RISK COMMUNICATION PLAN

# COVID-19 VACCINE

MINISTRY OF HEALTH MALAYSIA

# SOCIAL LISTENING *TRIANGULATION*

ONLINE SURVEY & SOCIAL MEDIA SENTIMENT ON COVID-19 VACCINE IN MALAYSIA

**Health Education Division (HECC)**
**Institute for Health Behavioural Research (IHBR)**
**MINISTRY OF HEALTH MALAYSIA**

# SURVEY ON ACCEPTANCE AND REFUSAL OF COVID-19 VACCINE IN MALAYSIA

| | | |
|---|---|---|
| The Use Of The Health Belief Model to Assess Predictors of Intent to Receive The COVID-19 Vaccine and Willingness to Pay | Universiti Malaya (UM) | 3-12 April 2020 |
| Factors Influencing Acceptance of COVID-19 Vaccine among Malaysian Adults: A Web-based National Survey | Institute of Clinical Research (ICR) | 10 July – 31 August 2020 |
| COVID-19 Vaccine: Accept or Refuse? | Health Education Division (HECC) | 21-28 December 2020 |
| Survey on the Knowledge, Acceptance and Perception of COVID-19 Vaccine | Universiti Sains Islam Malaysia (USIM) | January 2021 |

## METHODOLOGY

Cross-sectional web-based

Survey links to social media such as FB, Instagram, Telegram, Whatapps (*Snowball*)

*Self-Administrated*

# OBJECTIVE

**To identify the percentage of acceptance and factors influencing the acceptance and refusal of COVID-19 Vaccine in Malaysia**

***Thinking***

***Feeling***

***Intention***

# RESPONDENTS DEMOGRAPHY *

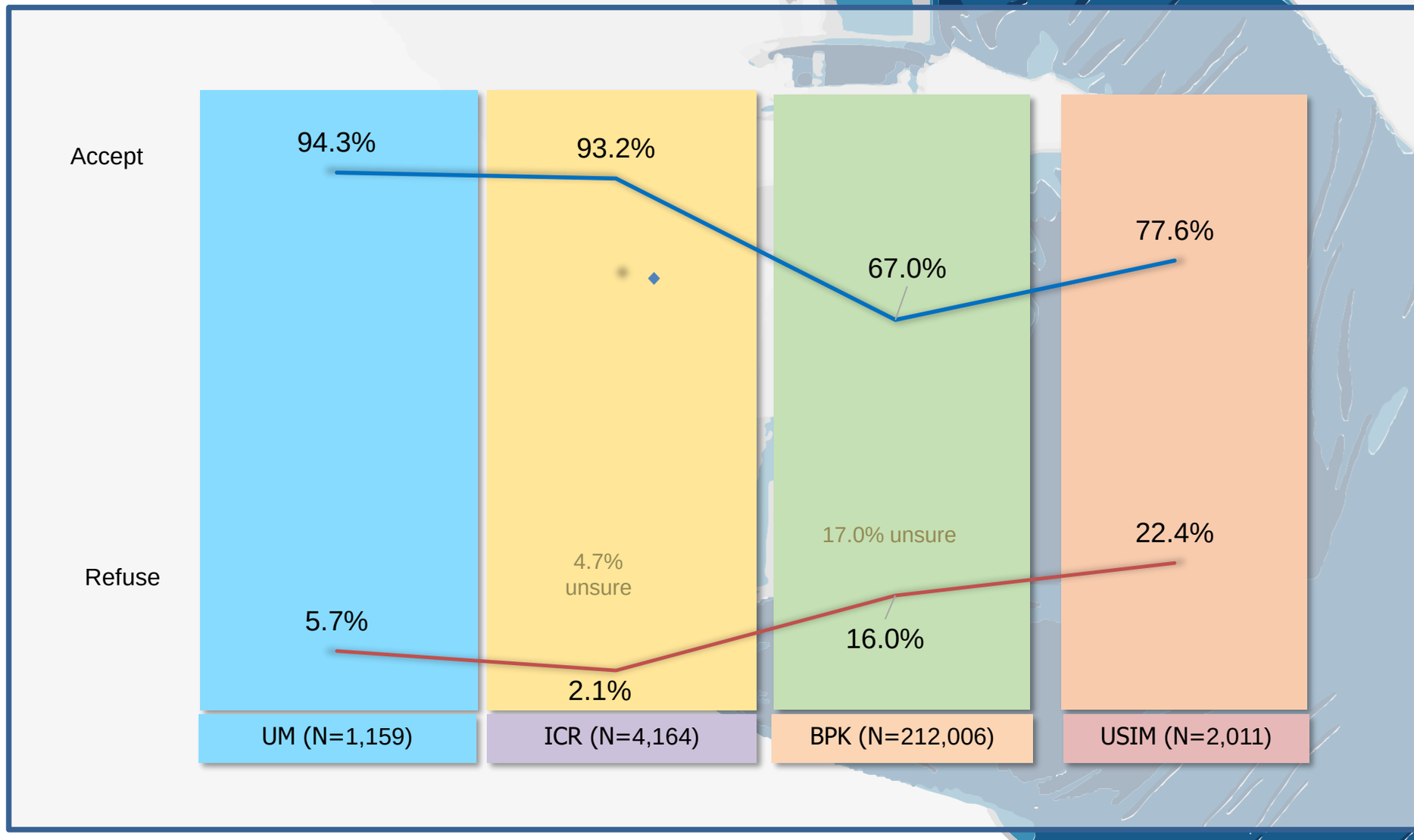
*General summary of data from the 4 surveys

**45.7%** Male

**54.3%** Female

- **Majority** of respondents aged between 20 - 49 years old
- **Majority** are public/ private professionals– non health sector
- **44.3%** M40
- **38%** respondents have chronic illnesses or NCD

# ACCEPTANCE AND REFUSAL OF COVID-19 VACCINE IN MALAYSIA



KEY ISSUES REGARDING

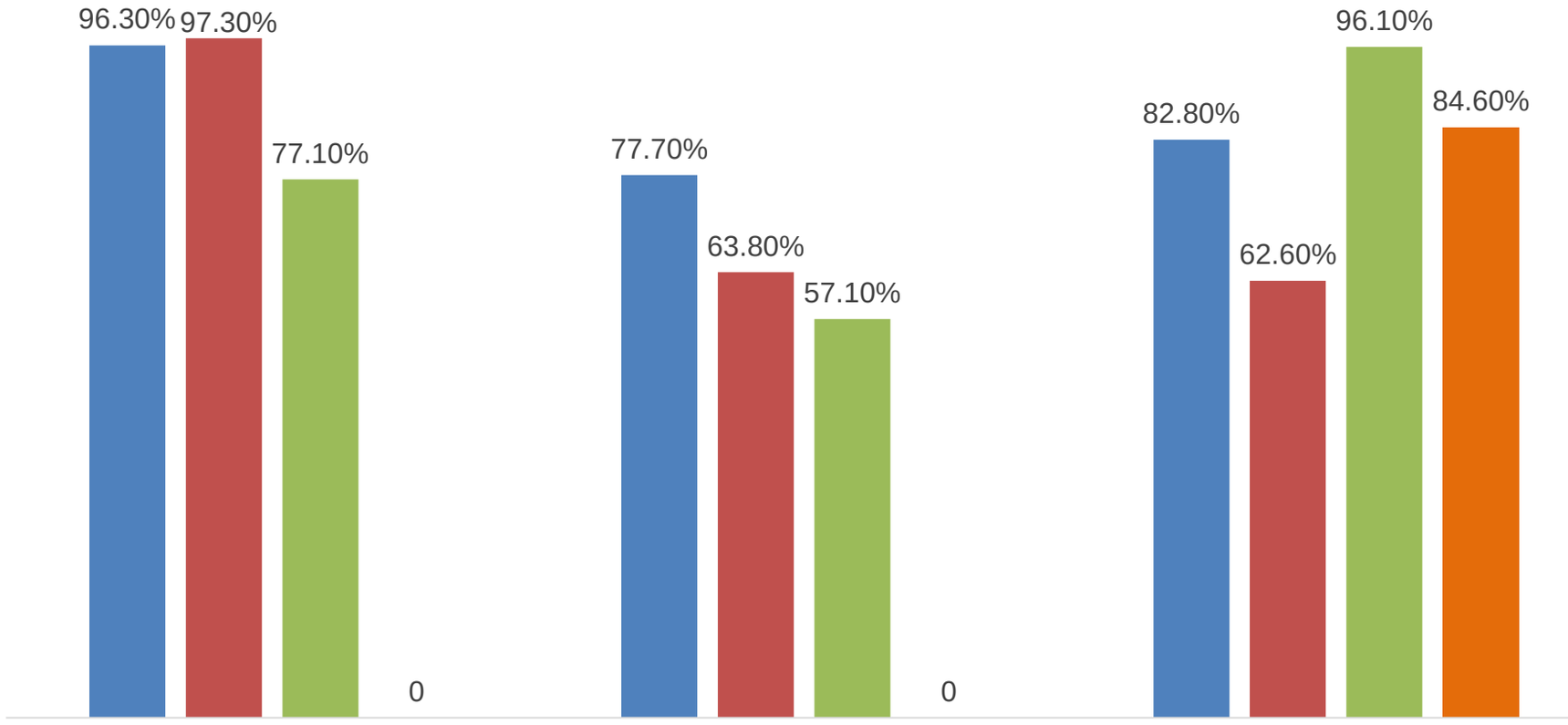
# COVID-19 VACCINE REFUSAL

Safety

Effectiveness

Side effects

Content uncertainty




## Respondents' Feedbacks (*open-ended*)

1. New vaccine
2. Lack of info
3. Limited clinical trial data
4. Worry on side effects; long term effects
5. Effectiveness issues
6. Halal status and doubtful of content
7. Vulnerable and co-morbid groups
8. 'Wait and see'
9. Self-immunity
10. **Hidden agenda and conspiracy theories**
11. **Politicians should be vaccinated first**
12. **Disbelief in use of vacine**

MAIN REASONS FOR

# COVID-19 VACCINE ACCEPTANCE

***Data from the 67% of respondents who accept the COVID-19 Vaccine in a survey by BPK***

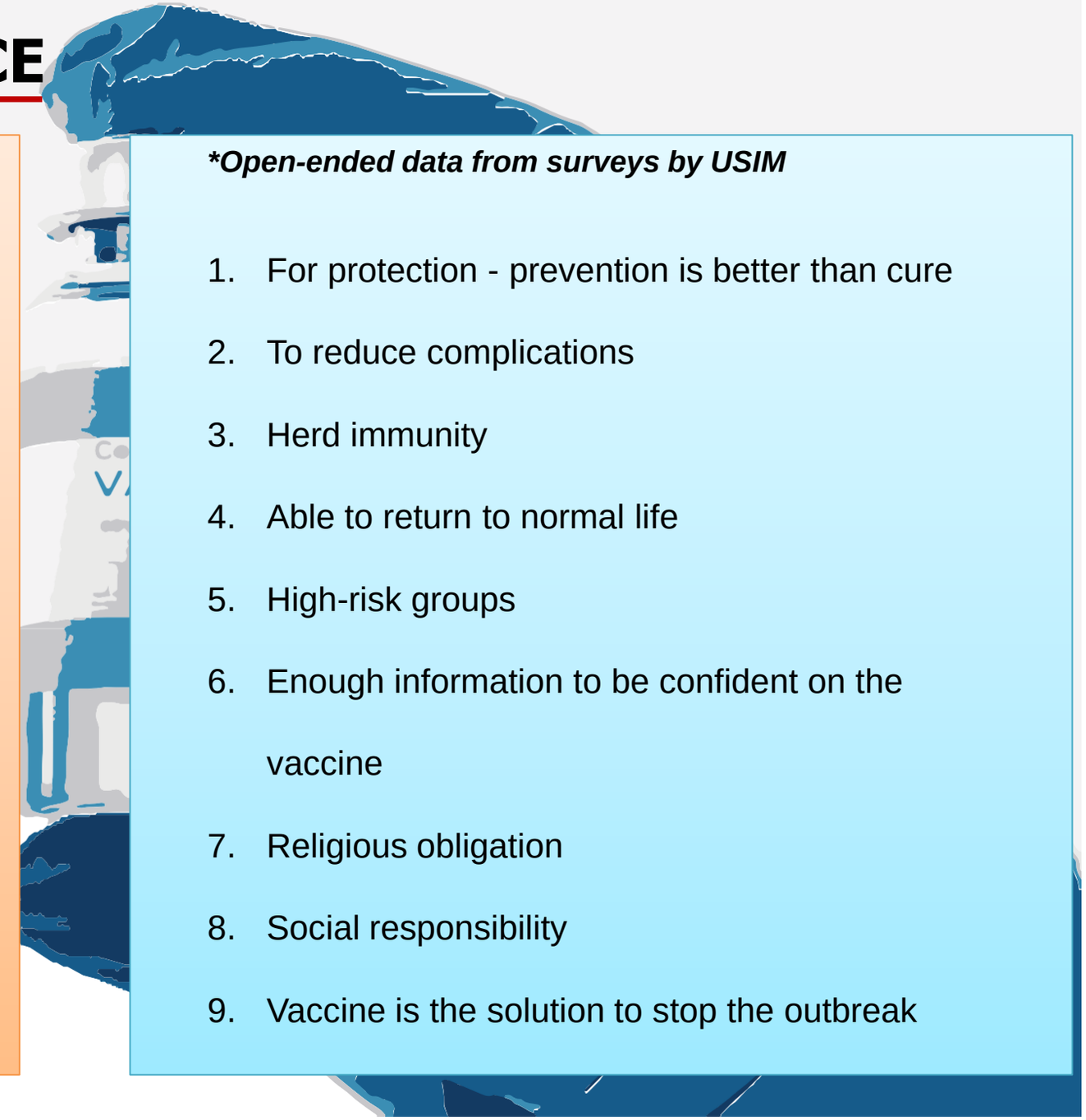
**95.7%** feels vaccine is safe

**89.6%** confident vaccine is effective to prevent infection

**67.4%** undoubtful of vaccine content

**83.3%** government directives

**61.8%** agree to accept the vaccine even though required to pay

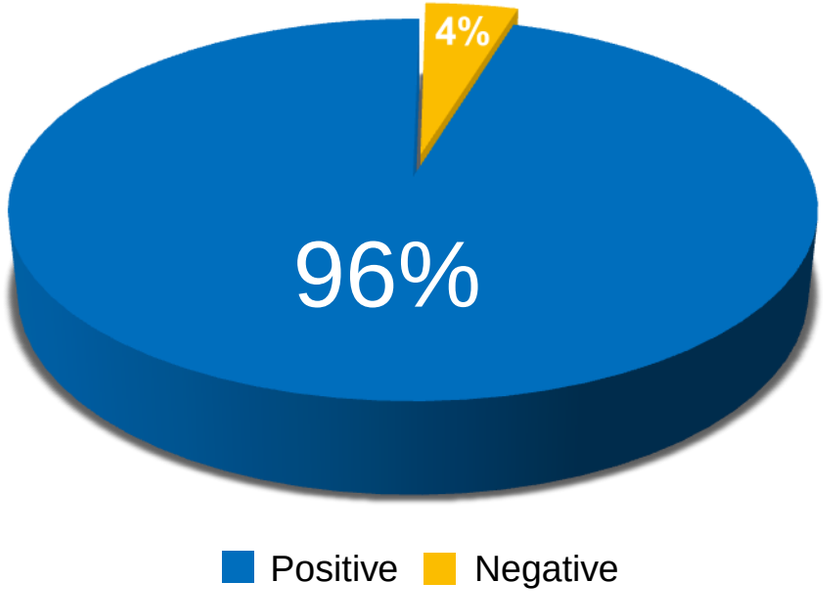


***Open-ended data from surveys by USIM**

1. For protection - prevention is better than cure
2. To reduce complications
3. Herd immunity
4. Able to return to normal life
5. High-risk groups
6. Enough information to be confident on the vaccine
7. Religious obligation
8. Social responsibility
9. Vaccine is the solution to stop the outbreak

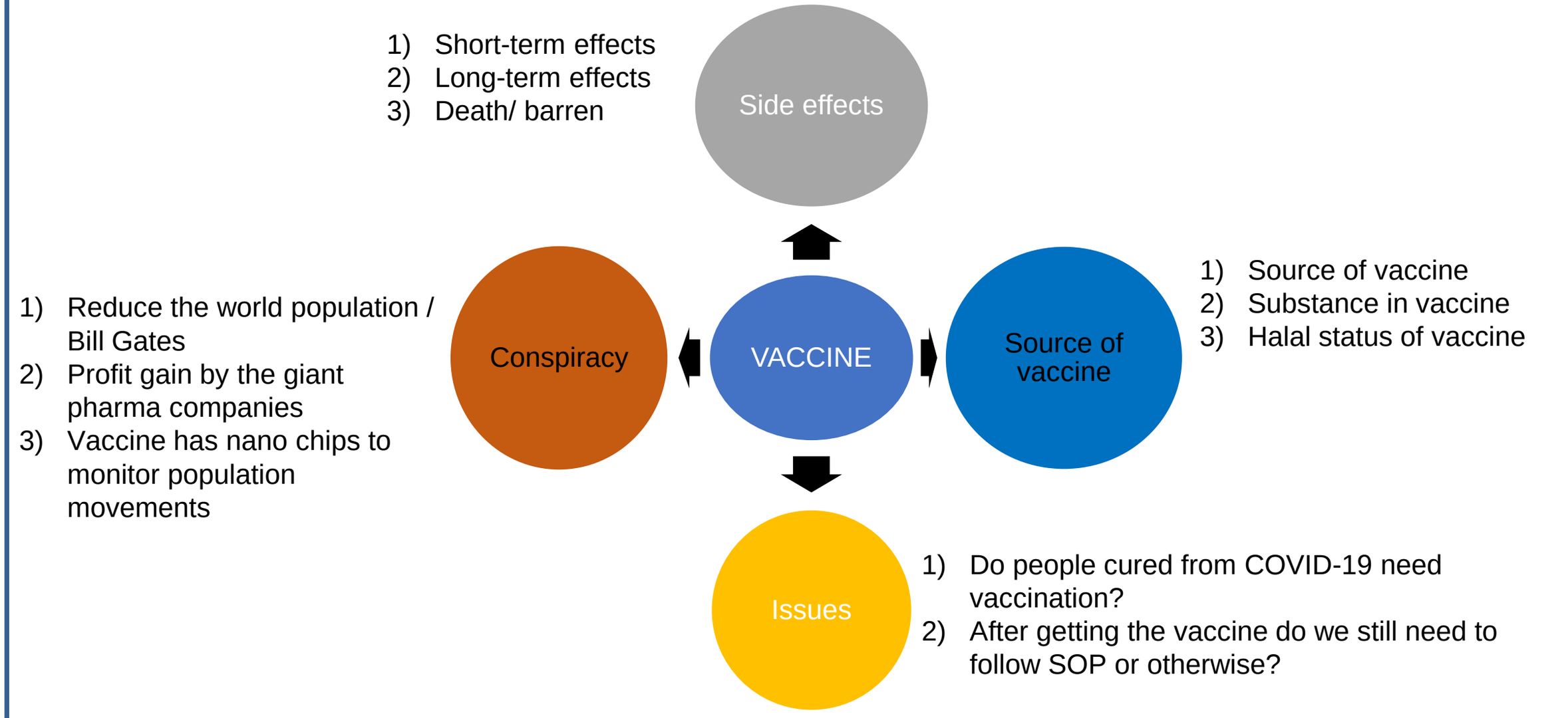
# SOCIAL MEDIA **SENTIMENT**

- Jan – 15th February 2021
- 40 *postings* and 695,481 *engagements*
- 534,000 *reactions*, 78,331 *comments* and 83,150 *shares*

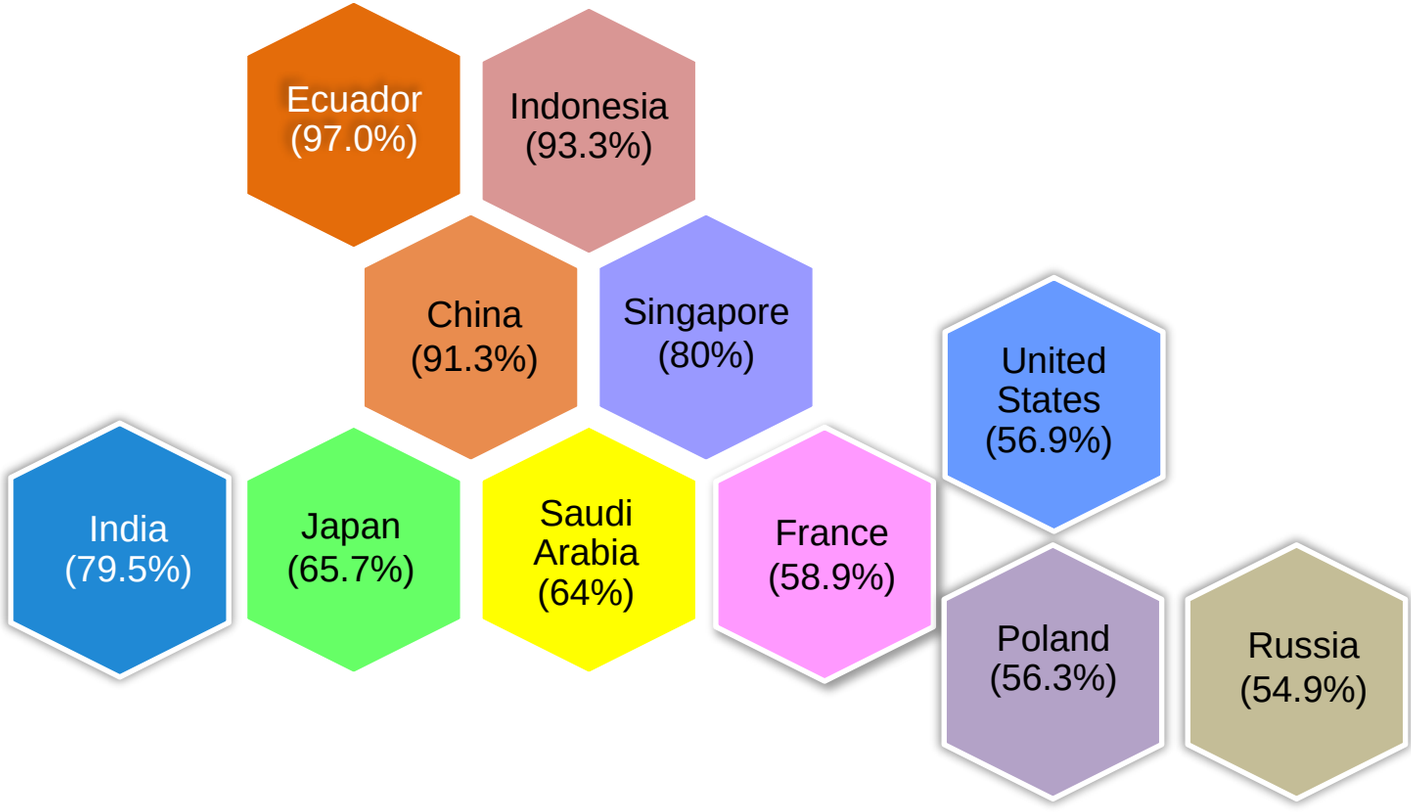



Sentiment among social media users on COVID-19 Vaccine

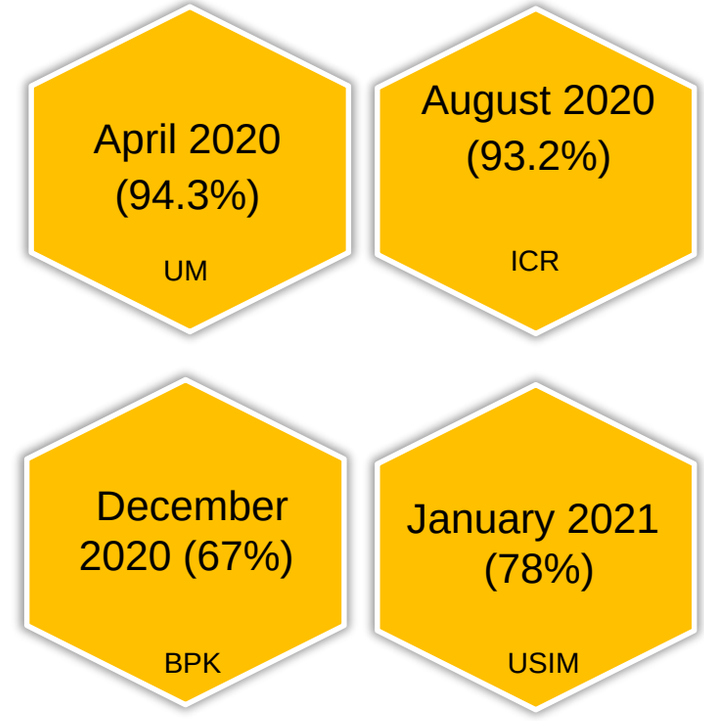
# SOCIAL MEDIA **SENTIMENT**



# ACCEPTANCE OF COVID-19 VACCINE (GLOBAL & MALAYSIA)




*(Malik Sallam (2020); Harapan et al (2020); Mohammed Al-Mohaithef, (2020); (Yada & Katsuyama 2020) & (Islam F 2020)*




*Malaysia*

# GLOBAL ISSUES RELATED TO VACCINE REFUSAL

## PSYCHOLOGICAL FACTORS

- Exposure to the wrong information leads to misunderstanding
- Doubt on Halal status of vaccine content
- Side effects of the COVID-19 vaccine leads to infertility (Mesir - Alini Hussain, 2021)
- Belief and negative attitude towards the effectiveness of vaccines

## POLITICAL FACTORS

- COVID-19 Vaccine is a political conspiracy
- COVID-10 Vaccine is more of political interests and society do not trust the pharmaceutical industry (Pakistan & Afrika - Yusra K.K, 2020; Afilabi AA, 2020)
- Trust towards the government (Vaccine acceptance more than 80% are in countries where the people trust the ruling government)
- Differences in political views of not supporting the government influences the refusal of COVID-19 vaccine (example: in France)

## SCIENTIFIC FACTS

- Safety issues of vaccine use (cause of death) (example: in Japan, US & UK (Yoda & Katsuyama 2020; Bloom et al., 2020)
- No current information on the effectiveness of COVID-19 vaccine
- Scientific issues of vaccine - mRNA

# CONCLUSION

1. COVID-19 vaccine acceptance rate (MALAYSIA) is parallel to the global in general.

   ***According to the Diffusion of Innovation Theory (Rogers), in any innovation there are 5 types of recipient categories, such as 'innovators, early adopters, early majority, late majority and laggards'***

2. In the early phase, high in *perceived benefits* and *perceived severity* as well as low in *perceived barriers* were associated with the COVID-19 acceptance.

3. In the final phase, the senior citizen is the least group to accept COVID-19 vaccination.

4. Develop strategies and communication plans to address the issue of vaccine refusal in order to consistently communicate adequate information to maintain the acceptance and cues to behavioural changes towards COVID-19 vaccination.

## RECOMMENDATION

1. A study conducted after first phase
2. Address study limitation
3. Rural quantitative study : specific focus group

# MAIN **OBJECTIVES**

**01**

**To sustain the percentage of acceptance of COVID-19 vaccine among the target groups :**
- **Public : 67%**
- **Elderly : 52%**
- **Co-Morbid (NCD): 67%**

**02**

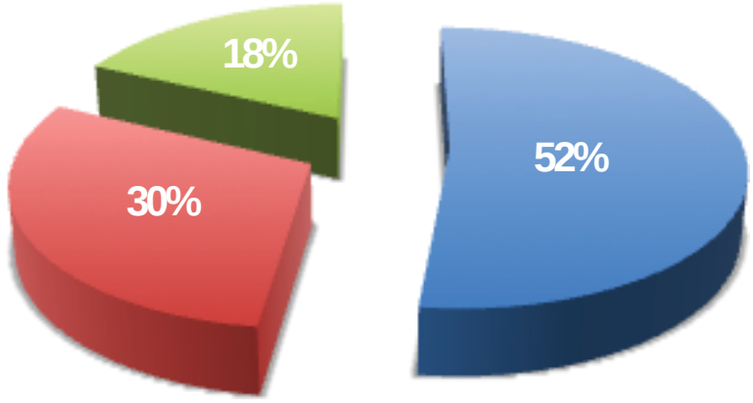
**To influence ‘uncertain’ group to accept COVID-19 vaccine :**
- **Public: 17%**
- **Elderly: 30%**
- **Co-Morbid (NCD): 19%**

SITUATIONAL ANALYSIS

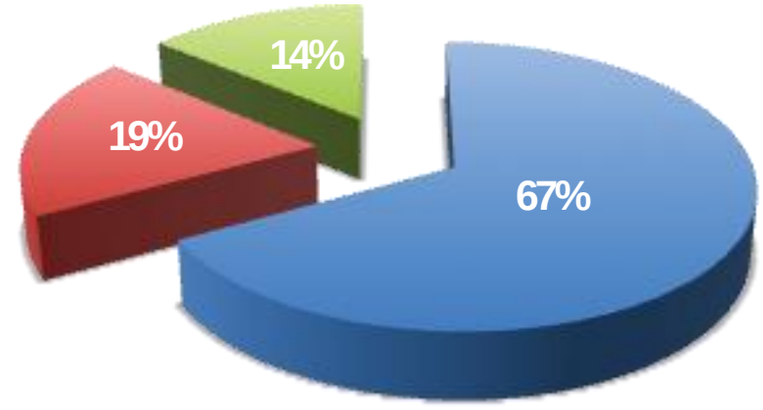
# COVID-19 ACCEPTANCE AND REFUSAL BY TARGET GROUPS



## Elderly (n= 4, 386)



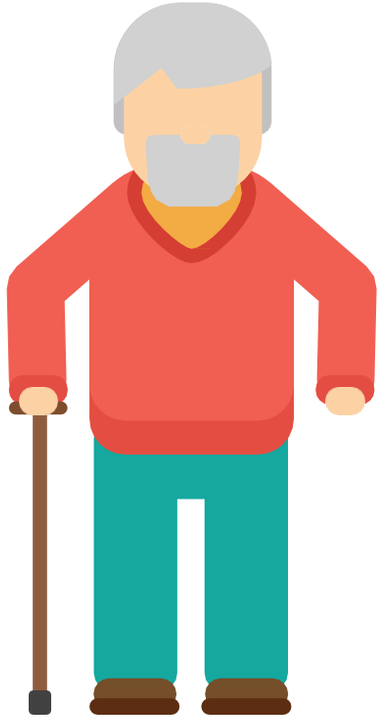

## Co-Morbid (n= 44, 601)



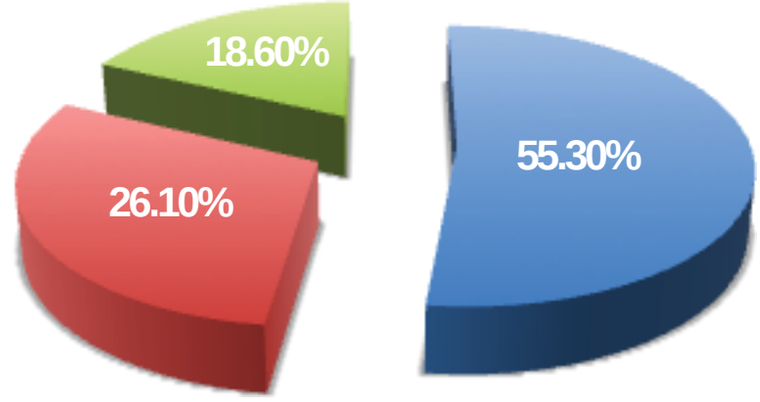

Accept  Refuse  Uncertain

# COVID-19 ACCEPTANCE AND REFUSAL BY TARGET GROUPS





## Elderly with Co-Morbid (n= 2, 919)




Accept Refuse Uncertain

Target

# GROUPS



| | |
|---|---|
| **Frontliners 500,000** | - High risk to be infected and transmit<br>- Direct exposure to individuals, samples and environment |
| **High Risk Groups 6.5 Million** | - High risk of getting complications if infected<br>- Reduce mortality & severe morbidity |
| **Population 18 years and above 16.0 Million** | - Herd immunity<br>- To break the chain of transmission in he community<br>- To reduce social economy implications |

SPECIFIC OBJECTIVES

# INCREASE THE KNOWLEDGE & AWARENESS AMONG THE TARGET GROUPS

## SUSTAIN THE PERCENTAGE OF ACCEPTANCE :

**67.4%**

Confidence on substance of vaccine and production

**67%**

Confidence that vaccine does not cause serious side effects

**89.6%**

Confidence of the effectiveness of vaccine to prevent infection

**95.7%**

Confidence on the safety of the vaccine

SPECIFIC OBJECTIVES

# INCREASE THE KNOWLEDGE & AWARENESS AMONG THE TARGET GROUPS

## REDUCE THE PERCENTAGE OF ‘UNCERTAIN’ GROUP TO ACCEPT VACCINE :

| 48.1% | 67% | 78.8% | 71% |
|---|---|---|---|
| Uncertain substance of vaccine and production | Vaccine cause serious side effects | Effectiveness of vaccine to prevent infection | Safety of the vaccine |

SPECIFIC OBJECTIVES

## MANAGE INFODEMIC AMONG TARGET GROUPS

07

# MINIMISE THE EFFECT OF MISINFORMATION, FALSE NEWS, RUMOURS & AEFI

Risk

# COMMUNICATION PLAN



| FOCUS | STRATEGIES | ACTIVITIES | COMMUNICATION CHANNELS | AGENCIES |
|---|---|---|---|---|
| Increase the positive perception of COVID-19 vaccine through knowledge & awareness :<br><br>Side effects<br><br>Safety<br><br>Effectiveness<br><br>Substance content & production | Optimizing conventional media channels to disseminate information | Advertisement & announcement media | Television:<br>Adverts &Crawlers | MCMM\| RTM \| FINAS BERNAMA |
| | | | Radio: PSA | RTM \| Media Prima \| BERNAMA \| AlHijrah \| Astro \| |
| | | Holding radio & television talks sessions | Television National Radio State local radio | |
| | | Information through printed medias | News Papers, Magazines, Pamphlets, | Department of Information(JAPEN) State JAPEN MOH |
| | | Networking of ‘Speaker Program’ | Posters, Roll ups, Banner, FAQ | |
| | Information via new media | Enhancing dissemination of messages through various social media platforms | Champion Influencer | MCMM (KKMM) |
| | | | Facebook \| YouTube \| Instagram \| Twitter \| Telegram \| WhatsApp \| SMS | MOH<br>MCMM(KKMM)<br>Department of Information(JAPEN)<br>MOSTI |

Risk

# COMMUNICATION PLAN



## FOCUS

Increase the positive perception of COVID-19 vaccine through knowledge & awareness :

Side effects

Safety

Effectiveness

Substance content & production

## STRATEGIES

Dissemination via outdoor media

Collaboration with the public, private sectors, statutory bodies, non-governmental organizations and NGOs

## ACTIVITIES

Establish cooperation with government and private agencies (media owners)

Outreach programs

Wellness Truck & Info on Wheel

Enhance the cooperation with ministries and agencies in delivering messages

Collaborate with religious agencies conveying through sermons and religious sessions

## COMMUNICATION CHANNELS

LED Boards
Billboards

Outreach | Explore | Dialog

Town hall meeting
Talks/ Briefings- CME, CNE
Postmaster

Official websites of agencies

Sermons/ Religious sessions

## AGENCIES

Local Council (PBT)
Public Works Department(JKR)

MOH-State Health Department & District Health Department

Department of Information(JAPEN)
Department of Islamic Development(JAKIM)

State Health Department & District Health Department
Ministry's Corporate Comm

Department of Islamic Development(JAKIM)
State Religious Affairs Department
Religious society

Risk

# COMMUNICATION PLAN



| FOCUS | STRATEGIES | ACTIVITIES | COMMUNICATION CHANNELS | AGENCIES |
|---|---|---|---|---|
| Increase the positive perception of COVID-19 vaccine through knowledge & awareness :<br><br>Side effects<br><br>Safety<br><br>Effectiveness<br><br>Substance content & production | Engage and Empower community agents to convey information at the locality | Appoint, train agents on COVID-19 vaccine | Briefing, talks and training | MOH / MOE<br>Ministry of Housing and Local Government (KPT)<br>COMBI, KOSPEN,<br>IFL, M3,<br>Puspanita |

Risk

# COMMUNICATION PLAN



| FOCUS | STRATEGIES | ACTIVITIES | COMMUNICATION CHANNELS | AGENCIES |
|---|---|---|---|---|
| Managing infodemic (misinformation / false information / rumors / AEFI) | RCCE team to manage false news, misinformation, rumors or AEFI regarding CIVID-19 vaccine<br><br>Engage with trusted influencers, particularly health care personnel to communicate with affected population especially those hard to reach. | Analyze infodemic issues and provide accurate information/ explanation to the target group<br><br>Secure media slots such as call-in radio and television programs where information is provided and the public can ask questions. | Briefing/talks<br><br>Conventional media (TV, radio)<br>Social Media (FB, IG, Twitter)<br><br>New Media (WhatsApp Group / Telegram)<br><br>Postmaster<br><br>Hotline, Email<br><br>Social Media (FB, IG, Twitter) | MOH<br><br>MOH<br><br>MCMM's Corporate Comm (UKK) |

Risk

# COMMUNICATION PLAN



| FOCUS | STRATEGIES | ACTIVITIES | COMMUNICATION CHANNELS | AGENCIES |
|---|---|---|---|---|
| Managing infodemic (misinformation / false information / rumors / AEFI) | **Establish consistent feedback between communities and health responders.**<br><br>**Communicate to the community especially the event affected population.**<br><br>**Identify spoke person based on the trust they have with the population**<br><br>**Establish two-way communication with affected populations, to understand and respond to their concerns.** | **Implement community engagement activities by collaborating with relevant health agents/ NGOs/ organization who have outreach capacity**<br><br>**Prepare customized and targeted IEC materials (videos / infographics / PSA) to the affected community and general public.**<br><br>**Prepare press statement/ release**<br>**Media briefing when necessary**<br><br>**Establish hotlines through telephone calls, email and social media application where public can enquire and receive customized answers.** | **Briefing/talks**<br><br>**Conventional media (TV, radio) Social Media (FB, IG, Twitter)**<br><br>**New Media (WhatsApp Group / Telegram)**<br><br>**Postmaster**<br><br>**Hotline, Email**<br><br>**Social Media (FB, IG, Twitter)** | **MOH and other ministries / agencies** |

Risk

# COMMUNICATION PLAN



| FOCUS | STRATEGIES | ACTIVITIES | COMMUNICATION CHANNELS | AGENCIES |
|---|---|---|---|---|
| Managing infodemic (misinformation / false information / rumors / AEFI) | Ensure that public knows where to obtain up-to-date information (Reliable source)<br><br>Regular monitoring of the feedback from the public<br><br>Identify, engage and empower community agents to deliver the right messages | Share information on medias, internet, social medias, hot lines<br><br>Sentiment analysis/survey<br><br>Appoint, train and monitor community agents on COVID-19 | Conventional Media (TV, radio)<br>Social Media (FB, IG, Twitter)<br><br>New media (WhatsApp Group / Telegram)<br><br>Hotline<br><br>Email<br><br>Postmaster<br><br>Briefing, talks | |

# MESSAGES

| TELEVISION | RADIO | INFOGRAPHIC | VIDEO | PSA/ CRAWLER | FAQ | PRINTING |
|---|---|---|---|---|---|---|
| 35 | 5 | 36 | 12 | 0 | 3 | 0 |

*As of Dec 2020**