Behavioral Considerations for Covid-19 Vaccine Take-up

Designing social media campaigns at scale

_____

March 2021

WORLD BANK GROUP
Health, Nutrition & Population

WORLD BANK GROUP
Poverty & Equity

i2i DIME
Entertainment Education

f

eMBeD
Mind, Behavior, and
Development Unit
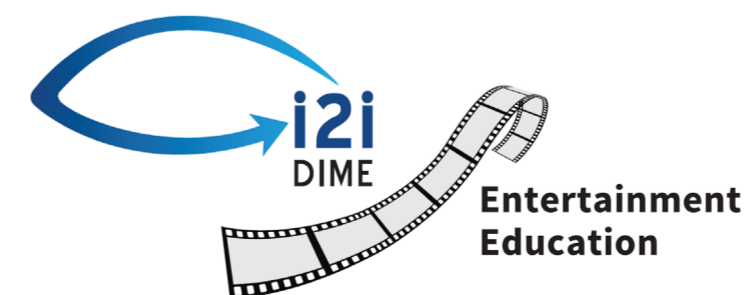
Increasing COVID-19 vaccine take-up and communication

1. How to tailor communications to address information gaps and hesitancy?

   - Messages and framing
   - Messengers
   - Norms

2. How to support health workers?

   - Their beliefs
   - Processes

Approach

- **Measure:** intentions, beliefs, norms, trust, access and behaviors
- **Chat bot** through FB ads and Messenger
- **Sampling**
  - Stratification based on age, gender and region
  - Population weights using existing data (also using education and household size)
- **Timing** – 2 weeks
- **Reach –** 1-2m
- **Final sample –** aim for 5,000
- **Cost - <**$1/survey

User experience

Understand intention to take up vaccine
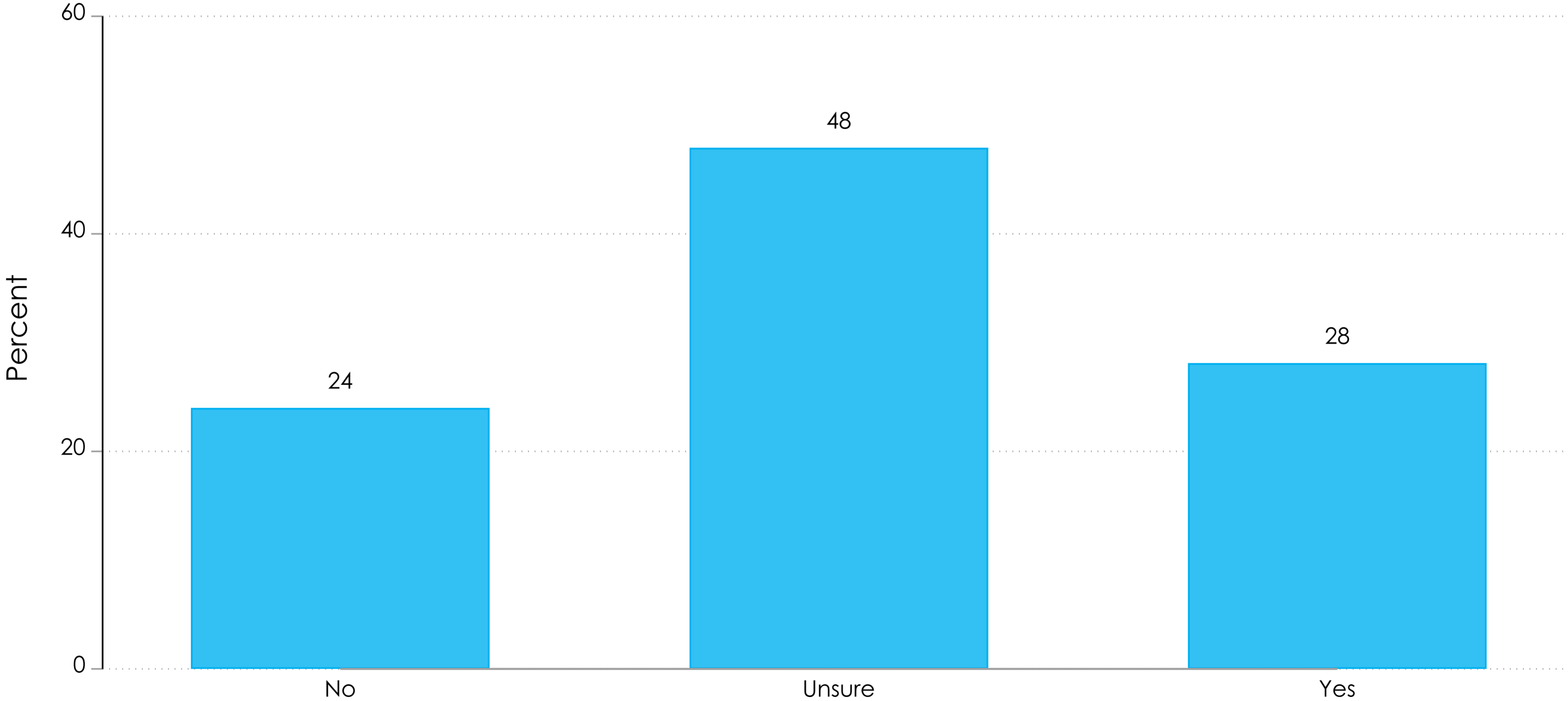
Take up intention varies across regions, gender, and age and education

I will take the COVID-19 vaccine when it's available

Region

Beirut: 31
Beqaa: 28
Mount Lebanon: 33
Nabatieh: 26
North Lebanon: 23
South Lebanon: 21

Gender

Male: 37
Female: 20

Age

18 - 29: 27
30 - 39: 21
40 - 49: 27
50 - 59: 33
60+: 38

Education

Secondary or less: 28
Tertiary or above: 32

basic framing only.
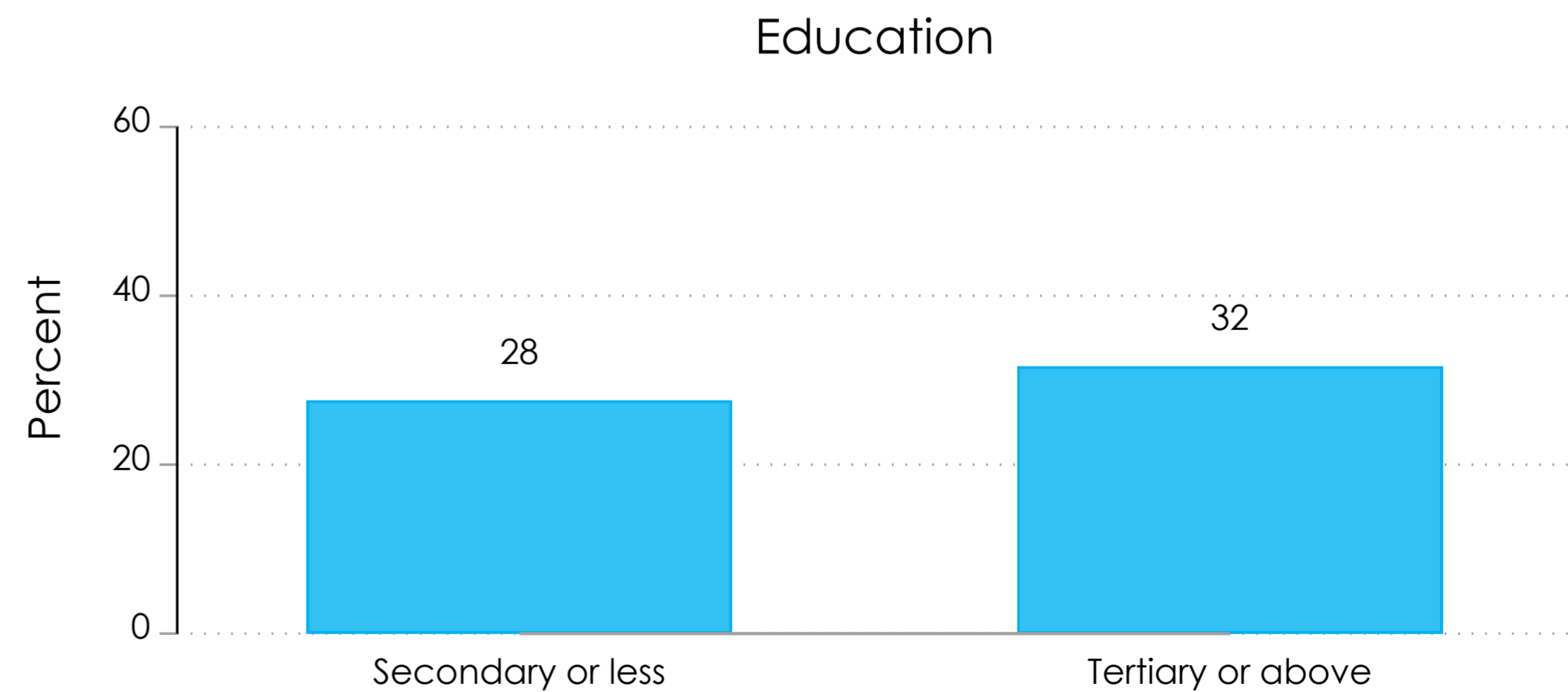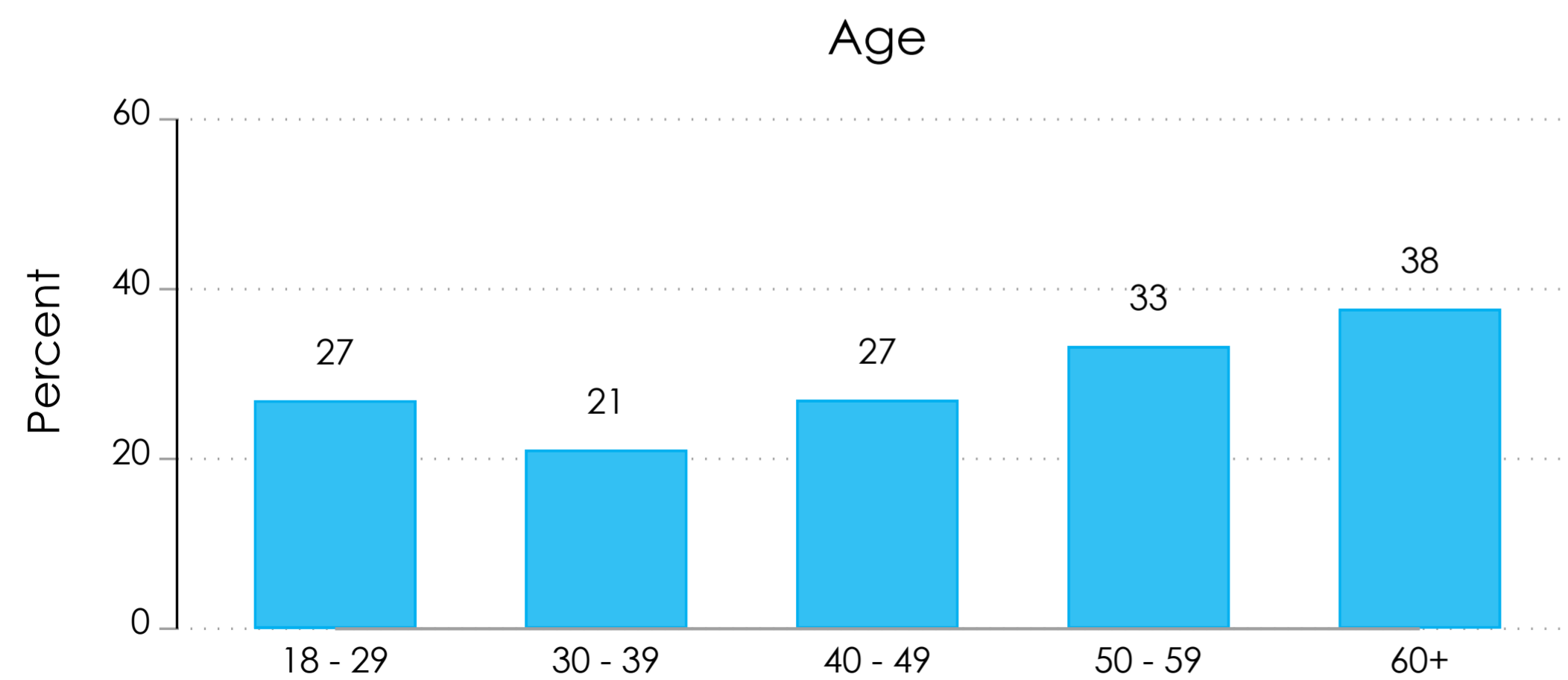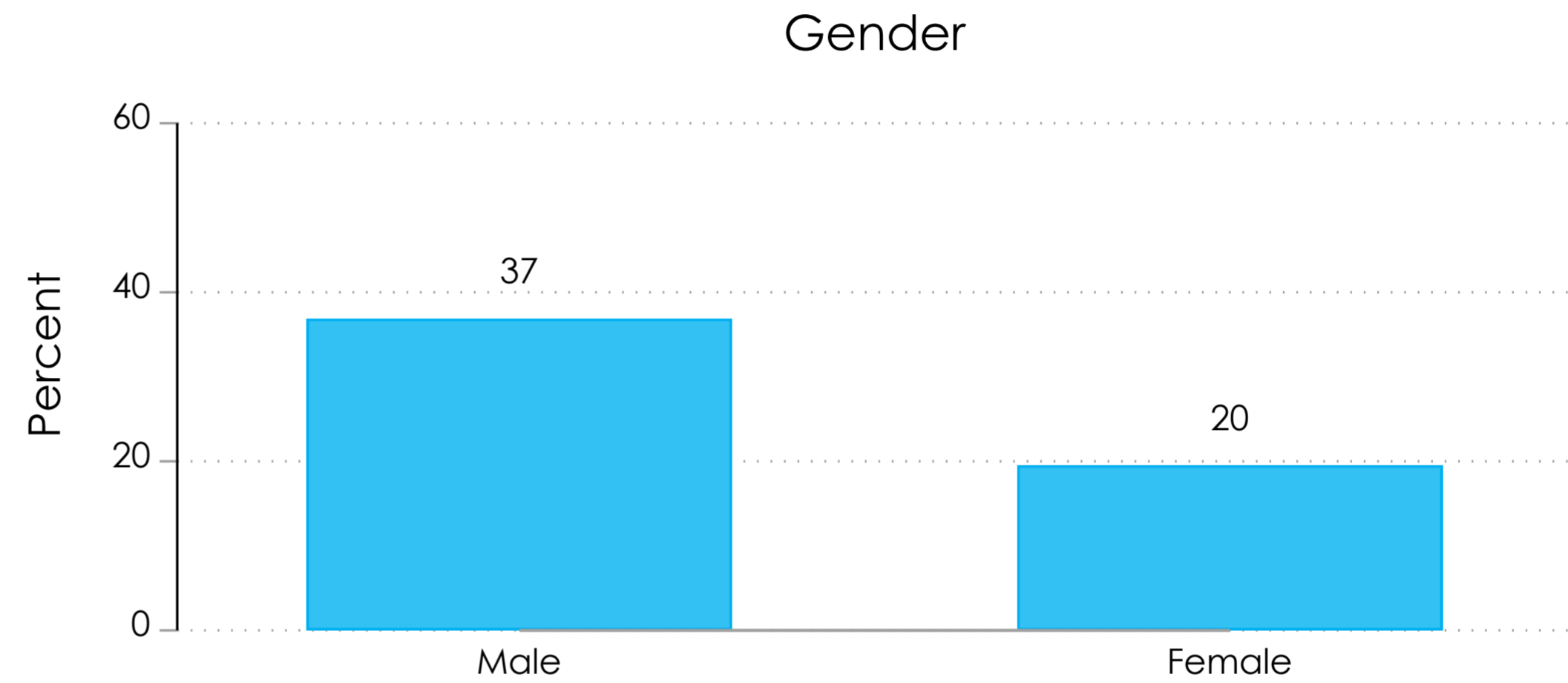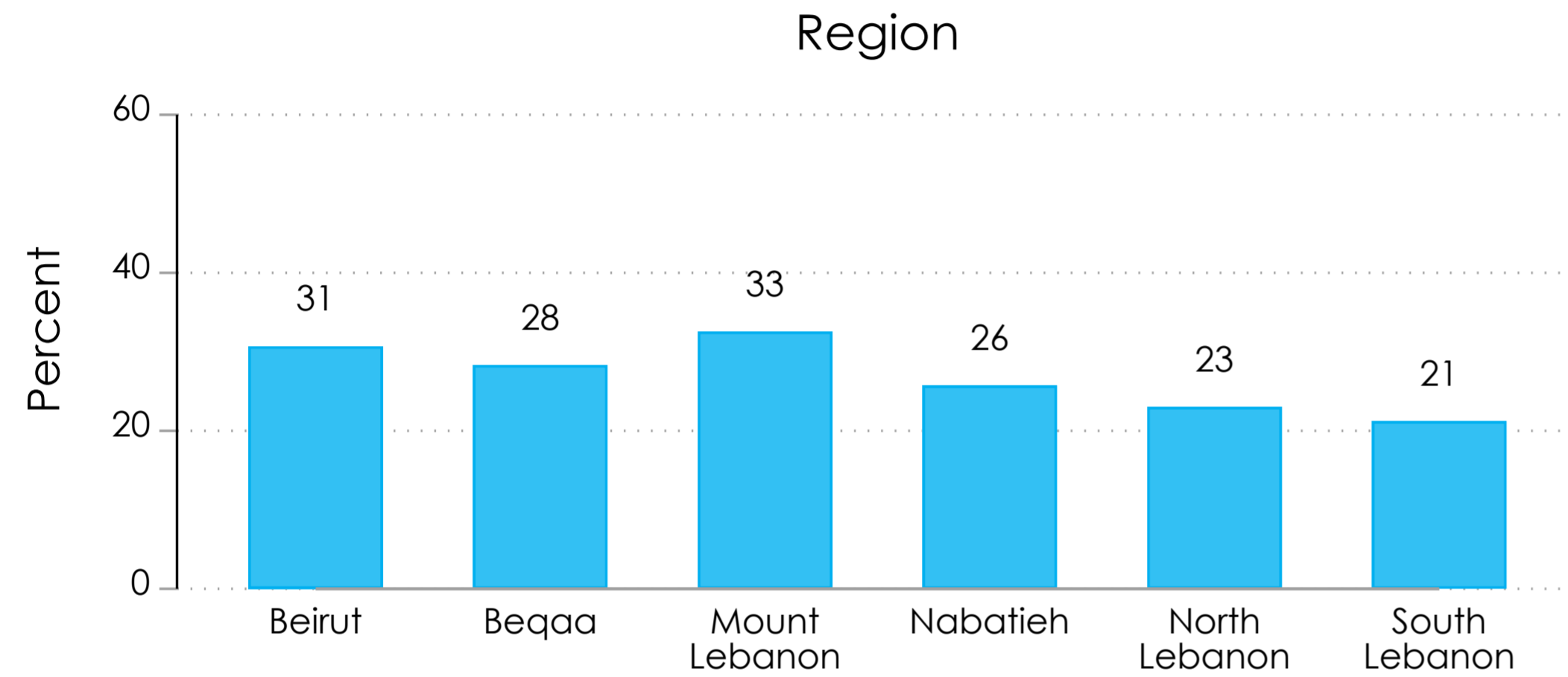
Health workers and take-up: hesitancy also abounds

- 13% of respondents involved in the health sector
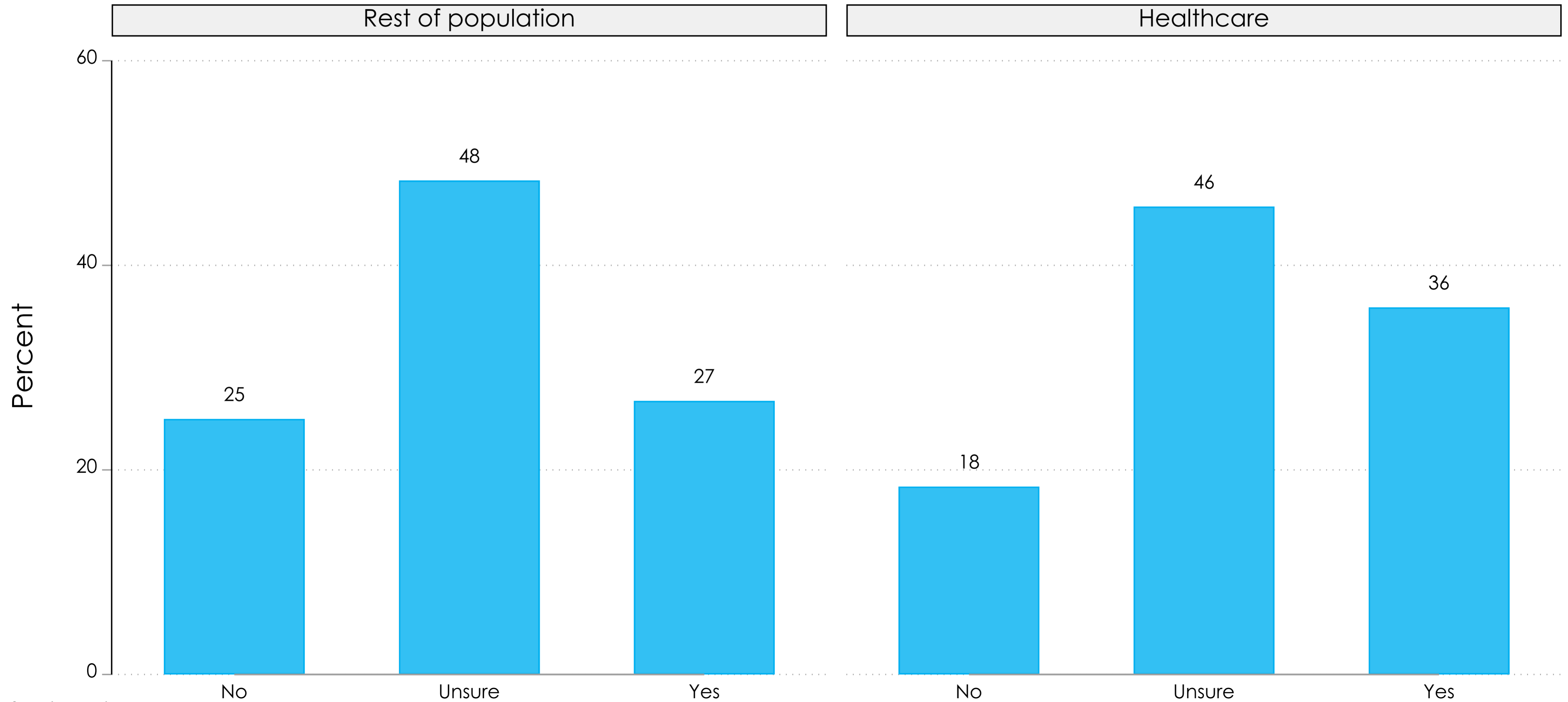
Take-up attitudes, champions and anti-vax groups

I will take the COVID-19 vaccine when it's available

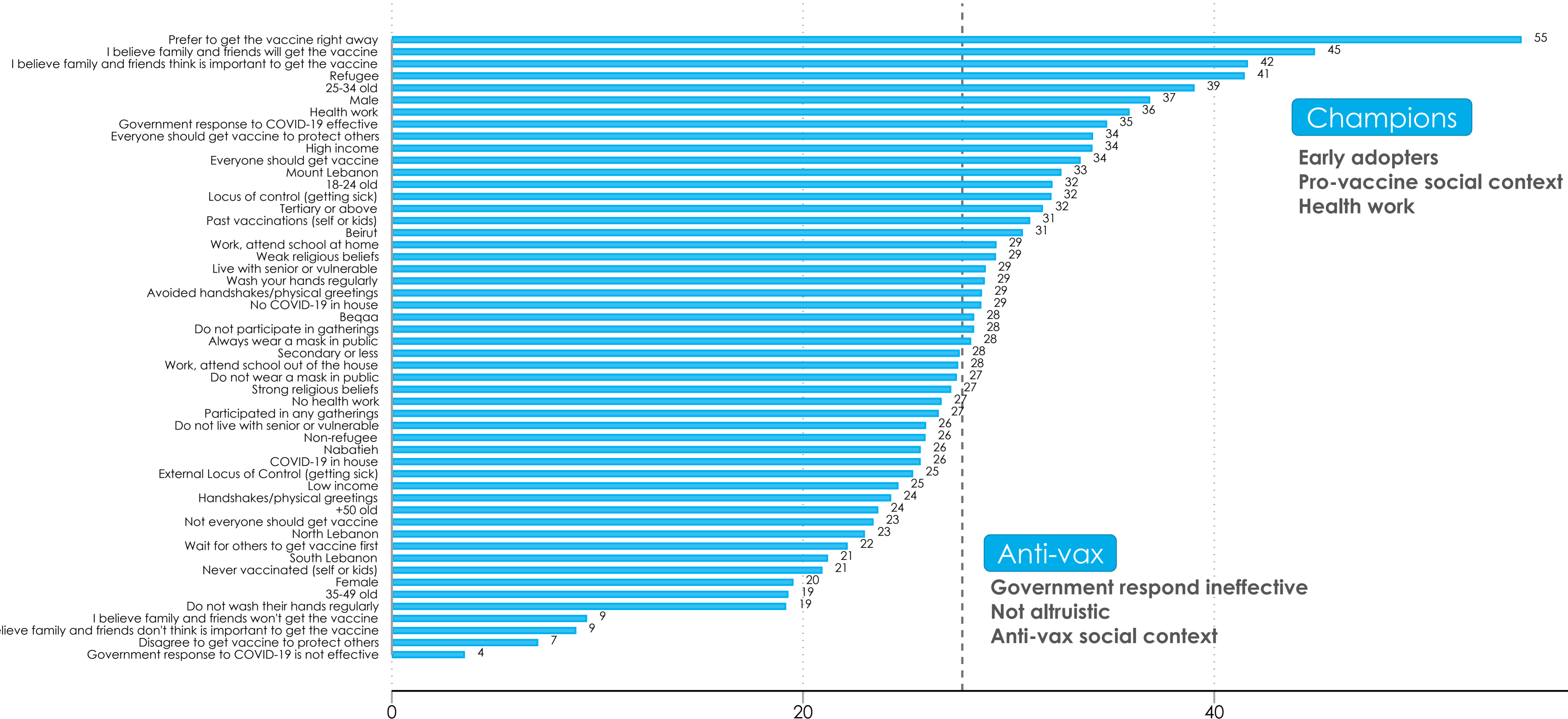| Category	Percent
Prefer to get the vaccine right away	55
I believe family and friends will get the vaccine	45
I believe family and friends think is important to get the vaccine	42
Refugee	41
25-34 old	39
Male	37
Health work	36
Government response to COVID-19 effective	35
Everyone should get vaccine to protect others	34
High income	34
Everyone should get vaccine	34
Mount Lebanon	33
18-24 old	32
Locus of control (getting sick)	32
Tertiary or above	32
Past vaccinations (self or kids)	31
Beirut	31
Work, attend school at home	29
Weak religious beliefs	29
Live with senior or vulnerable	29
Wash your hands regularly	29
Avoided handshakes/physical greetings	29
No COVID-19 in house	29
Beqaa	28
Do not participate in gatherings	28
Always wear a mask in public	28
Secondary or less	28
Work, attend school out of the house	28
Do not wear a mask in public	27
Strong religious beliefs	27
No health work	27
Participated in any gatherings	27
Do not live with senior or vulnerable	26
Non-refugee	26
Nabatieh	26
COVID-19 in house	26
External Locus of Control (getting sick)	25
Low income	25
Handshakes/physical greetings	24
+50 old	24
Not everyone should get vaccine	23
North Lebanon	23
Wait for others to get vaccine first	22
South Lebanon	21
Never vaccinated (self or kids)	21
Female	20
35-49 old	19
Do not wash their hands regularly	19
I believe family and friends won't get the vaccine	9
I believe family and friends don't think is important to get the vaccine	9
Disagree to get vaccine to protect others	7
Government response to COVID-19 is not effective	4

Champions
Early adopters
Pro-vaccine social context
Health work

Anti-vax
Government respond ineffective
Not altruistic
Anti-vax social context

basic framing only

Percent

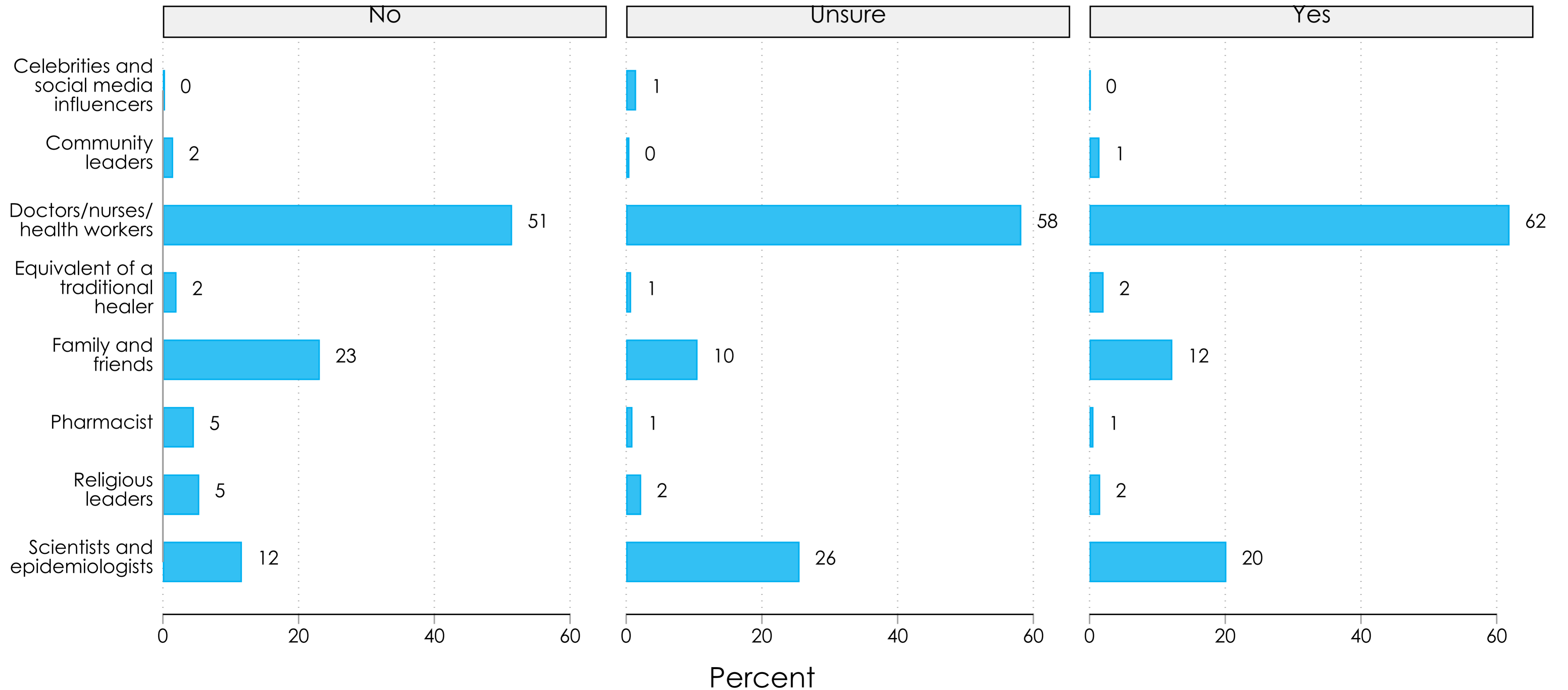# Understanding concerns, information gaps, messengers

Understanding informational gaps that everyone needs

Desired information, by vaccination intent
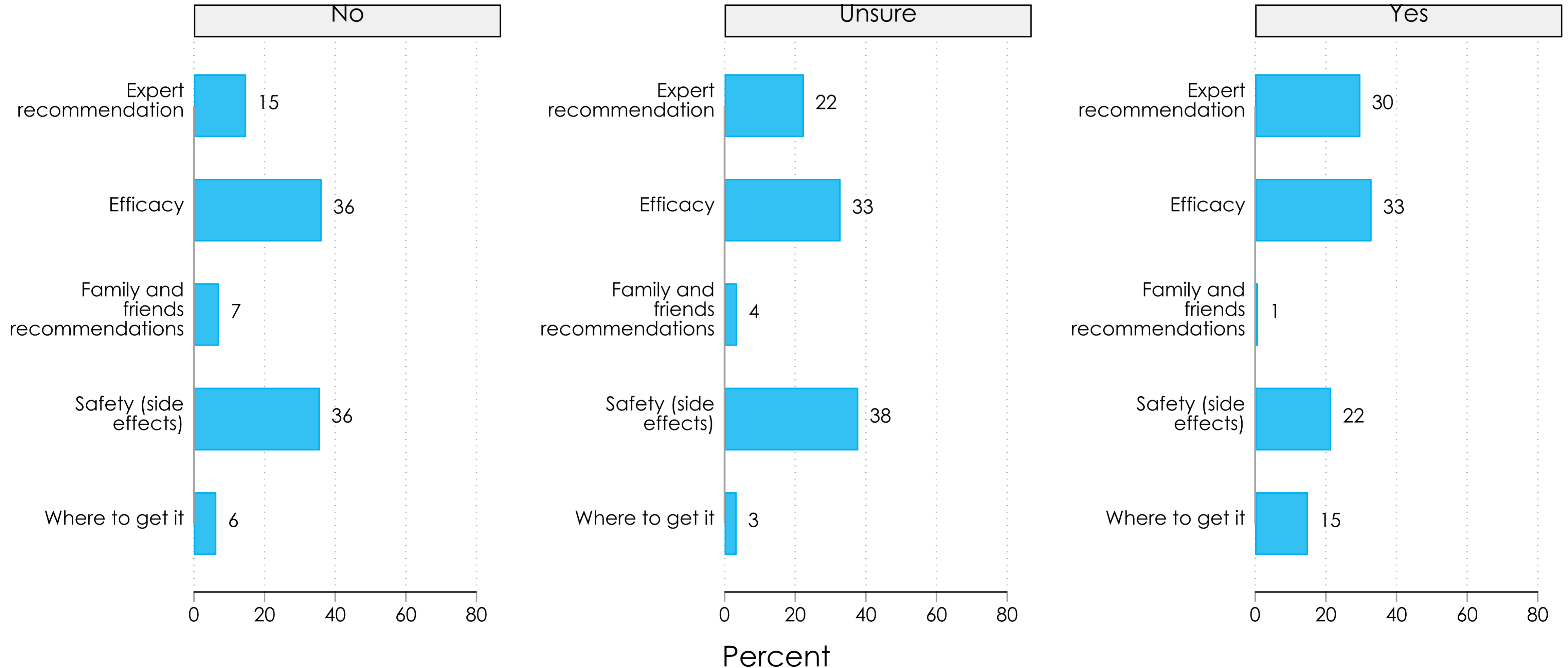
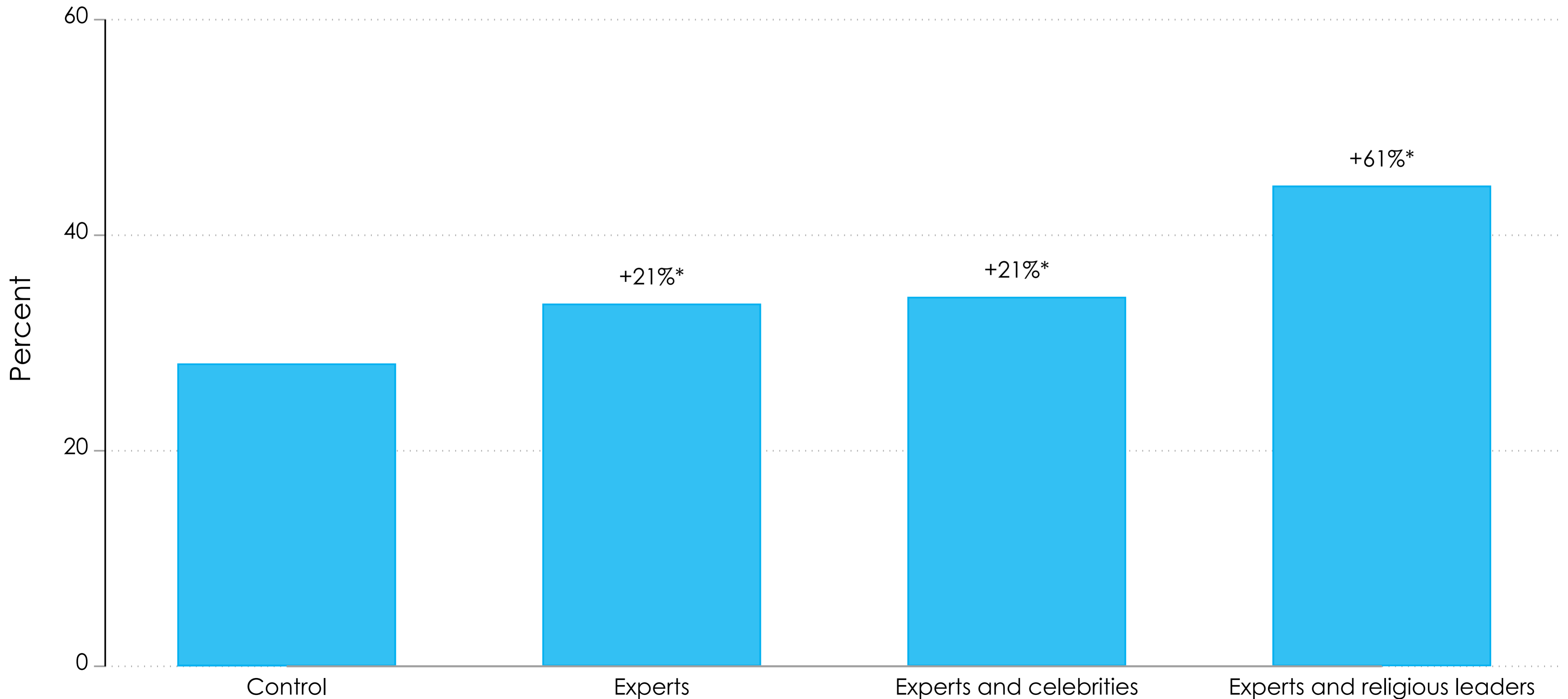# Understanding messengers

Trusted Source for Medical Advice by Vaccination Intention

basic framing only.

Designing effective communication – testing messages and messengers

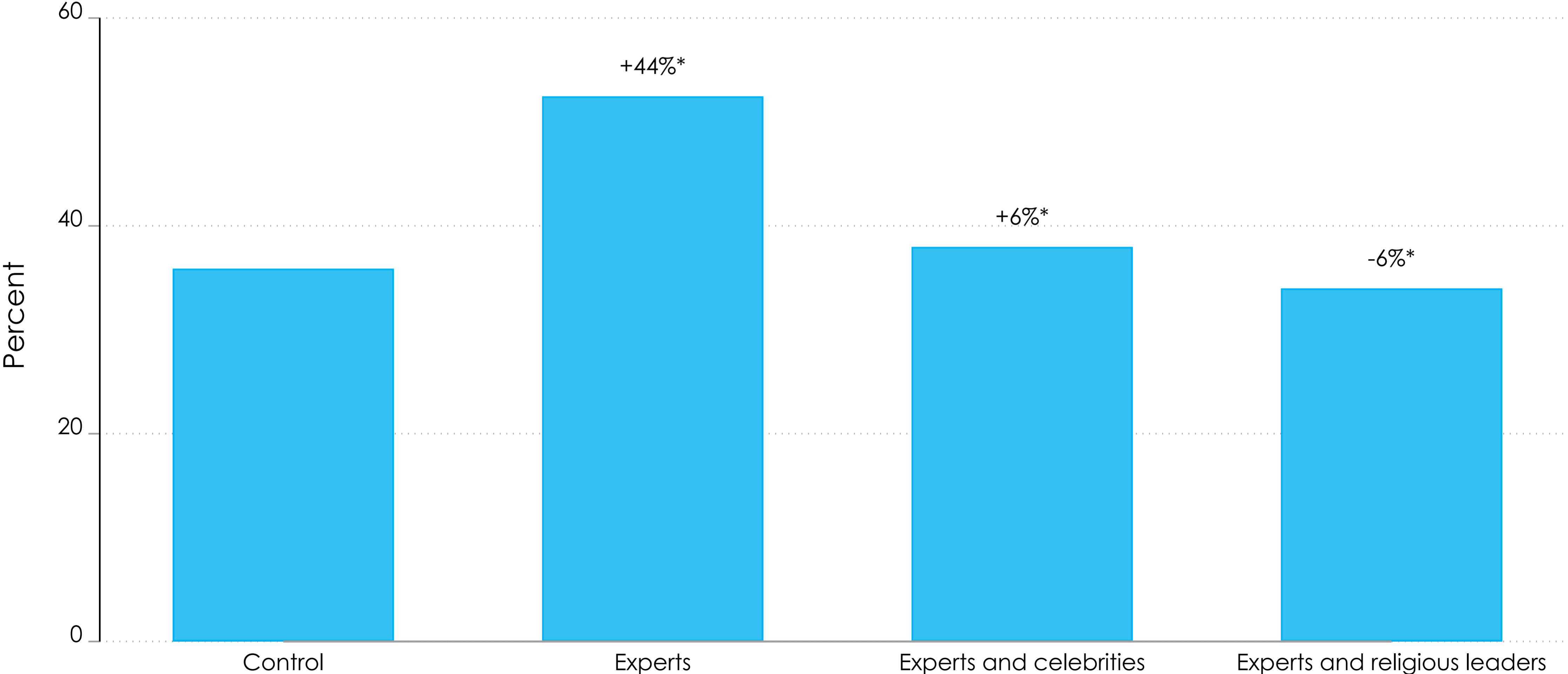# The power of framing – experimental evidence

I will take the COVID-19 vaccine when it's available, by treatment status

* Statistically significant

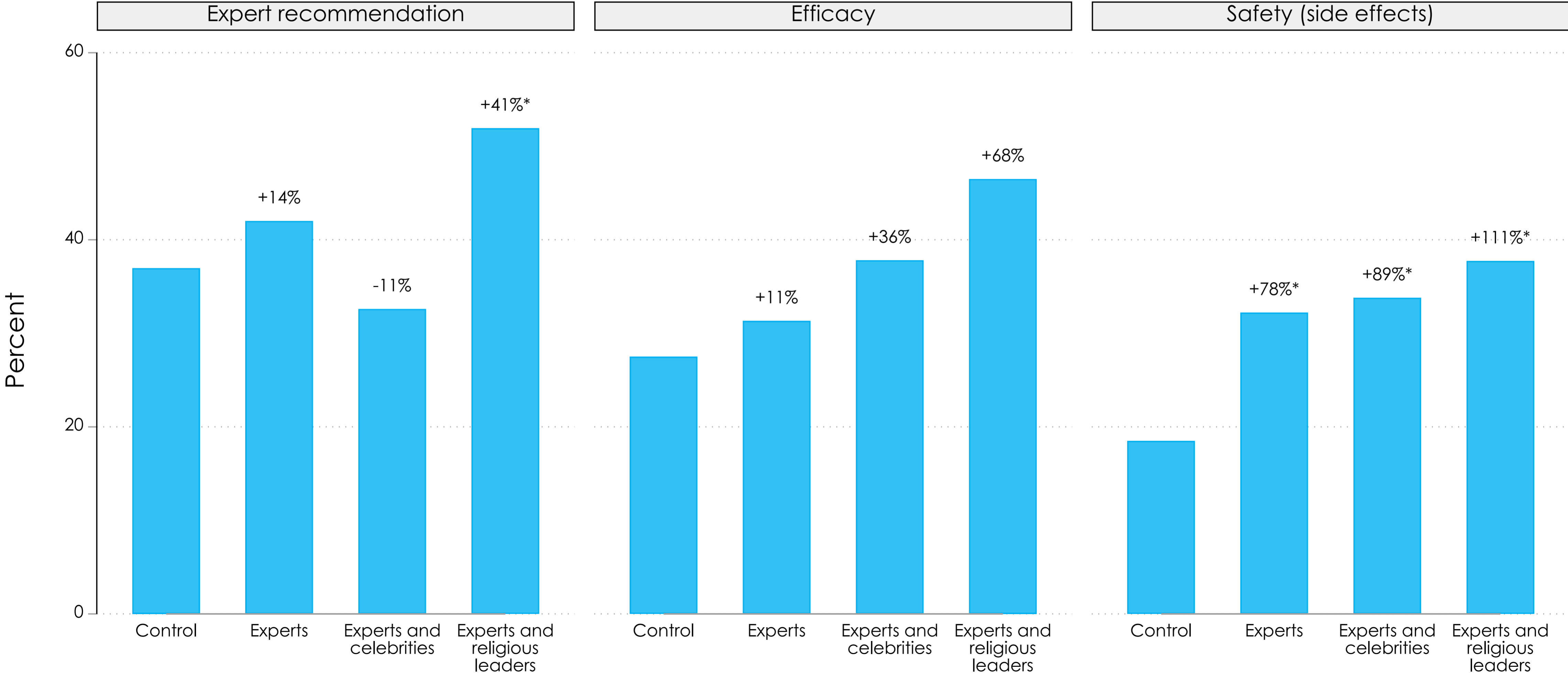# The power of framing – health workers

I will take the COVID-19 vaccine when it's available,
by treatment status (health workers only)

* Statistically significant

The power of framing – desired information

I will take the COVID-19 vaccine when it's available,
by treatment status and desired information

| Expert recommendation | Efficacy | Safety (side effects) |

Percent

Expert recommendation:
- Control
- Experts: +14%
- Experts and celebrities: -11%
- Experts and religious leaders: +41%*

Efficacy:
- Control
- Experts: +11%
- Experts and celebrities: +36%
- Experts and religious leaders: +68%

Safety (side effects):
- Control
- Experts: +78%*
- Experts and celebrities: +89%*
- Experts and religious leaders: +111%*

* Statistically significant

Early lessons so far

Hesitancy abounds

- But driven by meaningful concerns that can be addressed with clear communication

Health workers are humans too (address own beliefs and as trusted messengers)

Communicating behaviorally can have large early effects

- All 3 framings increase the overall effect on the intention to get the vaccine across different countries and population subgroups

Tailor messages and messengers to what people need

- Health workers respond most to information sent by health peers (40%)
- Those concerned with safety respond most to information about safety (up to 111%)

Communicating with personas – design considerations

Safety – use available research on high effectiveness, increasing amounts of safety data from real-world use and trials)

Health workers – use local and international health authorities with clear, consistent, and concise messages; keep them updated with the latest results from real life data on safety and efficacy

Low trust – focus on increase trust and transparency around the development and distribution of vaccine. Focus locally to leverage trusted leaders, institutions, peers and community norms

Unaware/uninformed: Tailor messages using evidence around the science of the virus - presence of antibodies, new vaccine variants and reinfection, benefits of vaccinating for low-risk groups.

Anti-vaxx: Information not enough. Approaches that focus on increasing trust in health institutions and medical practitioners may help.

Champions: provide information to enable them help their networks overcome intention to action gaps (logistics, planning, sign up information).

Scaling

Leverage cost effectiveness and speed of social media platforms

Monitoring and dynamic trends

- Repeat every few weeks
- Weekly take-up intention question to get trends

Real-life testing at scale

- Expand rapid testing of content (messages, audiovisuals)
- Wider national and subnational social media campaigns targeting personas/groups
- Explore various platforms (online and beyond)

Stay Connected

Let's vaccinate together

✉ eMBeD@worldbank.org

🌐 worldbank.org/embed

🐦 #embed_wb

💬 bit.ly/eMBeDNews

WORLD BANK GROUP
Poverty & Equity

eMBeD
Mind, Behavior, and
Development Unit

WORLD BANK GROUP
Health, Nutrition & Population

i2i
DIME
Entertainment
Education

f