



## RESEARCH BRIEF

# VACCINE HESITANCY IN SOUTH ASIA: DEBATES, DILEMMAS, AND DEVELOPMENTS

**This paper is one of a series of research elements produced by the European Union funded AHA! Awareness with Human Action project that seeks to contribute to the response efforts of the COVID-19 pandemic by preventing conflict and building social cohesion in Pakistan, Sri Lanka, Bangladesh and broader South Asia. The AHA! project is implemented by a consortium of project partners, including the Network for Religious and Traditional Peacemakers/Finn Church Aid, World Faiths Development Dialogue, the Center for Peace and Justice – Brac University, the Center for Communication and Development of Bangladesh, Islamic Relief Worldwide, the Youth Development Foundation, and Sarvodaya.**

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## EXECUTIVE SUMMARY

In 2019, the World Health Organization (WHO) recognized vaccine hesitancy as one of the top ten threats to global public health. Vaccine hesitancy refers to “delay in acceptance or refusal of vaccines despite availability of vaccine services.”<sup>1</sup> Much evidence shows that while global immunization coverage has increased massively in recent decades, vaccine delays or refusals have also increased. This is due primarily to a lack of trust in the importance, safety, or effectiveness of vaccines, alongside persisting access issues<sup>2</sup>. These issues have critical importance for vaccination efforts for COVID-19 but they also have important implications for post COVID-19 recovery and broader development and peacebuilding objectives.

Gaps in vaccine confidence are a multi-factor phenomenon, complex, context-specific, and continuous. They are linked in significant ways to a society’s social cohesion as well as to the effectiveness of its health systems. People’s beliefs, customs, behaviors, and actions regarding vaccines can range from full acceptance to complete refusal. Vaccine hesitancy usually falls in the middle of the spectrum.

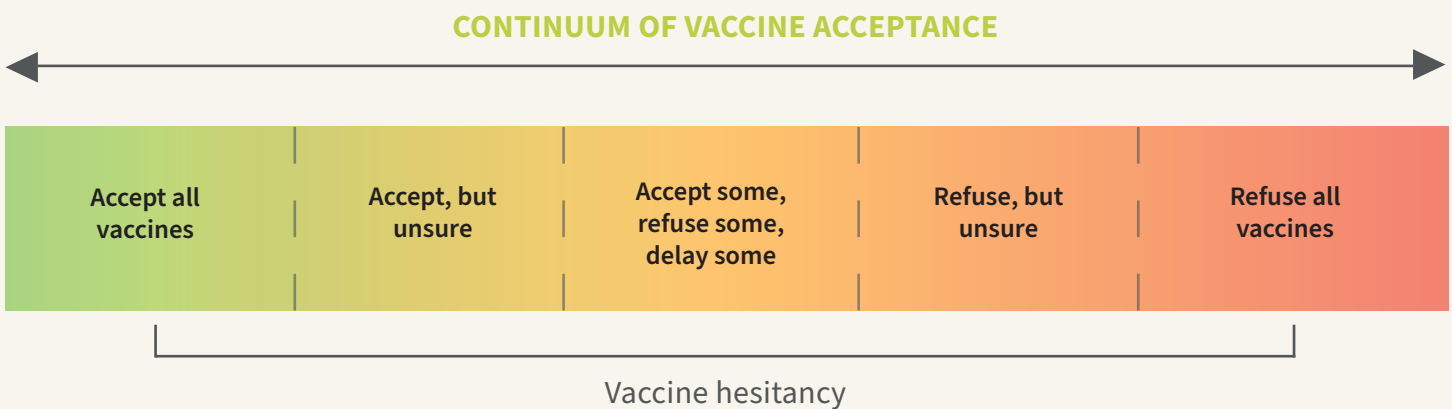


Figure 1 vaccine confidence spectrum<sup>3</sup>

This brief highlights challenges to mass COVID-19 vaccination, focused particularly on vaccine hesitancy in South Asia. Through review of country-specific survey data and media reports available during the pandemic’s first eighteen months, the brief argues that vaccine hesitancy must be addressed purposefully, both for public health ends and to support peacebuilding work that is linked to social cohesion and public trust. Practical proposals are advanced, addressed to relevant policy communities and to Awareness of Human Actions (AHA!) small grant recipients in Bangladesh, Pakistan, and Sri Lanka whose primary missions have been focused on COVID-19 response and particularly information dimensions. The goal of this and other briefs in the series is to promote continuing dialogue, engagement, and action on the topic.

### FACTORS IN VACCINE HESITANCY

Three major factors can influence vaccination decisions. First is **confidence** in the process of production, distribution, and administration by authorities. Logistical efficiency and accessibility issues such as affordability, availability, and **convenience** also guide people’s decisions on vaccination. **Complacency**, a third dimension, can have a direct impact on the decision-making processes, where people perceive a lower risk of infection compared to other risk factors and priorities.

<sup>1</sup> SAGE Working Group on Vaccine Hesitancy; [https://www.who.int/immunization/research/forums\\_and\\_initiatives/1\\_RButler\\_VH\\_Threat\\_Child\\_Health\\_gvirf16.pdf?ua=1](https://www.who.int/immunization/research/forums_and_initiatives/1_RButler_VH_Threat_Child_Health_gvirf16.pdf?ua=1)

<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31558-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31558-0/fulltext)

<sup>3</sup> Source: This visual is reproduced from “Vaccine Hesitancy in South Asia,” a brief developed by the International Vaccine Access Center at the Johns Hopkins Bloomberg School. Retrieved from <https://www.jhsph.edu/ivac/wp-content/uploads/2020/12/SAVI-Vaccine-Hesitancy-in-South-Asia-White-Paper.pdf>



system” for vaccines. Vaccine hesitancy, however, remains a significant problem among Bangladeshis. A January, 2021 report published by the Institute of Health Economics at the University of Dhaka indicated that 84% of the total 3,560 survey respondents would accept the COVID-19 vaccine, though 54% of them expressed doubts about the vaccine’s efficacy. Some 34% feared side effects and 12% doubted the quality of the vaccine.<sup>12</sup> The survey revealed that women (88%) were more interested in getting vaccinated than men (81%).<sup>13</sup> Only 60% of Imams and religious leaders (mostly men) are willing to take the jab. Rural responders were more interested in the vaccines than their urban counterparts (no details as to why).<sup>14</sup> A previous survey indicated that 75% of respondents were willing to be vaccinated.<sup>15</sup>

The mass scale fast-track vaccination campaign has faced many logistical challenges. Ultra-poor populations are concentrated in urban slums.<sup>16</sup> Around 70% of the national population of 160 million people live in rural areas where community outreach can be difficult. COVID-19 disproportionately puts the elderly at higher risk of vulnerability. Some 28 million and 13 million people are in the 50+ and 65+ age groups.<sup>17</sup> There is no available data on how Bangladesh performs in adult vaccinations (such campaigns have been limited in the recent past). Bangladesh requires online registration for vaccine recipients, which can cause confusion among the elderly and people who do not have access to the internet. Transparency in vaccine allocation and distribution is another major challenge. Bangladesh ranks poorly on the Transparency International global corruption perceptions index (147th out of 180 in 2021);<sup>18</sup> corruption along with a culture of fostering political influence can create and fuel mistrust and promote misinformation. Other practical issues include weak coordinated data collection and management systems (for example, allergy history of vaccine recipients), a lack of reliable vaccine transportation, storage, and distribution, and tracking of vaccinated cases.

<sup>12</sup> <https://www.thefinancialexpress.com.bd/home/only-32pc-bangladesh-is-willing-to-take-covid-jabs-immediately-1611723099?amp=true>

<sup>13</sup> The report does not mention why women are more interested and men are more hesitant to take the jab.

<sup>14</sup> [https://www.bbc.com/bengali/news55808736?at\\_medium=custom7&at\\_campaign=64&at\\_custom2=facebook\\_page&at\\_custom3=BBC+Bangla&at\\_custom4=14735032-5FDB-11EB-BB41522316F31EAE&at\\_custom1=%5Bpost+type%5D](https://www.bbc.com/bengali/news55808736?at_medium=custom7&at_campaign=64&at_custom2=facebook_page&at_custom3=BBC+Bangla&at_custom4=14735032-5FDB-11EB-BB41522316F31EAE&at_custom1=%5Bpost+type%5D)

<sup>15</sup> *ibid*

<sup>16</sup> 5.3 million slum population. Source: Hossain, Basharat. Slum of Bangladesh: An Overview, 2020. <https://doi.org/10.13140/RG.2.2.28678.52800>.

<sup>17</sup> <https://www.dhakatribune.com/opinion/op-ed/2021/01/11/op-ed-only-greater-challenges-ahead>

<sup>18</sup> <https://www.transparency.org/en/countries/bangladesh>

Social cohesion is a prerequisite for a successful vaccination campaign. With significant social, political, and cultural divides, Bangladesh faces obstacles that demand specific attention. Bangladesh hosts about one million Rohingya refugees in the South-east. Reports suggest that there has been a significant deterioration in host community perceptions of the displaced population.<sup>19</sup> Vaccinating the stateless Rohingya community presents distinctive challenges. Religious and ethnic minority populations have experienced decades-long marginalization, which contributes to mistrust in the state apparatus, which oversees the vaccination process. LGBTQ people are criminalized under the country’s Penal Code and face social stigma and exclusion. These factors can hinder equitable access of vaccines.

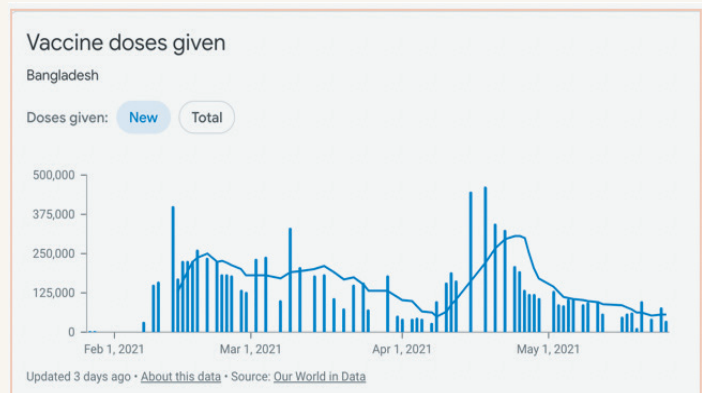


Figure 4 COVID-19 vaccine progress in Bangladesh

## PAKISTAN

Vaccination has advanced slowly in Pakistan, with only 5,358,808 doses administered as of May, 2021, or 0.59% of the population.<sup>20</sup> Pakistan, the second largest country in South Asia, has been badly hit by the COVID-19 pandemic. Some 911,302 cases and 20,540 coronavirus-related deaths were reported as of May, 2021.<sup>21</sup> Infection rates then trended downwards (Figure 6). Pakistan’s vaccination drive lagged behind other regional countries because of delays in planned vaccine supplies from neighboring India, the main distributor for South Asian countries. The government of Pakistan approved emergency use of China’s Sinopharm and CanSino, Oxford-AstraZeneca,

<sup>19</sup> <https://reliefweb.int/report/bangladesh/community-feedback-social-cohesion-population-movement-operation-pmo-cox-s-bazar>

<sup>20</sup> Hashim, Asad. “Vaccine Hesitancy in Pakistan Heightens Risk of COVID Resurgence.” Accessed March 9, 2021. <https://www.aljazeera.com/news/2021/3/5/in-pakistan-vaccine-hesitancy-heightens-risk-of-covid-19-resurgence>.

<sup>21</sup> Google News. “Coronavirus (COVID-19).” Accessed March 9, 2021. <https://news.google.com/covid19/map?hl=en-US&gl=US&ceid=US:en>.

and Russia's Sputnik V vaccines.<sup>22</sup> "Pakistan has received a Chinese donation of 500,000 doses of Sinopharm vaccine, bringing the country's total supply to one million shots,"<sup>23</sup> with plans to receive 17 million doses of AstraZeneca's Coronavirus vaccine in 2021 as part of the COVAX scheme.<sup>24</sup>

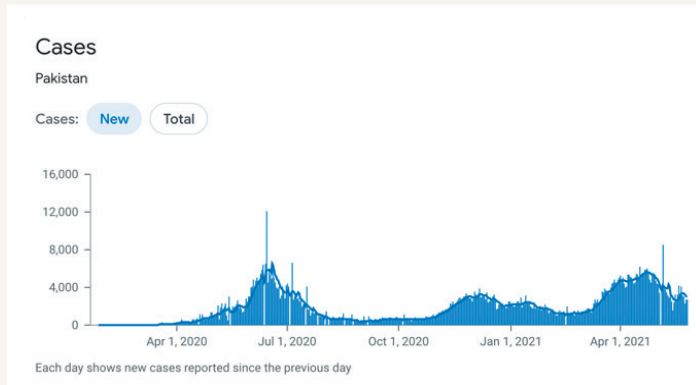


Figure 5 Number of COVID-19 positive cases in Pakistan

Although the Pakistan government pledged to run an aggressive COVID-19 vaccination program, several acute challenges have loomed large. Several opinion polls suggest widespread misinformation about the pandemic. Gallup Pakistan's October 2020 survey found that 55% of the respondents doubted that the virus was real and 46% thought it was a conspiracy (sample size 2,106).<sup>25</sup> A more recent Gallop Pakistan poll among 1,081 participants indicated that 49% of the respondents did not want to get vaccinated. Among respondents who answered positively, only 4% had confidence in Western vaccines, showing significant distrust. These attitudes make successful vaccination efforts difficult.<sup>26</sup>

Vaccine hesitancy and outright refusal is a historical phenomenon in Pakistan. The polio eradication project, for example, has received deadly resistance in certain regions of the country. As of January 2020, 80 polio vaccinators and security officials had been killed by armed militants in the past decade.<sup>27</sup>

<sup>22</sup> "China to Gift 0.5M More COVID Vaccine Doses to Pakistan." Accessed March 9, 2021. <https://www.aa.com.tr/en/asia-pacific/china-to-gift-05m-more-covid-vaccine-doses-to-pakistan/2162206>.

<sup>23</sup> <https://www.aljazeera.com/news/2021/3/18/pakistan-receives-second-batch-of-500000-vaccines-from-china>

<sup>24</sup> <https://www.cnn.com/2021/01/30/asia/coronavirus-vaccine-divide-pakistan-dst-intl-hnk/index.html>

<sup>25</sup> <https://gallup.com.pk/wp/wp-content/uploads/2020/10/Gallup-Pakistan-Coronavirus-Attitude-Tracker-Survey-Wave-8-.pdf>

<sup>26</sup> <https://www.npr.org/sections/goatsandsoda/2021/01/29/961258106/pakistan-vaccine-worries-rich-people-and-conspiracy-theorists>

<sup>27</sup> *ibid*

Hard-line Islamists maintain that the vaccination drive is part of a Western effort to sterilize Muslims.<sup>28</sup> Many people believe that the government's polio eradication campaign is a money-making venture. These suspicions might arise in the COVID-19 situation as well. Pakistan's already existing vaccine hesitancy is fueled by conspiracy theories that are rampant on social media, echoed by renowned political commentators, politicians, and religious leaders who have publicly claimed that COVID-19 is a Western conspiracy against the Muslim nations.<sup>29</sup>

In addition to combating the general anti-vaccine mindset, Pakistan's history of religious and ethnic minority tensions poses significant challenges in vaccinating its population. The discrimination is institutionalized, with religious minorities "rendered more vulnerable by their religious affiliation and the resulting precarious status of their citizenship."<sup>30</sup> For example, the Constitution does not recognize the 500,000 Ahmadiyya. Pakistan's blasphemy laws are also used against religious minorities. Reports suggest that religious minorities have received unfair treatment and have been scapegoated for creating and distributing the virus. These experiences create distrust in the public system that is responsible for administering the vaccination process. The private sector, especially the NGO sector, could play positive roles by ensuring access to vulnerable populations through their social networks. A concern is the likely expensive and urban-centered features of private providers.<sup>31</sup>

Other major challenges to a successful vaccination drive in Pakistan include the country's poor performance in gender equality. According to the Global Gender Gap Index, Pakistan currently is the third lowest country in the world for gender equality.<sup>32</sup> The country ranked 150th, 140th, and 149th in gender-based economic participation, educational attainment, and health and survival indices respectively in 2020. On top of the existing gender-based discrimination in the society, "false

<sup>28</sup> The CIA and other intelligence agencies' use of vaccination teams in the past may have fueled such negative feelings among the communities. The CIA used a vaccination team to track down Osama bin Laden in a Pakistani town in 2011. Source: <https://www.nytimes.com/2019/04/29/world/asia/pakistan-polio-vaccinations-campaign.html>

<sup>29</sup> Khan et al., 2020: Perspective Piece: Threat of COVID-19 Vaccine Hesitancy in Pakistan: The Need for Measures to Neutralize Misleading Narratives

<sup>30</sup> Maria-Magdalena Fuchs & Simon Wolfgang Fuchs (2020) Religious Minorities in Pakistan: Identities, Citizenship and Social Belonging, *South Asia: Journal of South Asian Studies*, 43:1, 52-67, DOI: 10.1080/00856401.2020.1695075

<sup>31</sup> <https://www.npr.org/sections/goatsandsoda/2021/01/29/961258106/pakistan-vaccine-worries-rich-people-and-conspiracy-theorists>

<sup>32</sup> [http://www3.weforum.org/docs/WEF\\_GGGR\\_2020.pdf](http://www3.weforum.org/docs/WEF_GGGR_2020.pdf)

rumors” about COVID-19 vaccines scare women (particularly pregnant women) globally.<sup>33</sup>

### SRI LANKA

Initially relatively successful in containing the spread of the virus, cases increased rapidly from mid 2021, with some 172,277 confirmed cases and 1,298 coronavirus-related deaths reported as of May 2021. Data showed increasing trends (Figure 7). Sri Lanka was one of the last countries in South Asia to approve emergency use of the COVID-19 vaccine. It received 500,000 doses from India as gifts in February 2021 as part of the country’s vaccine diplomacy project in South Asia.<sup>34</sup> China had promised another 300,000 doses of its Sinopharm vaccine for Sri Lanka, but the plan was put on hold by the Sri Lanka government due to lack of phase 3 trial data.<sup>35</sup> Sri Lanka was to receive a total of 1,440,000 doses through the COVAX scheme<sup>36</sup>. As of late May, 2021, Sri Lanka had administered 1,786,343 doses of vaccine with 343,277 people fully vaccinated, around 1.6% of the total population.

Various policy measures have marginalized and stigmatized ethnic and religious minority communities, which threaten to undermine vaccination goals because of minority distrust in the system. Several human rights groups report that key individuals in COVID-19 response teams have serious credibility issues among minority communities.<sup>37</sup> Muslims and migrant workers have been targeted and blamed for spreading the virus from the pandemic’s beginning. Both physical and online violence against the minority Muslim communities include labels such as “high risk” populations. Sri Lanka is the only country in the world that imposed a mandatory cremation policy banning the burial of those who died from COVID-19, which affects Muslim communities particularly, creating a backlash among Muslim communities (cremation is viewed as a form of mutilation and contradicts Islamic practices). The policy which has been

<sup>33</sup> <https://www.nytimes-com.proxyiub.uits.iu.edu/2021/01/26/opinion/covid-vaccine-rumors.html>

<sup>34</sup> <https://abcnews.go.com/Health/wireStory/india-donates-500000-doses-vaccine-sri-lanka-75532989>

<sup>35</sup> Awasthi, Prashasti. “Sri Lanka Puts Hold on China’s Covid-19 Vaccine; Will Now Buy Serum’s Vaccine.” @businessline. Accessed March 9, 2021. <https://www.thehindubusinessline.com/news/sri-lanka-puts-hold-on-chinas-covid-19-vaccine-will-now-buy-serums-vaccine/article33947467.ece>.

<sup>36</sup> “First Batch of COVID-19 Vaccines from the COVAX Facility Arrive in Sri Lanka.” Accessed March 9, 2021. <https://www.who.int/srilanka/news/detail/06-03-2021-first-batch-of-covid-19-vaccines-from-the-covax-facility-arrive-in-sri-lanka>.

<sup>37</sup> [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15891/908\\_covid\\_and\\_religious\\_minorities.pdf?sequence=3&isAllowed=y](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15891/908_covid_and_religious_minorities.pdf?sequence=3&isAllowed=y)

reversed, was justified on the grounds that the virus could contaminate groundwater.<sup>38</sup>

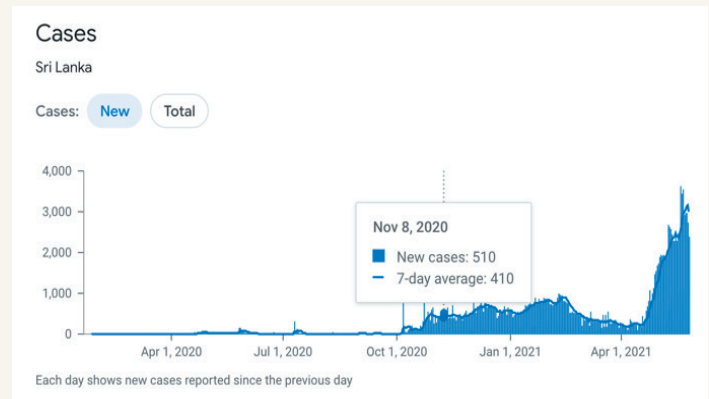


Figure 6 Number of COVID-19 positive cases in Sri Lanka



<sup>38</sup> <https://www.washingtoninformer.com/mandatory-cremation-for-covid-victims-sparks-outrage-among-muslim-community/>



## RECOMMENDATIONS FOR ADDRESSING VACCINE HESITANCY:

- 1. TARGETED MESSAGING:** Local peacebuilders can identify hesitant groups and communities at risk for vaccine refusal in each country, customizing vaccination awareness messaging targeting those groups.
- 2. ENGAGE COMMUNITY LEADERS AND ACTORS:** Education and training programs focused on religious and political leaders, both women and men, regarding COVID-19 vaccines can serve as platforms to engage and reach out to their constituents. Engagement needs to be inclusive of gender, ethnic, linguistic, and socioeconomic minority populations.
- 3. INCREASE CONFIDENCE AMONG THE PUBLIC ABOUT THE VACCINE:** Local peacebuilders can utilize social, electronic, and print media to educate populations about the importance of vaccinating, acknowledging potential side effect risks, such as allergic reactions. Positive and holistic messaging can increase confidence among hesitant groups.
- 4. CONVENIENT AND EQUITABLE DISTRIBUTION OF VACCINES:** A fair, easy, and welcoming environment for vaccination can motivate vaccine uptake among marginalized groups.
- 5. USE A RIGHTS-BASED APPROACH TO VACCINATION:** A rights-based approach to vaccination as human rights can enhance campaigns and outreach activities.
- 6. CONTINUE RESEARCH:** Knowledge and data on the features and underlying elements of vaccine hesitancy. Sharing AHA! small grant recipients experience at local and national levels can contribute to filling these gaps. Further investigation is needed.