

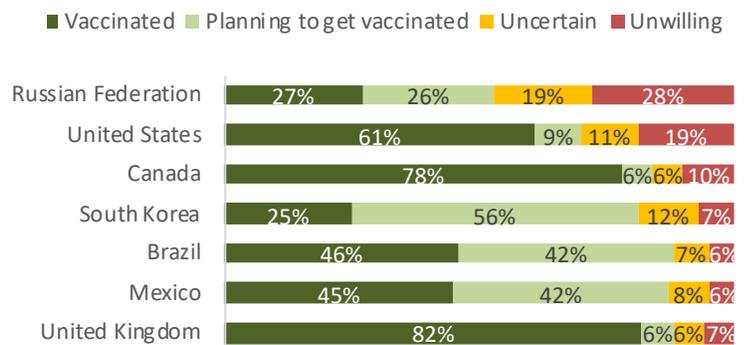
Vaccination Hesitancy

The Coronavirus (COVID-19) pandemic is not over yet. The global case number dipped at the end of June and has since increased by around 50 per cent. This trend is evident in the rebounding number of infections in many countries. Some of the countries with the largest caseload per million inhabitants include developed countries such as the United Kingdom and the Netherlands, where the Delta variant of the virus has a dire impact.

Vaccines are our only way out of this COVID-19 pandemic. Thanks to a concerted effort of both governments and the private sector globally, some vaccines are now available. The World Health Organization has approved six vaccines for emergency use and the rollout of these vaccines amongst the population is moving forward, although greater haste is needed. However, the distribution is highly unequal, with lower-income countries receiving far fewer vaccine doses than richer ones.

A significant challenge in many countries is the issue of vaccine hesitancy. In many countries, a substantial proportion of the population is unsure about wanting to receive their vaccination. For example, in the United States, 19% of adults choose not to receive a vaccine, and another 11% of the population continues to be uncertain. This figure shows the most recent results from the Morning Consult global polling on the question of vaccine hesitancy¹. Among the countries included in the analysis, the Russian Federation, the United States, and Australia are among the world's most hesitant.

Addressing vaccine hesitancy is a crucial behavioural challenge, and economists are adept at identifying the ways in which behavioural changes can be affected. Against the background, the JEP panelists entertained questions about factors driving vaccine hesitancy and what policymakers can do to help tackle such hesitancy to overcome the COVID-19 pandemic collectively.

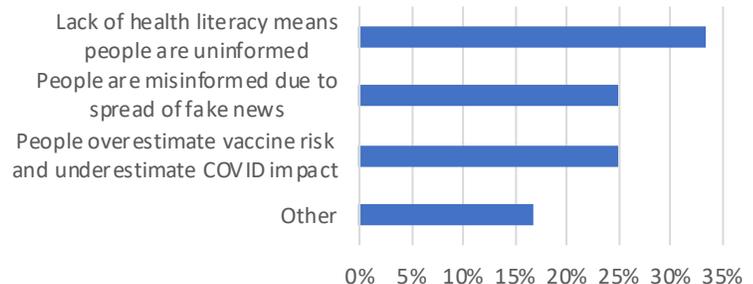


What drives vaccine hesitancy?

The results show that a plurality of respondents believe that people lack health literacy, which results in people being uninformed. In a way, one can connect the overestimation of risk associated with the vaccine with such challenges to health literacy.

The other main driver identified by the respondents is that people are misinformed due to the spread of fake news. This factor is slightly different from being uninformed in that unknown actors play an active role in misinforming the population.

While providing further information may convince the uninformed people, the misinformed may be more challenging to convince. **Anne P. Crick**, Senior Lecturer in the Mona School of Business and Management at The University of the West Indies, points out that:



“ The reality is that until people see someone close to them die from the virus, they believe that their immune system or precautions can keep them safe.
— Anne P. Crick
Senior Lecturer, UWI, Mona

Some panelists noted that the confusion was also sown due to inconsistent message from (international) authorities. Especially at the beginning of the pandemic, when new information became available regularly, authorities reversed course on some of the key principles around the pandemic's health protocols. Even when such course changes were in line with scientific advances, it may have appeared inconsistent in the eye of the average person. Measures have since been taken to remedy this, however slow to reverse the previous impact.

1. Data published on 22 July 2021: <https://morningconsult.com/global-vaccine-tracking/>

Possible measures to address vaccine hesitancy

Knowing that vaccine hesitancy is a challenge for combatting the COVID-19 pandemic, an important question is what possible policies can help to reduce such hesitancy. In a survey question for which several answers were possible, the panelists offered their opinions on some suggested policy actions. The suggested policies were from real-life examples in different countries.

There was nearly universal support for more significant information campaigns, primarily those that focused on low-information households. However, this measure is a low-effort way to combat vaccine hesitancy and, in many ways, most countries are already doing this. Half of the respondents believe that implementing different health measures for the vaccinated and the unvaccinated is worthwhile. Indeed, the response from the general population in Jamaica was positive when the Government of Jamaica recently announced that vaccinated travellers face a reduced quarantine compared to unvaccinated travellers. There was less JEP support for other possible actions, such as making vaccines free (which they already are in many countries) or using the types of incentives from the United States, such as lotteries or corporate tie-ins.

Keenan Falconer, Research Economist, underscores the importance of incentives, while also reiterating the fact that, in Jamaica, demand for vaccines far outstrips supply:

// Generally, people respond to incentives. Recently, a supermarket advertised discounts on social media for persons who can provide proof of vaccination, which was well-received. Demand is particularly high among the younger population and subject to the supply of vaccines, persons are willing to become vaccinated if it means they can access even non-monetary benefits that are conditional on vaccination (such as admission to parties and entertainment events).

– **Keenan Falconer**
Research Economist, UWI, Mona

Several respondents highlighted the importance of ensuring that people are aware of the benefits of vaccination (beyond the protection against disease), such as different quarantine requirements when entering a country.

While the previous question shows minimal backing for mandatory vaccination in general, the respondents also pondered whether they saw any specific areas in which vaccines could be made mandatory. Again, each suggested option has a real-life example globally and would be subject to a medical exception policy.

Only a small minority of respondents believe that there are no situations in which vaccines should be made mandatory. Only a minority supports a mandatory vaccine policy in all workplaces. Still, a substantial majority express preference for mandatory vaccination of healthcare workers and teachers, conditional on the non-approval of vaccines for children, and subject to health exemptions.

On the one hand, **Dr. Kevin Williams**, Senior Research Fellow at the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) encourages many of the proposed suggestions, though of course within the limits of the legal framework:

// Policymakers should use all available legitimate means to get their populations vaccinated, as vaccination is the best channel through which livelihood and lives can be assured.

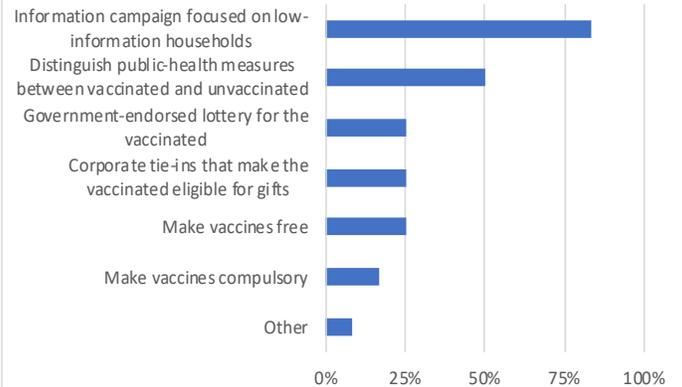
– **Dr. Kevin Williams**
Senior Research Fellow, SALISES, UWI, Mona

On the other hand, **Dr. Patrice Whitely**, Lecturer in the Department of Economics at The University of the West Indies, argues that the balance between individual rights to self-determination and a government's responsibility to protect people would mean that healthcare workers are a specific group where one could consider making vaccination mandatory:

// I really think that everyone should be free to make their own decisions since they will have to live with any possible, (though rare), negative side effects. On the other hand, unvaccinated healthcare workers may be putting the lives of their (already) sick patients at risk.

– **Dr. Patrice Whitely**
Lecturer, UWI, Mona

Best policies to fight vaccine hesitancy



Specific cases where making vaccination mandatory can be considered

