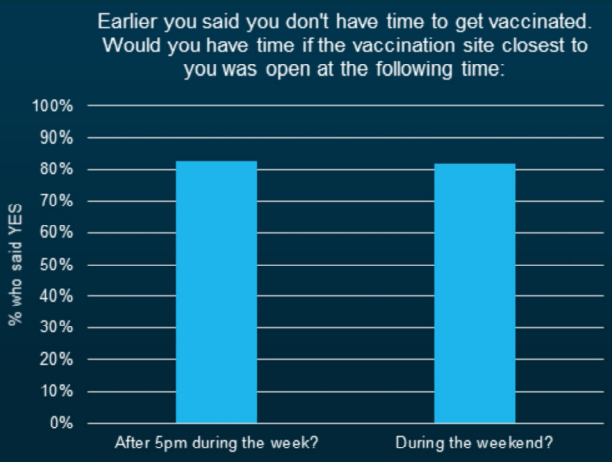
- We asked participants a set of questions about reasons for not having been vaccinated and for each they could respond ”Yes” or “No”
- In addition to the data shown on the slide, among respondents who reported having had COVID-19 (N=83) 47% responded “Yes” to the question: Is it because…I have already had COVID-19

Potential interventions

to increase vaccine uptake

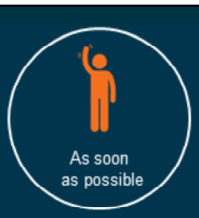


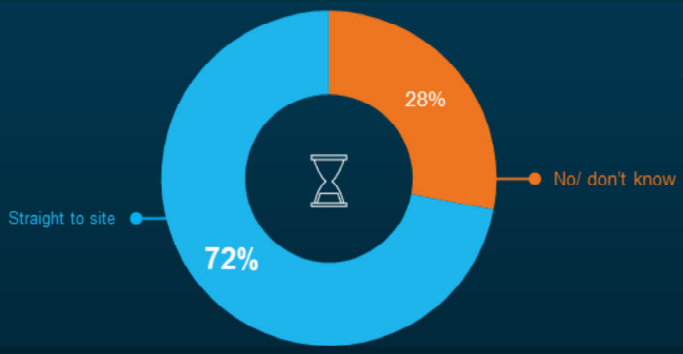




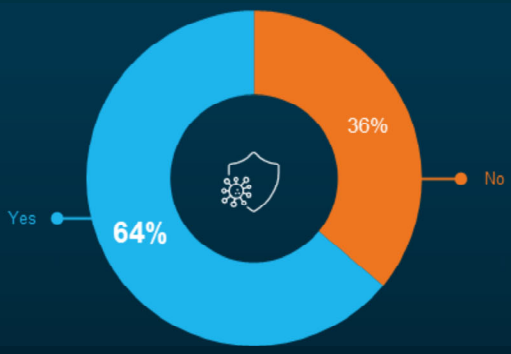
Potential interventions

to increase vaccine uptake

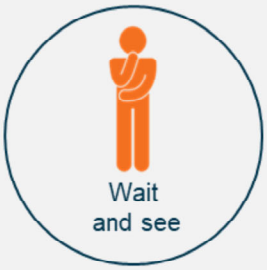




If a person wants to get vaccinated, do they need to register and wait for an SMS back or can they go straight to any vaccination site?

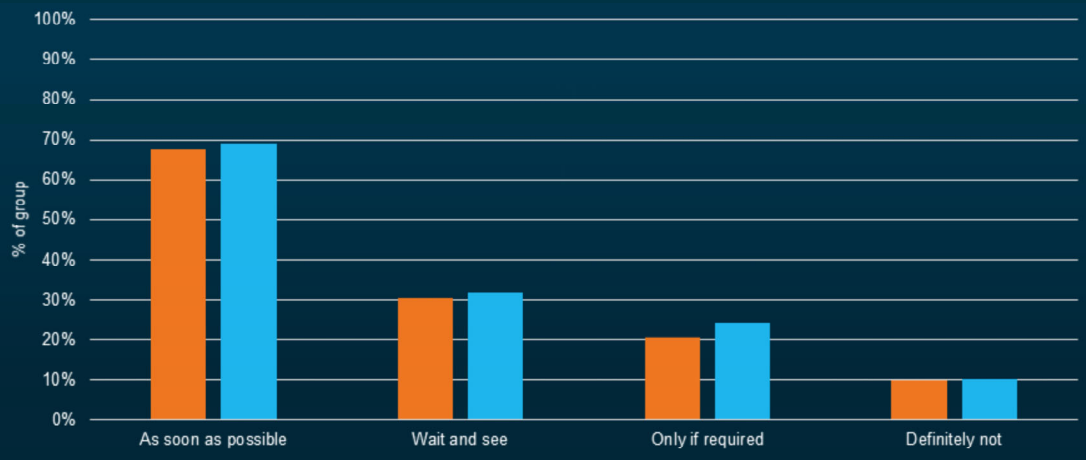


Are some pharmacies providing COVID-19 vaccinations?


Wait
and see

Perceived vaccine efficacy

by vaccine intentions



I believe the vaccine will help prevent me getting COVID-19

I believe the vaccine will help prevent me dying from COVID-19

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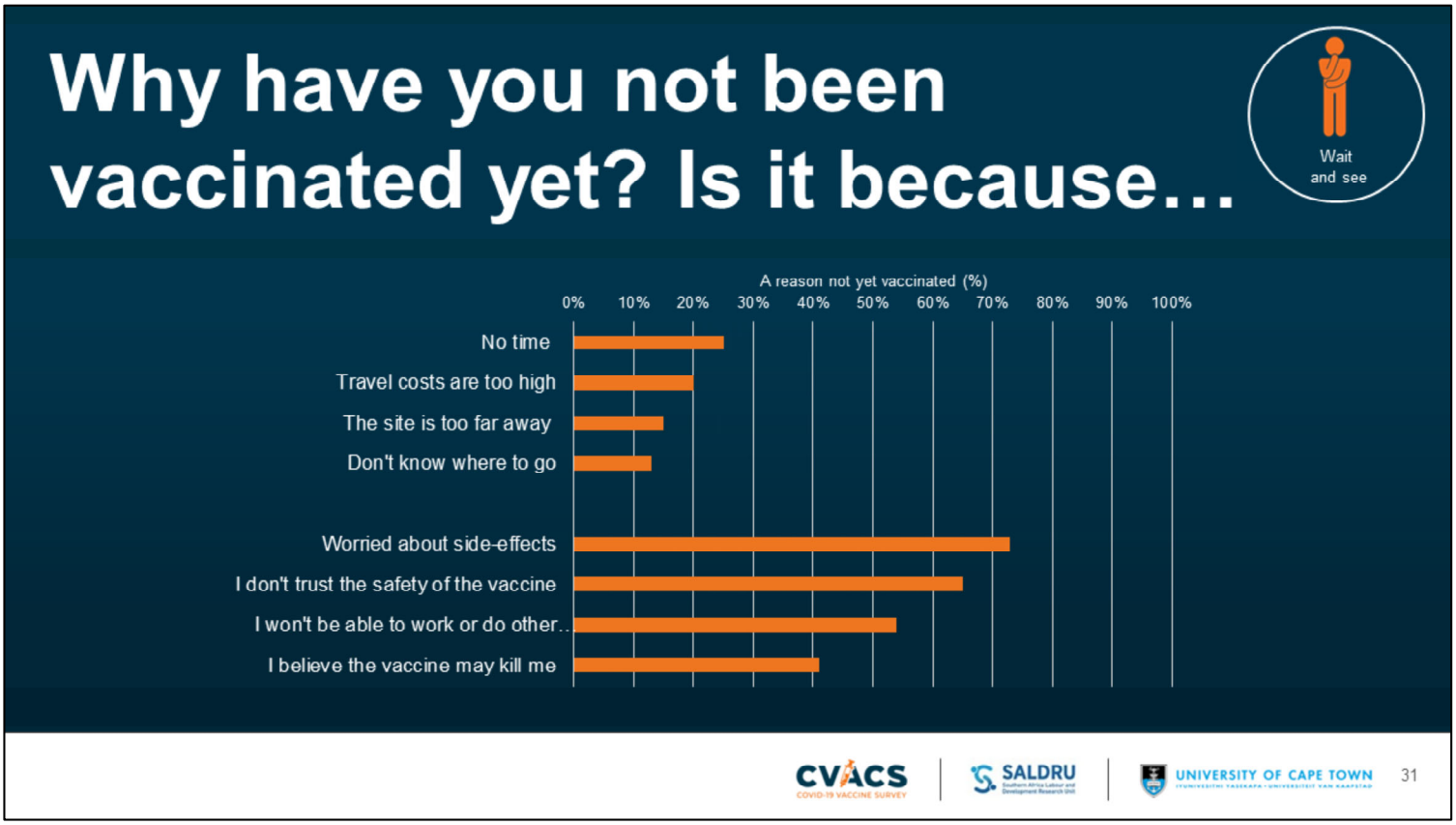
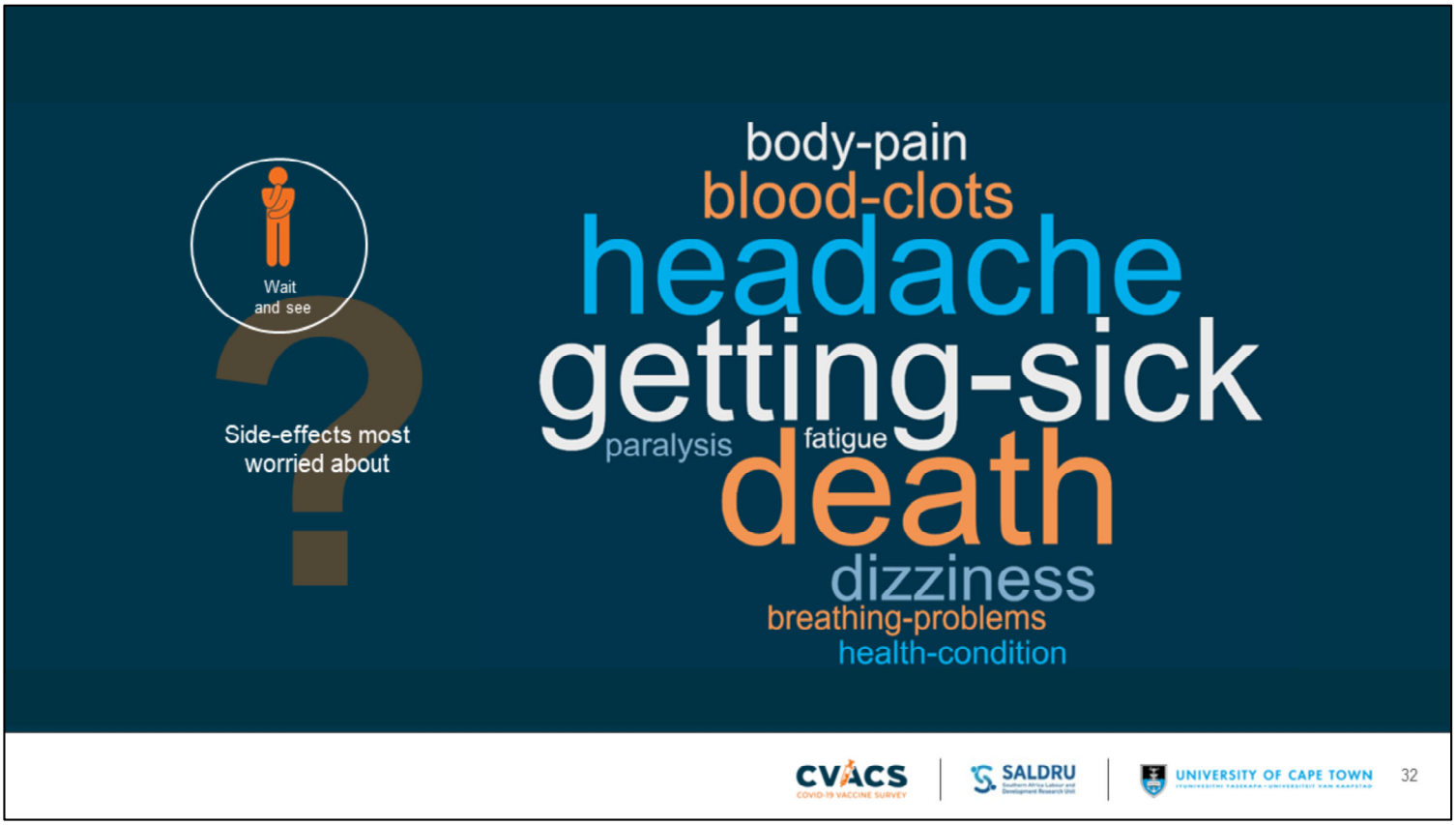
- Method: Thematic analysis.
- These are the most common themes. The largest words are the most frequent themes

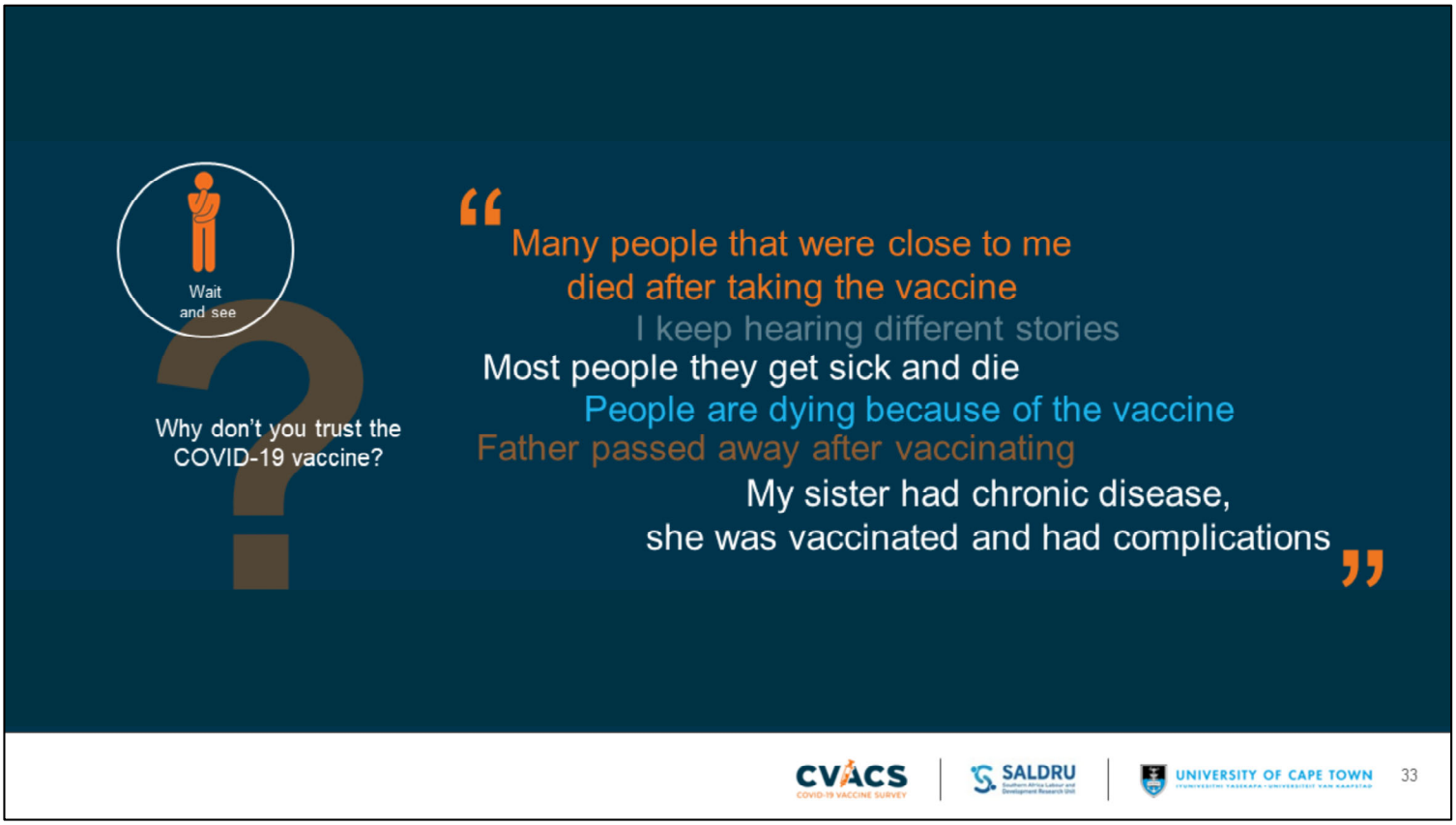
Why have you not been vaccinated yet? Is it because…



- We asked participants a set of questions about reasons for not having been vaccinated and for each they could respond ”Yes” or “No”.
- In addition, among respondents who reported having had COVID-19 (n=65) 60% responded “Yes” to the question: Is it because…I have already had COVID-19



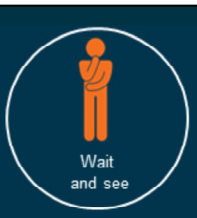
- Method: Thematic analysis.
- These are the most common themes of side effects that those in the wait and see group, concerned about side effects, are most worried about. The largest words are the most frequent themes.

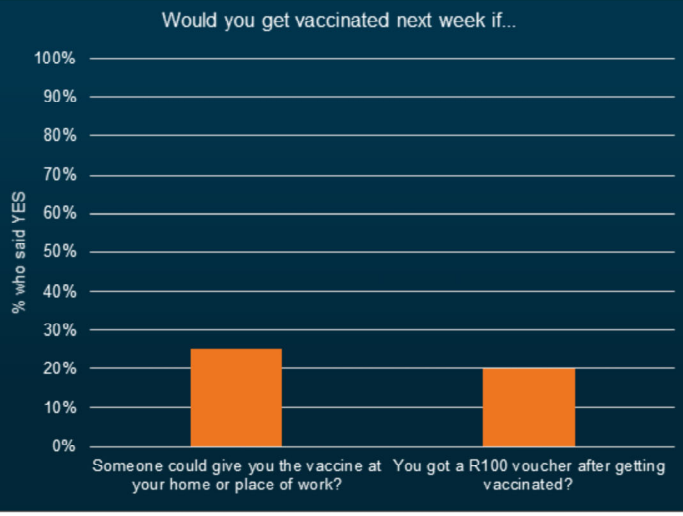


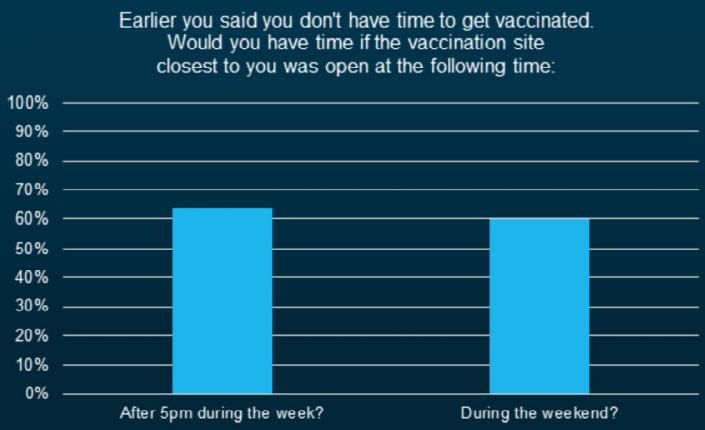
- Quotes are presented to exemplify some of the key themes that emerged from the question "Why don't you trust the COVID-19 Vaccine?".

Potential interventions

to increase vaccine uptake

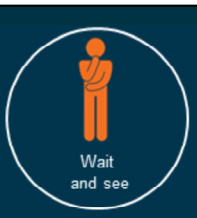


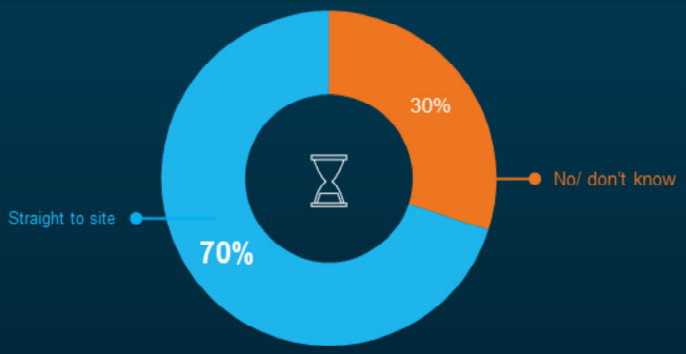




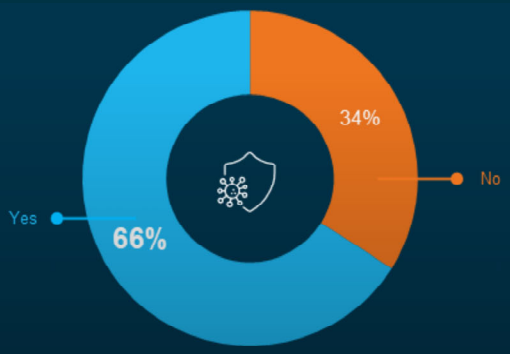
Potential interventions

to increase vaccine uptake





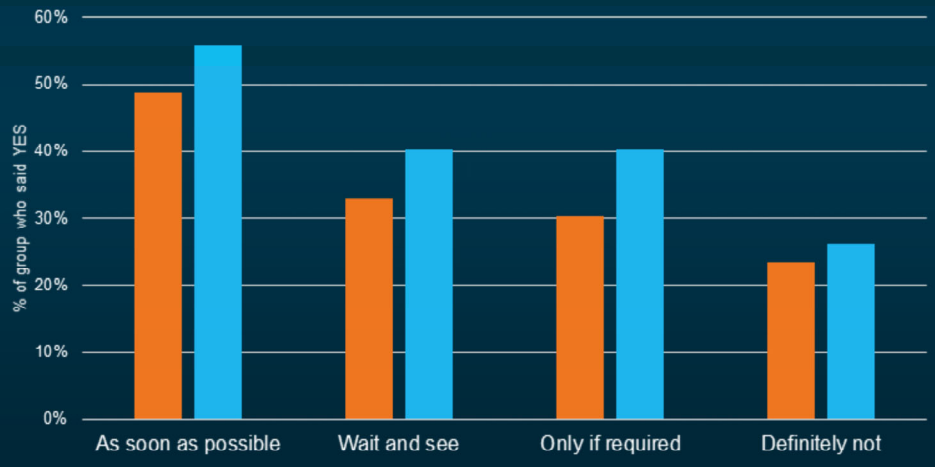
If a person wants to get vaccinated, do they need to register and wait for an SMS back or can they go straight to any vaccination site?



Are some pharmacies providing COVID-19 vaccinations?

- Method: Thematic analysis.
- These are the most common themes. The largest words are the most frequent themes

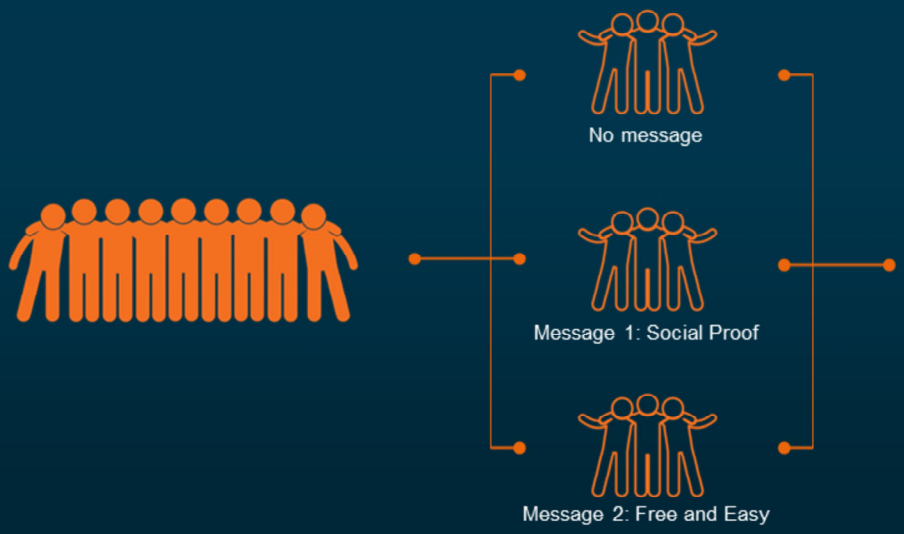
Potential network effects



Most people in my area have been vaccinated
Some people in the household have been vaccinated

CVACS COVID-19 VACCINE SURVEY | SALDRU Southern Africa Labour and Development Research Unit | UNIVERSITY OF CAPE TOWN

Which messages change intentions?



We would like to contact you in February 2022 to talk again. By February, do you think you will have had a Coronavirus vaccine?

Message 1: Social proof

Over 15 million people in South Africa have already been vaccinated. **That's more people** than everyone living in Johannesburg, Cape Town and Durban combined.

Did you know that?
[Yes or No]

INTERVIEWER READ OUT:

Yes, I was surprised too, but it's true. With those numbers you can really feel **confident that the vaccine is safe and effective.**

Message 2: Free and easy

Just as a reminder: **a free vaccine is available for you right now.** You don't need to register or make an appointment, and you don't need medical aid. You **can go straight down to your closest vaccine site** whenever it's open.

Did you know that?
[Yes or No]

INTERVIEWER READ OUT:

Yes, they've **made the process easier** than it was before. Registering before and waiting for an SMS with an appointment aren't necessary anymore.

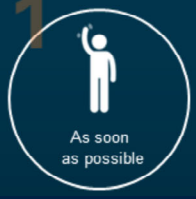
Impact of messages over no message

In conclusion

Key findings and implications

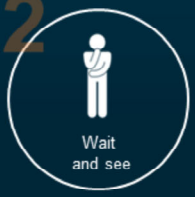
There are **4 distinct groups** of unvaccinated individuals (based on future intentions).
Demand creation/promotion <u>and</u> service delivery must be tailored and targeted to each group

1



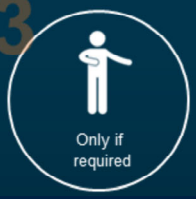
Close intention → behavior gap. Make vaccination easy and **frictionless**. Bring services to people. **Convenient, friendly** vaccination services.

2



Change mental models about **what they are waiting for.** Address **fears about consequences** of vaccination. Make salient **how many others like them** have been vaccinated (so-called "social proof" interventions).

3



Similar to the ASAP group, but **lower motivation.** May not see the benefit from or need for vaccine, but **unlikely to push back** against mandates.

4

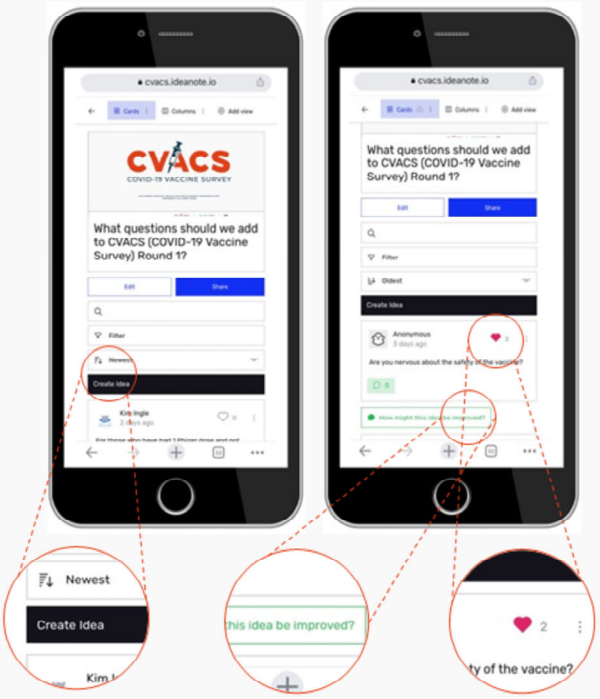
Hard to counter the belief that vaccine will "kill" or harm you. Intervene to **prevent spread of misinformation.**

Crowdsourcing

We will solicit input on survey questions from a broad group of experts, policy makers, program leads, and frontline staff using an innovation platform called "ideanote"

Through ideanote, stakeholders can nominate questions for the survey instrument, as well as 'up-vote' and comment on questions submitted by others

ideanote

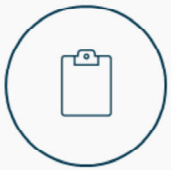


- Access the Crowdsourcing Platform on IdeaNote here: https://cvacs.ideanote.io/login/link/52778025f463a84b6ad59778

Thank you to Ask Afrika for conducting interviews

Without our respondents none of this would be possible - we thank them for their time

We will be drawing the winners of a lucky draw for our survey participants later in December



Second survey planned for February 2022

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Recommended citation (this slide deck is available online on OpenSALDRU):