

Vaccine hesitancy as a global challenge

# Why rebuilding trust in governments is key to end COVID-19

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Vaccine hesitancy has become a global issue in the context of the COVID-19 pandemic. Although unequal global distribution of vaccines remains a major challenge for the Global South, it alone cannot fully explain the low vaccination rates in many countries. Vaccination hesitancy has existed for centuries and, while it currently affects mainly the Global North, it can increasingly become a problem in the Global South. Vaccine acceptance is not only critical to achieve public health and safety through herd immunity, but also to protect individual health and especially vulnerable groups. In 2019, the World Health Organisation (WHO) rated vaccine hesitancy as one of the greatest threats to global health. Low rates of COVID-19 vaccine acceptance have been reported in the Middle East, Russia, Africa and Europe. In Africa, numbers vary widely. About one third of the population in France, Germany and the USA refuses COVID-19 vaccination. Once the jab becomes widely available in the Global South, vaccine hesitancy could be a major challenge controlling this pandemic.

### Lack of trust as a driver for vaccine hesitancy

Vaccine hesitancy has multiple reasons, among others e.g. the spread of misinformation. However, one fundamental driver is (dis)trust in governments. Particularly in the Global South, the legacy of Western exploitation and medical abuses during and after colonialism also decreases trust in the COVID-19 vaccine. Furthermore, anti-vaccine sentiment intersects strongly with anti-establishment and populist politics in different world regions and social groups. Populists in Western Europe spread vaccine hesitancy as a protest against the government. There are also examples of similar tactics in South Africa, the US and New Zealand. Past studies found a highly significant positive association between the percentage of populist parties' voters and the belief that vaccines are not important in Western European countries. The underlying dynamic seems to be a global phenomenon: distrust in science and expert knowledge.

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### Rebuilding trust as a key response

To improve vaccination rates and overcome societal divisions amplified by the pandemic, it is crucial to (re)establish trust. Four essential pillars can help strengthen declining public trust in the intentions and motives of the government: humanity, transparency, capability and reliability. How can governments achieve this?

First, by showing humanity governments are perceived as genuinely caring for people's experiences and wellbeing. This includes showing value and respect for everyone, regardless of their background, identity or beliefs. Empathy is the basis for a true exchange. Regarding vaccine-hesitancy, this means governments should not exclusively try to convince through distant laws, bureaucracy and regulations. They also need to engage with those unwilling to get the vaccine in an open and empathic dialogue, trying to understand their worries and misconceptions. The Latino Task Force, a community organisation in San Francisco, has been successful in directly engaging with the most affected groups to promote vaccination.

Second, governments should improve transparency. They should openly and whenever possible share information on the motives and evidence behind policy-making decisions. Sharing targeted information on digital formats, and using the appropriate channels and messengers are equally important. In New Caledonia, local leaders found a better way to fight misinformation and make people vaccinate by going to their homes. Botswana initiated the social media campaign #ArmReady to increase vaccination rates after a survey on the overall risk perception of the population.

Third, governments should prove capability and effectiveness, which refers to their ability to deliver and effectively meet citizens' expectations. Among others, governments should ensure a competent health staff, the means to hand over what is promised, and perform good-quality services. The WHO reported that African countries with good pre-planning and logistics have made strong progress in vaccination. Ghana has vaccinated 90% of all health workers in the first 20 days. Due to a successful electronic pre-registration system, Angola has quickly vaccinated high-risk groups.

Fourth, governments need to show reliability, which concerns its perception as consistent and trustworthy. Some promoters of reliability are consistent delivery of policies, continuous improvement of the quality of programmes, and keeping and honouring promises. Regarding the vaccination campaign, this means ensuring that sufficient doses are made available and distributing them efficiently, equitably and fairly, assuring access even in remote places. This means e.g. that especially countries from the North have to fulfil their promise on providing vaccines for the South, which includes vaccines with sufficient shelf life, so that they are not already expired before they can be distributed, as it has happened with donated doses in Nigeria.

Rejection of the jab from parts of the population remains a challenge for achieving increased immunisation coverage and, consequently, the end of the pandemic. Because vaccine hesitancy is largely driven by lack of trust in governments, rebuilding trust in governments is essential for a successful global vaccination campaign. Trust is an essential attribute of social cohesion and socially cohesive societies are more resilient during crisis. The current one is certainly not the last we will face.