

A test of trust: Insights on South Africans' views of the COVID-19 vaccine from public opinion data

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Key findings

- *Roughly one in three South Africans would not accept a COVID-19 vaccine if it was offered to them. This is an obstacle for efforts to reach population immunity.*
- *Vaccine sceptics should be informed, not ostracised. This requires a strategic approach to the messaging around the vaccination campaign.*
- *Public broadcast media, trusted and reaching millions in all national languages, remain underutilised. Civil society organisations should leverage their networks to combat misinformation.*
- *Greater government transparency will boost public confidence in the vaccination programme.*

Summary

South Africa has been devastated by the COVID-19 pandemic. Over 1 million cases have been recorded, millions more have lost their livelihoods, and tens of thousands of people have succumbed to the disease. Scientific consensus suggests that vaccination appears to be the only viable route to a

sustainable recovery. But questions remain: How many South Africans would take an approved COVID-19 vaccine if it was offered to them? Why would someone not accept the vaccine? How can the state and civil society improve public confidence in the vaccination programme? This policy brief provides some tentative answers to these questions using public opinion data from several surveys.

While the data is limited, available surveys suggest that around one-third of adults would not take a COVID-19 vaccine. Many cite concerns over side effects and doubt the efficacy of vaccines. To reach a substantial degree of population immunity, the state and civil society will have to improve public confidence in a mass vaccination campaign. This policy brief recommends greater use of the media, particularly the SABC, to convey information in multiple languages to allay concerns about vaccines, as well as increased government transparency relating to the efficacy of vaccines. Additionally, the role of civil society will become critical in combatting misinformation about mass vaccination.

Introduction

There is a general scientific consensus that mass vaccination, at a national and global level, is the only reliable means to overcome the threats posed by the COVID-19 pandemic. However, vaccine hesitancy, a term used to describe the 'reluctance or refusal to vaccinate despite the availability of vaccines', was listed among the World Health Organisation's (WHO) top ten threats to health in 2019.¹ As South Africa embarks on its somewhat delayed mass vaccination programme, several important questions are worth asking: What share of South Africans would be willing to take an approved COVID-19 vaccine if it was made available to them? What are some of the reasons why South Africans might be hesitant to take a COVID-19 vaccine? What are the causes of vaccine hesitancy? How can the state and civil society build public trust in the vaccination programme?

This policy brief attempts to answer these pertinent questions with insights from public opinion surveys that were conducted in recent years. In the three sections of the survey results, this policy brief outlines South Africans' opinions on COVID-19 vaccines, the difference between vaccine hesitancy and anti-vaccination sentiments, and several proposals to improve public confidence in the COVID-19 vaccine.

South Africa began the long process of mass vaccination in February 2021. This marks the start of one of the greatest logistical endeavours in the country's history which will be rolled out over many months. The exact length of time remains unclear. As of February, the South African government procured 9 million doses of the Johnson & Johnson vaccine, 12 million doses from the global Covax facility, 1.5 million doses of the AstraZeneca vaccine from the Serum Institute in India and 20 million doses of the Pfizer/BioNTech vaccine. Most of these shipments are due to arrive in South Africa in the course of the second quarter of the year.² The first South African to be vaccinated against COVID-19, along with the president, received the Johnson & Johnson jab on 17 February 2021³ which was the first vaccine to arrive in South Africa. At the end of February 2021, over 70 000 healthcare workers in the public and private sectors had been vaccinated.⁴

Methodology

This policy brief draws on a range of data sources for its analysis. For the section referring to public opinion on taking a COVID-19 vaccine, this paper uses data from international surveys conducted by Ipsos⁵ and a national survey conducted by the Human Sciences Research Council (HSRC) and the University of Johannesburg (UJ).⁶ For public opinion data on South African's trust in media, institutions and other groups, data was sourced from the South African Reconciliation Barometer (SARB).⁷

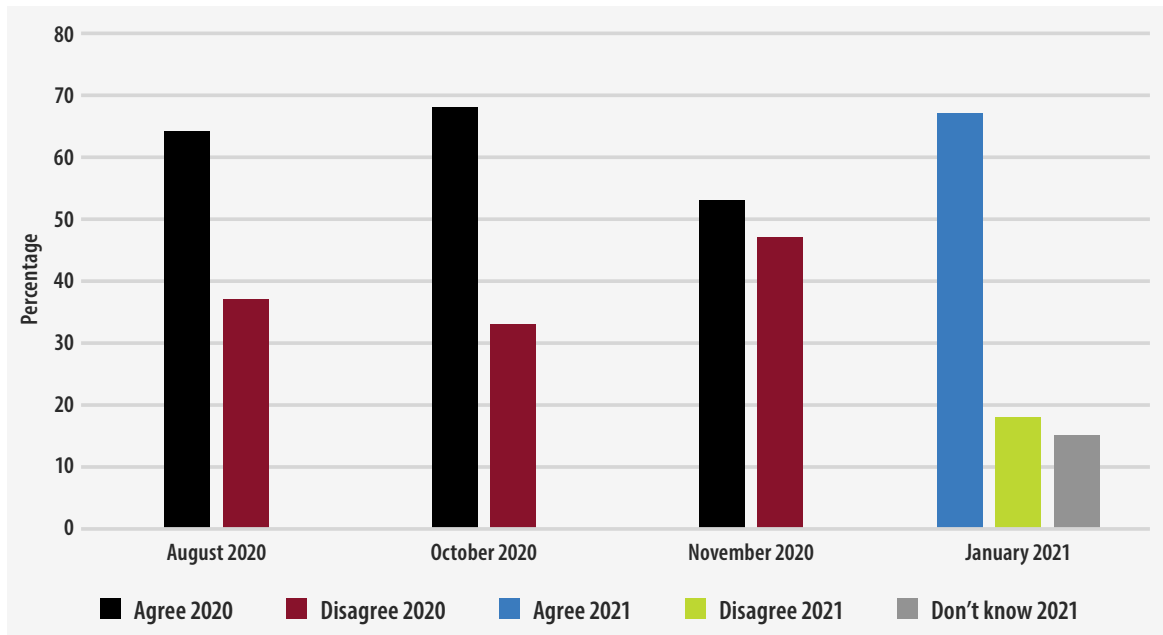
Although all the data sources are public opinion surveys, each survey differs substantially in its methodology and sample from the others. The Ipsos data is the least representative of national public opinion, as the sample includes only roughly 1 000 online respondents and is therefore likely to skew towards a more educated and urban respondent. The HSRC and UJ survey is slightly more representative than the Ipsos survey, as it uses a larger sample of South Africans and the data has been weighted according to core variables. However, the data was gathered using a social media messaging platform for mobile phones and the margin of error and confidence level in the results was not disclosed. Finally, the SARB survey is the most representative survey of the three as it was conducted using face-to-face interviews in all nine provinces in multiple languages, and the sample was selected and weighted according to key population variables. The SARB survey has a 95% confidence level and a margin of error of 2%.

Survey results

1. Vaccine confidence and hesitancy

How many South Africans would accept an approved COVID-19 vaccine if it was made available to them? Although the data is imperfect, public opinion surveys from Ipsos in the second half of 2020 suggest that around two-thirds of South Africans would get a COVID-19 vaccine if it was available to them (Figure 1). It is quite concerning to note that the share of respondents who agreed to receive the vaccine had dropped to just over half (53%) by December 2020. Data from a survey conducted in January 2021 by the HSRC and UJ, which is more nationally representative than the Ipsos data, suggests that 67% of South Africans would agree to be vaccinated, less than a fifth (18%) would not want to be vaccinated, and a sizeable minority (15%) reported not knowing their decision.

Figure 1: Share of South Africans who would accept a COVID-19 vaccine if it were made available

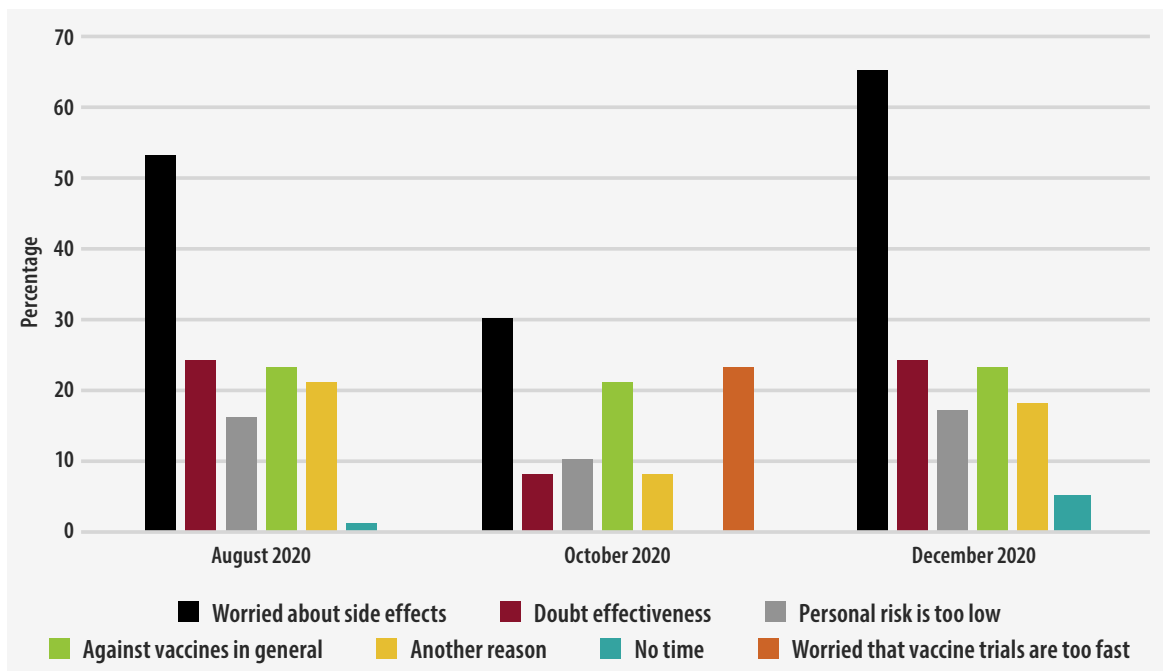


Source: Ipsos surveys, 2020; HSRC and UJ survey, 2021⁸

South African epidemiologists and the government have suggested that to achieve a minimum degree of population immunity, a situation whereby transmission of the virus and the widespread effects of the disease are minimised, at least 67% of the population would have to be vaccinated.⁹ Due to South Africa's relatively young population,¹⁰ achieving

population immunity would require that nearly the entire adult population be vaccinated. If nearly all adults in South Africa need to be vaccinated to achieve population immunity and only around 67% of adults are willing to take the COVID-19 vaccine, both the state and civil society will need to build public trust in vaccination to overcome the pandemic.

Figure 2: Reasons for not taking a COVID-19 vaccine among South Africans



Source: Ipsos surveys, 2020¹¹

If a vaccine was approved and available, what are the main reasons why a South African might be hesitant to take it? Data from the Ipsos surveys in 2020 suggests that many South Africans who are hesitant to take COVID-19 vaccines are worried about their side effects; this share fluctuated between 53% of hesitant respondents in August 2020, 30% of respondents in October 2020, and nearly two-thirds of respondents in December 2020 (Figure 2). Other reasons for being hesitant to take a vaccine include respondents' doubts over the effectiveness of the vaccine, a general distrust of vaccines, and the perception that the respondents' personal risk is too low. In the October 2020 survey, Ipsos data shows that nearly a quarter of South African respondents (23%) were concerned that the vaccine trials had been completed too quickly.

The 2021 survey from the HSRC and UJ also asked respondents who were hesitant to take the vaccine for their reasons (Figure 3). Similar to the results from the Ipsos surveys (Figure 2), the primary cause among a quarter of all hesitant respondents was concern over side effects (25%), while nearly one-fifth of hesitant respondents (18%) doubted the effectiveness of the vaccine. Figure 3 shows several concerning findings: 14% of hesitant respondents were generally distrustful of vaccines and 7% were categorised as providing conspiratorial concerns.

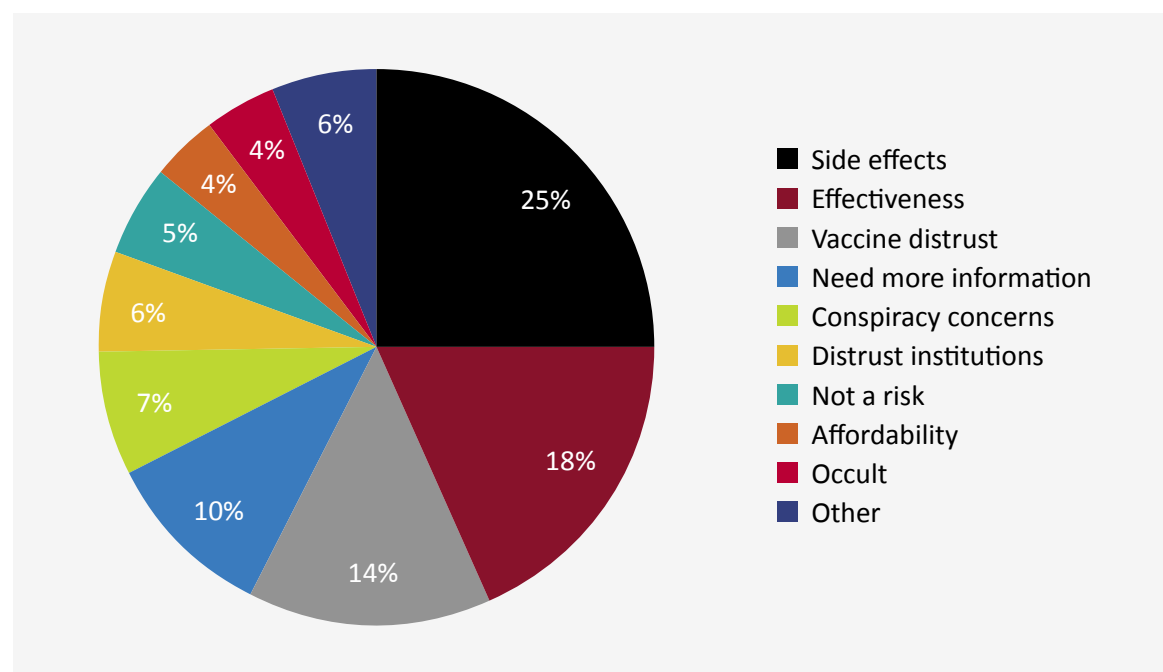
Additionally, Figure 3 demonstrates the need for greater awareness of how the mass vaccination programme will operate, as nearly 10% of hesitant respondents believed they were either not at risk, indicating a lack of understanding of the threat of COVID-19, or were concerned about the affordability of the vaccine, which will be distributed free of charge to all residents when necessary.

Although the available data on South Africans' public opinion on taking or refusing COVID-19 vaccines is imperfect, the available data suggests there is a sizeable minority (potentially a third of adults) who would not accept the vaccine if it were offered to them. This is a worrying finding for South Africa's prospects of achieving a degree of population immunity by the end of 2021. If nearly the entire adult population needs to be vaccinated to achieve population immunity, more South Africans need to be convinced of the benefits of taking a COVID-19 vaccine.

2. Hesitancy or conspiracy?

Scepticism of vaccines is almost as old as vaccination itself.¹³ When vaccination against smallpox was made compulsory in England in the nineteenth century, critics formed organisations to spread disinformation and fear about taking vaccines. While nineteenth-century vaccination

Figure 3: Reasons for not taking a COVID-19 vaccine among South Africans



Source: HSRC and UJ surveys, 2012¹²

was considerably more dangerous than vaccinations today, the arguments against vaccination in the twenty-first century are not wholly different to those advanced in the nineteenth century, despite superior scientific testing, levels of public education and access to information.¹⁴ During the COVID-19 pandemic, several public figures in South Africa, including the chief justice of the Constitutional Court,¹⁵ have shared conspiracy theories concerning the vaccine, and the governing party's Youth League has falsely claimed that COVID-19 can be treated by inhaling steam.¹⁶ The variety of sources for misinformation concerning both COVID-19 and vaccines is indicative of how widespread these perceptions are in the public domain, across demographics of age, education, gender and race.

To build public trust in the vaccine rollout, it is important to distinguish between the share of people who are hesitant of taking the vaccine and those who believe that vaccines are being used for nefarious purposes.¹⁷ The former might have reasonable explanations for their trepidation, including the extraordinary speed of the vaccine development, the emerging yet limited efficacy data from various trials, or concerns about potential side effects. The latter group is more likely to have been influenced by unfounded conspiracy theories or other unsubstantiated concerns. To group people who might be vaccine hesitant along with those who might be anti-vaccination is to elide the nuances of public perceptions regarding vaccines.¹⁸

Another caveat to the public opinion data available on South Africans' willingness to take a COVID-19 vaccine is that public opinion polling presents merely a snapshot of views that are dynamic and subject to change, especially regarding a relatively unknown process such as mass vaccination.¹⁹ Respondents' views could change over time as more information and efficacy data become available, or even as the vaccination programme expands. Public opinion data regarding the perceived threat of COVID-19 suggests that people are more likely to take the risk of infection seriously if they know of someone who has had a severe illness.²⁰ A similar trend could be observed with attitudes to vaccination: someone who is currently vaccine hesitant might be more willing to take the COVID-19 vaccine if they know of someone who has already been vaccinated. In short, public opinion on the COVID-19 vaccine is highly subject to change and it is far too early to make definitive proclamations. Moreover, the available public

opinion data has yet to measure citizens' opinions of the vaccine since vaccinations started in South Africa when the president and health minister were vaccinated.

However, South Africa cannot afford to be complacent regarding the public uptake of the vaccine. The country has recorded over 1 million confirmed cases of COVID-19, with over 45 000 confirmed deaths.²¹ The recorded instances for COVID-19-related deaths is likely to be far lower than the true number, as testing for the disease is still limited to those with the means to pay for private testing or those who present symptoms at a health facility. The excess deaths for 2020, a measure of mortality above the observed average for a year, was exceptionally high at over 125 000, and health experts have suggested that much of the excess mortality will have been caused by unrecorded COVID-19 deaths.²² Moreover, the coronavirus variant first identified by South African scientists, 501Y.V2, is considered to be substantially more infectious than the original virus and is widespread across the country.²³ The pandemic and the strict national lockdown has wrought economic devastation in a country where levels of unemployment, poverty and inequality were already exceptionally high.²⁴ Mass vaccination appears to be the only viable route to a post-COVID recovery. South Africans who might be hesitant to take a COVID-19 vaccine can be convinced of the safety and efficacy of vaccination, while those who believe that vaccines are part of conspiracy should be engaged and provided with consistent and accurate information.

3. Public trust and vaccine confidence

What can be done to improve public confidence in vaccination? Several interventions, some of which are already underway, could potentially do so. Three are identified here, namely:

1. Improve the state's use of radio and television to inform the public about the vaccine.
2. Encourage civil society to share information and counter misinformation about the vaccine.
3. Maintain transparency regarding the efficacy, shortcomings, and capacity of the vaccination programme.

Although there are a variety of reasons for someone to be hesitant about taking a vaccine, many of the justifications stem from a lack of trust, whether in the government, scientists, pharmaceutical

companies or a combination of these sources.²⁵ Public trust in a vaccination programme is critical to its success and demonstrates why public health programmes often incorporate social science research to ensure that pharmaceutical interventions are successful.²⁶ More broadly, public trust is a crucial component of building a more inclusive and cohesive society.²⁷ Data from the SARB, a nationally representative public opinion survey on social cohesion and governance, shows that most South Africans do not have a high degree of trust in public institutions, including the national government, parliament, or even services such as the police.²⁸ Moreover, SARB data reveals that South Africans are much more trusting of people closest to them (e.g. relatives) than of individuals who are different from them, such as people of different race or linguistic groups.²⁹ South Africans' perception of the threat of COVID-19 and the efficacy of the vaccine is mediated by their trust in the sources of information.

How can public trust in the vaccine be improved? There are two suggestions influenced by the SARB data on trust in the state and interpersonal trust which could potentially improve vaccine confidence, and a third which relates to transparency.

Firstly, regarding South Africans' trust in state authority, it is unlikely that there will be a considerable improvement in public trust within the immediate timeframe of the vaccination programme. Instead, the state should prioritise informing the public about the nature, safety and efficacy of the vaccine through the media. Numerous sources suggest that the most popular media formats in South Africa are radio and television, and SARB data suggests that these two formats are also the most trusted sources for South Africans to receive information.³⁰ Online sources of information are the least accessed by South Africans and also considered to be the least trustworthy.

Of all the institutions listed in the SARB survey, only one is trusted by a majority (more than half) of respondents – the South African Broadcasting Corporation (SABC).³¹ The SABC is the largest broadcaster in South Africa, as its radio and television stations reach millions of people every day. Importantly, the SABC broadcasts in multiple languages, reaching an audience who might not ordinarily interact with the dominant English-language media landscape. As suggested in an earlier policy brief near the beginning of the

national lockdown,³² the state must utilise the media, particularly the SABC network, to spread information about the vaccine, how the vaccination programme will operate, and dispel any myths relating to the disease or vaccine. It is also important to ensure that information relating to the vaccine is accessible and intelligible in all South African languages, as English tends to dominate scientific discussions. Conversely, the state must ensure that online disinformation is limited and refuted.

Secondly, the responsibility for informing the public about the benefits and efficacy of vaccination should not solely lie with the state. Civil society, broadly defined to include the media, academia, organised labour, faith-based institutions and the private sector, will have to play a critical role in building vaccine confidence in South Africa. Organisations with large membership numbers will need to take the initiative and inform their members about the efficacy of vaccination and prevent the spread of misinformation or conspiracy regarding the vaccine. Businesses should inform staff about the vaccination programme and ensure that employees have access to accurate information.

As the SARB data reveals, respondents are much more likely to trust people who are close to them and word of mouth is a popular and respected form of information transmission. Much of the misinformation regarding COVID-19 and the vaccine has been spread via messaging platforms, such as WhatsApp, between individuals who know each other. Due to the high levels of trust between family members and friends, information shared between them is likely to have greater credence for the recipient. Although misinformation is widespread on these platforms, social media will be critical to share positive stories of successful vaccination with family members and friends.

The third means to boost public confidence in the vaccine relates to transparency. Since March 2020, when the first confirmed case of COVID-19 was identified in South Africa, President Cyril Ramaphosa has frequently delivered live updates to the country regarding the scale of infections and changes to the national lockdown restrictions. Although Ramaphosa initially earned public praise for the state's proactive response to the spread of the virus, he has been criticised for not including queries as part of these addresses.³³ Members of the media and the public at large have not been allowed to engage sufficiently with the president on

issues relating to the lockdown, particularly the heavy-handed enforcement of regulations by the police, widespread corruption relating to the procurement of personal protective equipment, or the government's efforts to procure vaccines. The state has not been sufficiently transparent with citizens on a range of issues. To restore public trust in the government's vaccination programme and to assuage public doubts around the vaccine, the state must be more transparent, especially relating to the vaccine. It could only be for the public benefit for more people to be aware of the efficacy of various vaccines, the approval process conducted by the South African Health Products Regulating Authority, and any potential data limitations related to the vaccine. Much of this discussion occurs in English-language media online or in print, but broadcast media are much more likely to reach a wider audience.

Finally, it is important to acknowledge that on the day of the first COVID-19 vaccinations in South Africa, both President Ramaphosa and Minister of Health, Dr Zweli Mkhize, were vaccinated along with several health workers. The president's decision to be among the first vaccinated South Africans was intended to show his personal confidence in being vaccinated and encourage others to be vaccinated. On vaccination, the state has been guided by medical experts and emerging data and much of the official messaging is clear in its support for mass vaccination. As with many issues during the pandemic, the South African government has attempted to save lives through its interventions, but there are areas where the state – and civil society – can enhance their efforts, particularly relating to vaccination.

Conclusion

Although the available data is limited and public opinion is highly susceptible to changes over time, there is clearly a sizeable minority of South Africans who are hesitant to take the COVID-19 vaccine if it is made available to them. How can the state and civil society attempt to build public trust in the COVID-19 vaccine, to ensure that as many people as possible are protected from illness and to create a degree of population immunity?

Firstly, it is critical to note that not every person who is hesitant of accepting the vaccine is unreasonable or a conspiracy theorist and it is both unwise and impractical to dismiss their concerns. Many respondents from the available

public opinion surveys suggest that they have concerns relating to potential side effects from the vaccine or doubt its efficacy. These are not unreasonable concerns, especially for a vaccine that was developed and rolled-out very recently and with extraordinary speed. New data from vaccine trials and vaccination programmes is emerging continually, but in many countries where a significant share of the population has received some vaccine protection, the results from vaccination are overwhelmingly positive. Hospital admissions relating to COVID-19 in Scotland³⁴ and Israel, the world-leader in vaccinations,³⁵ have reduced dramatically. While there is much that is still unknown about the long-term effects of COVID-19 and the many vaccine options, the state and civil society – including the media, large organisations and businesses – must ensure that accurate information regarding the success of the vaccine is communicated widely, to convince vaccine hesitant people that the vaccine is safe and effective. The small minority of individuals who believe unfounded conspiracies relating to the vaccine should also be engaged with substantiated information and those who spread conspiracy theories should be sanctioned.

Secondly, to better inform and educate the public about the potential benefits of vaccination, the state must make better and more strategic use of the media, particularly the large audiences of the SABC. Broadcast media is by far the format with the largest audience and radio and television are also the most trusted sources of information, according to data from the SARF survey. Discussion in South Africa about the latest scientific developments and the efficacy of the vaccine tends to be limited to English and occurs online. To ensure that as many people as possible are informed about the vaccine, the state should engage the public via multiple media platforms and in multiple languages, to promote trust in the vaccine. In addition, civil society actors – including religious organisations, the private sector and labour unions – should take responsibility and inform their constituents and networks about the vaccine and the threats posed by COVID-19. Both the state and civil society should act symbiotically and play a shared critical role in spreading information about the vaccine.

Thirdly, to build public trust in the vaccination programme, the state must act more transparently. The president's regular addresses to the country should incorporate questions from the public and

the media to ensure there is greater public consultation and confidence in national efforts to control the spread of the coronavirus. Moreover, the state should also be clearer regarding the limitations of the vaccine and be forthright with the public about how much is known and what is unknown regarding its effectiveness. The president's decision to be among the first South Africans vaccinated was a commendable example

of the benefits of transparency, as it showed his confidence in the vaccine, trust in the public health services and allayed public fears about the safety of the vaccine.

South Africa has just set out on the long path of vaccinating its people against COVID-19 and the success of the vaccine programme will depend on public confidence in the process.

Endnotes

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Acronyms

HSRC – Human Sciences Research Council
 SARB – South African Reconciliation Barometer
 SABC – South African Broadcasting Corporation

UJ – University of Johannesburg
 WHO – World Health Organisation

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The Institute for Justice and Reconciliation (IJR) was launched in 2000 by officials who worked in the South African Truth and Reconciliation Commission, with the aim of ensuring that lessons learnt from South Africa's transition from apartheid to democracy are taken into account and utilised in advancing the interests of national reconciliation across Africa. IJR works with partner organisations across Africa to promote reconciliation and socio-economic justice in countries emerging from conflict or undergoing democratic transition. IJR is based in Cape Town, South Africa. For more information, visit <http://www.ijr.org.za>, and for comments or enquiries contact info@ijr.org.za. This publication has been made possible by funding support from the Swedish International Development Cooperation Agency (SIDA).



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