

SOUTH AFRICA COVID-19 VACCINE NUDGE STUDY

Executive summary

2022

INTRODUCTION AND CONTEXT

Whilst behavioral nudges and incentives have been shown to be effective in increasing healthy behaviors, there have been limited studies on the effectiveness of nudges and incentives for vaccine uptake in low- and middle-income countries (LMICs), especially in Africa.

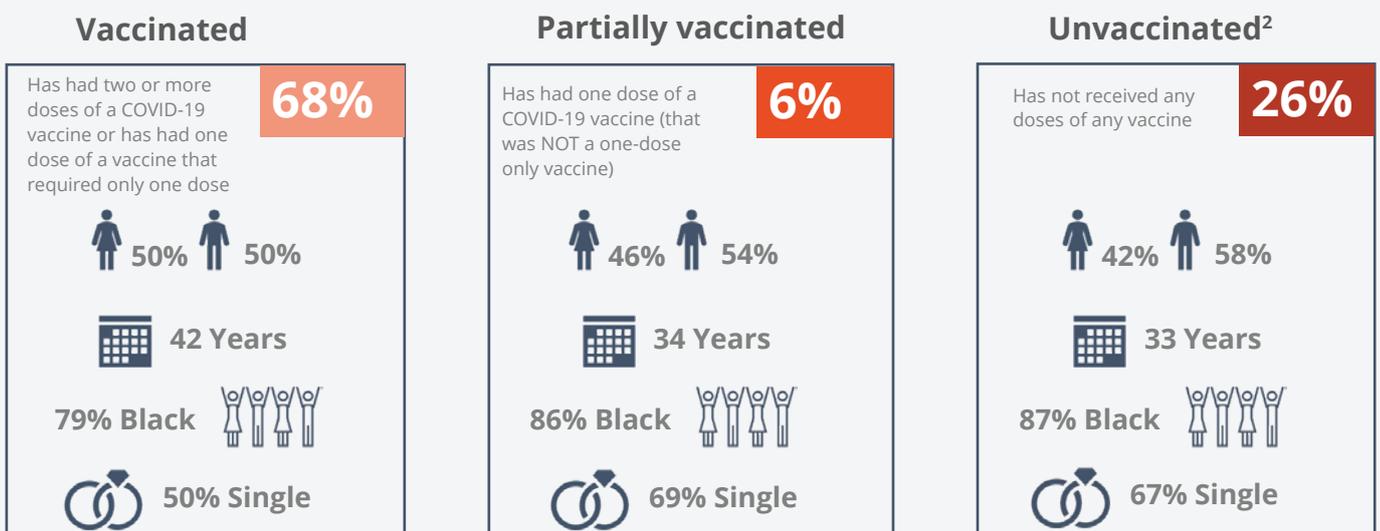
To support the ongoing efforts of the National Department of Health (NDoH) and partners in accelerating the uptake of COVID-19 vaccines, Project Last Mile (PLM) collaborated with Ipsos to undertake the first nationally representative study in South Africa to understand and explore the feasibility of incentive programs and behavioral nudges to improve COVID-19 vaccination rates.

Below is a summary of the approach, key findings, and recommendations from the study. The full, detailed report, including all of the data disaggregated by age, gender, and province, is available to support COVID-19 vaccine demand acceleration strategy and planning. It can be found [HERE](#).

METHODOLOGY

Between March and May 2022, Ipsos conducted a nationally representative telephone survey using Random Digit Dialing (RDD)¹. Setting quotas ensured that the sample reflected the national population distribution based on province, age (within province), and gender (within province).

The final sample size was n=5,000, enabling the disaggregation of findings based on urban and rural populations, the primary language of respondents, and district. The final sample profile was broadly representative of the national population profile on key demographics, including employment status, home language, and religion. In addition, the sample was also disaggregated for respondents reporting their status as undocumented or those living with chronic illnesses.



¹ There are no freely available lists of mobile phone numbers in South Africa and the mobile phone companies also do not sell subscriber lists. To overcome this obstacle, Ipsos uses a process called RDD (Random Digit Dialing), where a computer is programmed with all the prefixes of mobile phone numbers and then selects random numbers to be dialed automatically.

² Best practice is to screen out strong "anti-vaxers" (Est. ~10% of population) for surveys. Therefore, this sample presents higher vaccination rates than the current population; those willing to participate in the survey and not screened out as anti-vaxers."

The survey screened out people who were identified as strong “anti-vaxers” – an estimated 10% of the population – based on findings from other countries that behavioral nudges and incentives are unlikely to be effective for these people. In addition, the vaccine hesitant are often reluctant to respond to surveys about vaccination. As a result, the sample population has a higher proportion of people vaccinated than the general population (68% in the sample vs 46% of the population in July 2022).

The questionnaire covered vaccine related attitudes, beliefs, and behaviors, as well as standard demographic questions for population-based surveys in South Africa. Six nudges to encourage vaccination were tested:

1. Nudge one:

Vaccine reservation: Imagine that a free COVID-19 vaccine was automatically reserved for you at a location near your work or home. You receive an SMS notification of this reservation for your first or next dose.

2. Nudge two:

Time/financial compensation: Imagine that you receive a R100 voucher to compensate you for the time it takes you to get your first or next COVID-19 vaccine dose.

3. Nudge three:

Routine doctor visit: Imagine that you receive your first or next COVID-19 vaccine dose as part of your routine doctor’s check-up, unless you indicate otherwise (opt-out).

4. Nudge four:

Vaccine “passport”: Imagine that you bought tickets to a football match, concert, festival, or another large gathering with your friends and family next week, but unless you are fully vaccinated, you will not be able to go.

5. Nudge five:

Time sensitive and convenient: Imagine a mobile vaccination clinic that is within a five-minute walk of your house and is offering free vaccinations in 15 minutes or less without the need for an appointment.

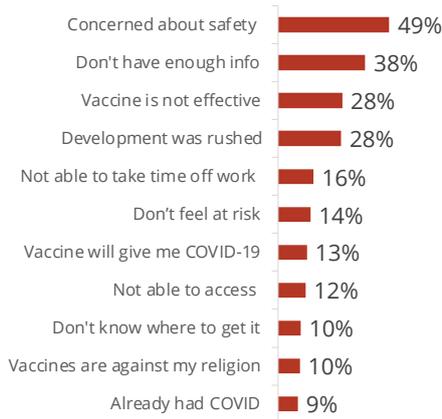
6. Nudge six:

Employer mandated [for labor force only]: Imagine that your employer, or a potential employer, requires all employees to be fully vaccinated against COVID-19.



KEY FINDINGS:

REASONS FOR NOT GETTING VACCINE



POTENTIAL MOTIVATORS FOR GETTING VACCINE



THE VACCINATED AND THE UNVACCINATED:

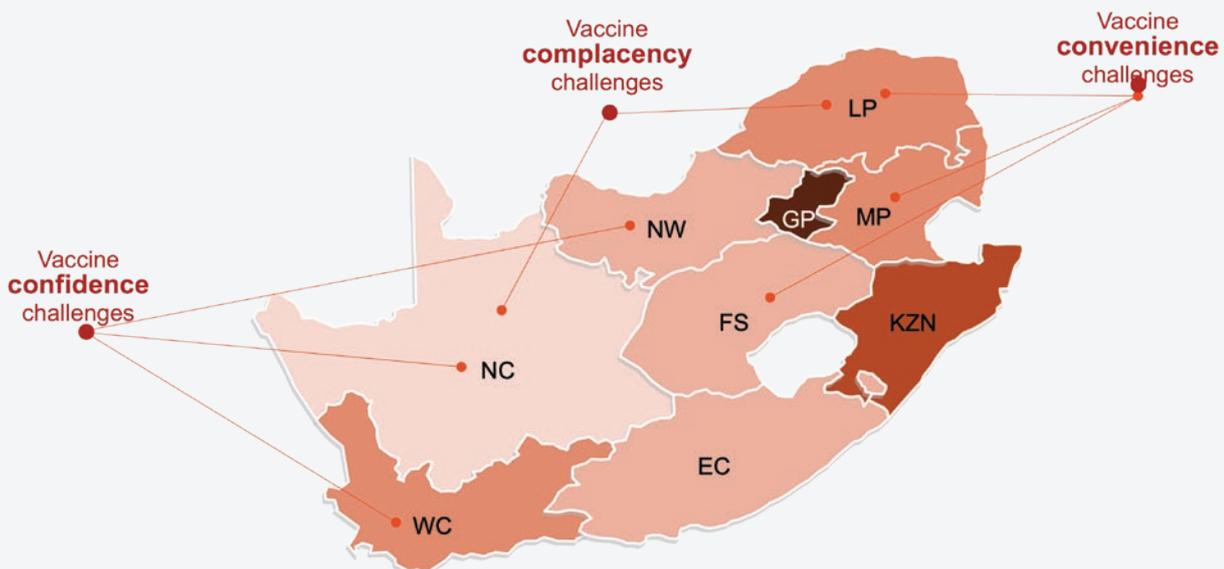


Beliefs and attitudes

For vaccinated and partially vaccinated respondents, primary motivations for getting the vaccine were related to health and safety: specifically, protecting themselves and their families from COVID-19. Approximately half of the vaccinated population got the vaccine immediately.

For those who did not get the vaccine immediately, concerns about safety and lack of information were the primary reasons for delay. In addition, not being able to take time off work and not knowing where to get the vaccine were also cited as barriers. Most partially vaccinated respondents were planning to get a second dose, though their concerns about vaccine safety and ability to take time off led them to delay this.

The unvaccinated perceived COVID-19 as less of a threat to public health than vaccinated respondents. Concern that vaccine development was rushed was often cited as a concern. Approximately half of the unvaccinated population were somewhat likely to get the vaccine, though only a third plan to do so immediately.





THE UNVACCINATED:

Segmentation

The survey data was used to create a segmentation for unvaccinated people that can predict unmet needs, current and future behavior, attitudes towards new options (including nudges and incentives) and expected speed of vaccine uptake. Segmentation analysis groups people based on multiple dimensions of behaviors and attitude, enabling targeted communication strategies to be developed.

The segmentation shows three distinct behavioral subgroups amongst the unvaccinated. A majority are undecided – these are the “vaccine pragmatists”.

1. **Vaccine cynics:** 16% of the unvaccinated population, 4% of total population. Suspicious of the COVID-19 threat and the COVID-19 vaccine, this segment does not trust pro-vaccine messengers.
2. **Vaccine skeptics:** 38% of the unvaccinated population, 10% of the total population. While they are convinced of COVID-19 as a public health threat, this segment is not convinced that they are personally at risk. Skepticism around vaccine safety and efficacy inhibits the perceived benefits and quick uptake.
3. **Vaccine pragmatists:** 46% of unvaccinated population, 12% of total population. Convinced of the COVID-19 threat and the merits of a vaccine, and open to receiving it, but inhibited by practical and logistical barriers. While they have some confidence barriers (e.g. safety and efficacy), their primary barrier is convenience. Cost-benefit analyses of the vaccination process has caused many to delay getting vaccinated.



Meet the segments (Attitudes from unvaccinated respondents)

Confidence barriers exist across all segments to varying degrees, however, the majority of unvaccinated (pragmatists) are more likely to get vaccinated if convenience and complacency barriers are addressed.

	COVID-19 cynics Don't want vaccine	Vaccine sceptics On the fence	Vaccine pragmatists Want vaccine but can't get it
% of population (unvaccinated and total)	16% of unvaccinated population 4% of total population	38% of unvaccinated population 10% of total population	Vaccine pragmatists Want vaccine but can't get it 46% of unvaccinated population 12% of total population
Summary	Strongly hesitant of COVID-19 threat and a COVID-19 vaccine. Mistrust in the vaccine's purpose and advocates means they will be slow to vaccine adoption, if at all. *Note that hard-line anti-vaccination respondents were screened out of this survey.	While they are convinced of COVID-19 as a public health threat, they are not convinced that they are personally at risk. Scepticism around vaccine safety and efficacy inhibits perceived benefit and quick uptake.	Convinced of COVID-19 threat and merits of a vaccine, and open to receiving it, but inhibited by practical and logistical barriers. Cost-benefit analysis of the process could cause uptake delay, though convenience could persuade them.
COVID disease perceptions	Low perceived risk and severity	Low perceived risk and moderate perceived severity	High perceived risk and severity
Likelihood of taking a COVID-19 vaccine	Very Low	Moderately low	High
Speed of uptake	More than a year or never	Wait at least 6-12 months or more	As soon as possible
Perceived ease of getting the vaccine	Very easy (with a subgroup at difficult)	Fairly easy	Very easy
Level of motivation to get the vaccine	Low	Neutral	High
Level of perceptual barriers	Neutral	High	Low
Level of physical barriers	Low	Neutral	High
World Health Organization 3C model	Has confidence barriers	Has confidence and complacency barriers	Has convenience barriers with some complacency



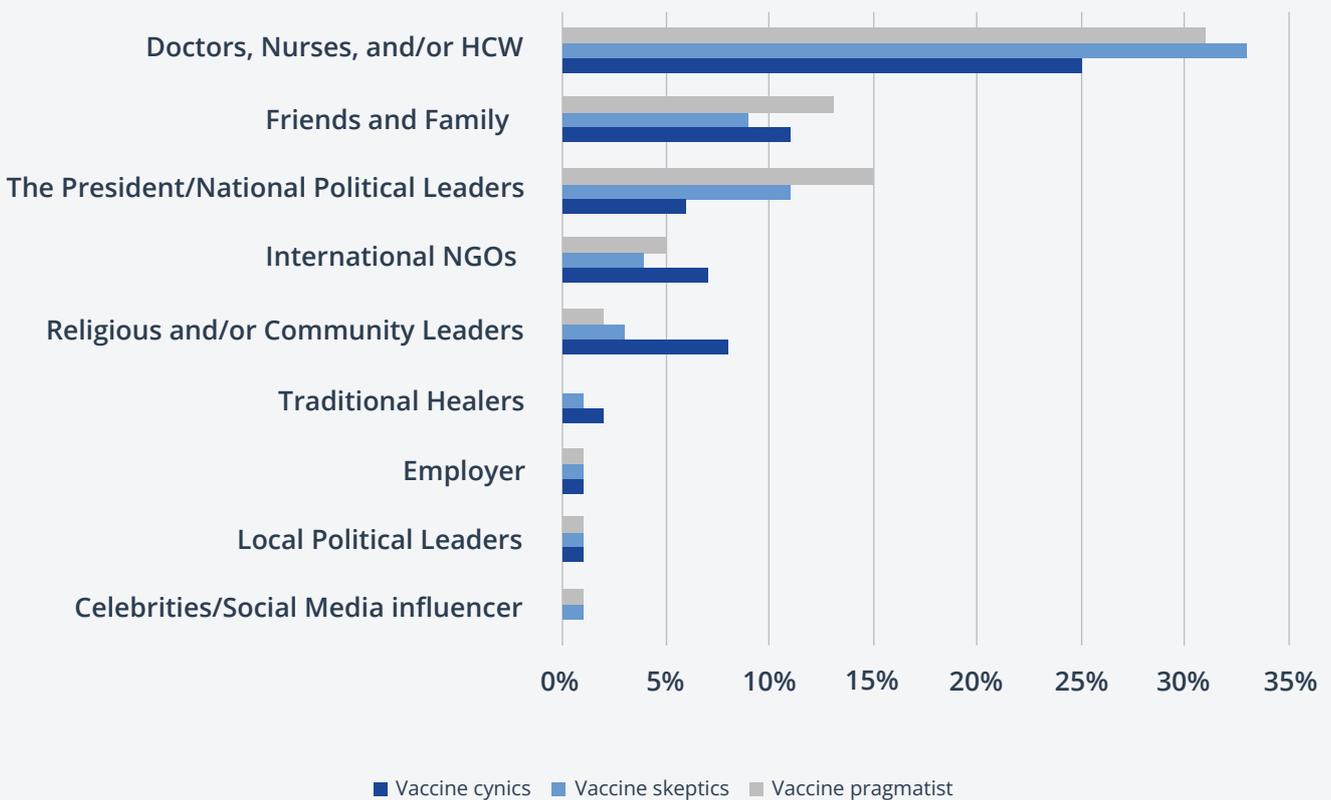
TRUSTED MESSENGERS AND CHANNELS

Key information needs for all groups relate to safety, specifically the length of time of protection conferred by the vaccine, potential side effects of the vaccine, and vaccine safety with regards to underlying health conditions or new variants.

Regardless of vaccination status, respondents noted that the primary ways they received information about COVID-19 were through television and radio. Vaccine pragmatists have high levels of trust in information they receive through mass media, such as television, radio, and newspapers. Social media is highly used but a not highly trusted source of information amongst all groups, with older respondents less likely to source information about COVID-19 from social media.

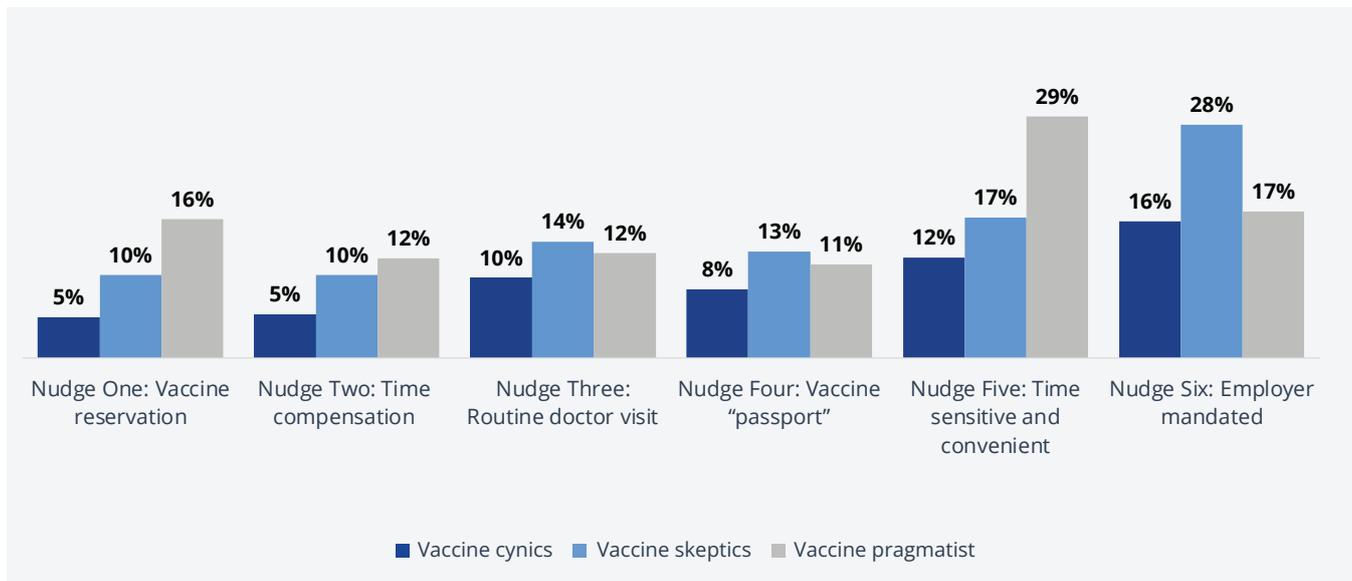
Healthcare professionals are the most trusted messengers, and though the president or national leaders were not cited as a regular source of information, they are also highly trusted. People are also highly influenced by the information and experiences shared by friends, family, and religious leaders. Celebrities or influencers are generally felt to be less trustworthy, particularly among unvaccinated and younger people.

Most trusted messengers of COVID-19 and the vaccine in South Africa



RESPONSE TO NUDGES

The most influential nudge by a substantial margin was Nudge 5: Time Sensitive and Convenient – offering a mobile vaccine clinic with free, speedy vaccination close to home. This was followed by Nudge 6: Employer Mandated – an employer mandated vaccination.



Vaccine cynics tend to not find the nudges convincing and are the least likely to be influenced by them. Vaccine skeptics can be moved through stronger measures or mandates, such as employer requirements and vaccine passports for events. Vaccine pragmatists respond best to nudges that remove physical barriers, such as time and convenience, as well as financial incentives, such as time compensation.

Financial incentives (rewards, vouchers, time compensation) were one of the least influential types of nudges and are likely to deliver the least impact.

- **Works for:** Financial incentives work best for vaccine pragmatists, those employed part-time (voucher only), and those in KwaZulu-Natal province.
- **Doesn't work for:** Financial incentives work least effectively for vaccine cynics, older people, and those who work full-time.

Facilitating convenience (convenience, time saving) are likely to deliver moderate to strong impact, with physical proximity of a vaccine site, such as a mobile unit or near home or work, being the most influential.

- **Works for:** Facilitating convenience works best for vaccine pragmatists, especially regarding vaccine sites near home or work.
- **Doesn't work for:** Facilitating convenience, especially incentives like free transport or fast delivery, is less influential for vaccine cynics, as well as those who work full-time.

"Shoves" and mandates (employer requirements, vaccine passports) are the most effective overall.

- **Works for:** Shoves or mandates work particularly well for vaccine skeptics to help move them past complacency. They also work best with a younger population and in the Free State province.
- **Doesn't work for:** This would not convince vaccine cynics to get vaccinated and would be less

RECOMMENDATIONS

The study offers some clear pathways for reaching unvaccinated populations who fall into the “vaccine skeptics” and “vaccine pragmatists” segments. These are summarized in the table below.

	<i>Vaccine cynics</i>	<i>Vaccine skeptics</i>	<i>Vaccine pragmatists</i>
Utilizing information sources with high trust/reach	Low general trust. Highest trust in healthcare providers and national or local political leaders.	Moderate general trust. Highest trust in healthcare providers.	Moderate general trust. Highest trust in healthcare providers.
Leveraging existing motivation	Need to fundamentally shift their perspectives on the seriousness of COVID-19 by undercutting rumors as a source of information and relaying messages about the direct impact of not getting the vaccine, e.g. inability to return to work.	Provide story-based examples to challenge social norms and demonstrate that the vaccine is safe and side effects are minimal. Use healthcare workers to emphasize the safety of the vaccine.	Emphasize information delivered by healthcare workers about the safety and efficacy of the vaccine and focus interventions on increasing and communicating convenience. Mandates and financial compensation could also be used to amplify response.
Overcoming Barriers	Provide information on vaccine development, safety, efficacy, and case studies on people like them who ultimately decided to get the vaccine. Promote employer mandates for vaccines.	Provide clear messages on the safety of the vaccine and information on vaccine development, safety, and efficacy. Encourage more mandates at events and places of employment.	Emphasize convenience, low time commitment and free cost of vaccination, and share more information on access points. Provide clear messages on the safety of the vaccine.
Most Impactful Nudges	None.	Mandates Financial incentives (to reduce time and cost barriers).	Time/convenience Mandates Financial incentives (to reduce time and cost barriers).
Other	Considering the low perceived risk of COVID-19, focus on risk, personal benefit, and making people feel heard.	Leverage concern for community and family to demonstrate their individual and community risk.	Focus more on logistics than messaging. Highlight the cost-benefit of getting vaccinated.

ACKNOWLEDGMENTS

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Project Last Mile is a multi-sector partnership improving lives by sharing the core strengths of the Coca-Cola system to support ministries of health to make life-saving medicines within reach of every person and motivate people to seek health services. This pioneering partnership between the President's Emergency Plan for AIDS Relief (PEPFAR), USAID, The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), The Bill & Melinda Gates Foundation, The Coca-Cola Company and The Coca-Cola Foundation supports ministries of health in more than 14 African countries. For more information, visit projectlastmile.com.

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