



OVERCOMING THE TRUST DEFICIT

Engaging Communities to Succeed in Vaccinating the World Against COVID-19

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Background

To end the COVID-19 pandemic, billions of doses of vaccines will need to be distributed around the world. However, the challenges associated with the global vaccine rollout go far beyond the widely discussed needs for cold chain storage, air freight distribution, and a massive supply of needles and vials. One of the biggest hurdles in reaching the world's most vulnerable people will be [pervasive mistrust in the government agencies](#) that will play a central role in implementing vaccination campaigns.² Vaccine hesitancy, that is driven by mistrust in public authorities, is particularly acute in fragile and conflict-affected settings, in which [long-standing corruption and abuse of power](#) are the [root causes of widespread political grievances and legitimacy gaps](#).³

¹ Cover Image: Mercy Corps team members in Moroto, Uganda participate in a socially distanced outdoor COVID-19 task force meeting coordinated by local authorities. The goal of the task force is to provide guidance and leadership on how the NGO and government sectors can work together to mitigate the problems posed by the pandemic. Photo Credit: Mercy Corps.

² In addition to trust in the actors offering a vaccine, there are other important drivers of vaccine hesitancy, including fear of side effects and concerns about the speed of clinical trials. These drivers and the need to address them through social and behavior change programming are an important part of any vaccine roll-out campaign but are outside of the scope of this brief.

³ Emerging evidence indicates that this dynamic linking mistrust in government actors and vaccine hesitancy may also exist outside of contexts with high levels of state capacity. In France, eroding state legitimacy has been [linked to low acceptance of the COVID-19 vaccine](#). In the United States, [public opinion research](#) shows that mistrust of government efforts among Black communities is associated with greater reluctance to get a COVID-19 vaccine.

The process of rolling out a COVID-19 vaccine will be protracted, [particularly in the world's poorest countries](#). While there are concerted global efforts that are working to accelerate equitable access to vaccines globally, continued public health measures will be needed in the world's most fragile contexts over the next several years [to prevent recurring waves of disease spread and the emergence of new vaccine-resistant strains](#). Even where public health measures are successful at curbing COVID-19 infections and deaths, a prolonged pandemic will further lengthen and intensify secondary impacts on [conflict](#), food insecurity, and inequality. At the same time, ["pandemic fatigue"](#) will [continue to grow](#), particularly among communities for whom COVID-19 is a distant and abstract threat relative to the myriad of challenges that they face on a daily basis related to health, security, hunger, and livelihoods.

In communities that have had few positive experiences with government service delivery, this gap between prioritization of COVID-19 prevention measures by governments and grassroots-level lived realities will further intensify community mistrust in authorities. When community members hold pre-existing beliefs that the government is ineffective or actively malicious, it may be easier to believe disinformation about COVID-19 and the vaccine, than it is to accept that government and international actors are working to address a real problem.⁴ By the time that vaccine campaigns reach communities in fragile and conflict-affected contexts, there is a very real risk that compliance with public health guidelines will be low and vaccine refusal will be high, further prolonging the spread of the virus and fueling protracted waves of conflict and economic disruption.⁵



“If COVID-19 vaccines were available for me and my family, we will not take it because COVID-19 is a scam. I mean since this pandemic began, I have not seen any patients that truly die as a result of COVID-19.”

— Community Member, Benue State, Nigeria

In order to break this vicious cycle, it is necessary to overcome the trust deficit between communities and the actors who will be leading vaccine rollout. Building public trust will require an enormous, united effort from governments, public health experts, humanitarian groups, civil society organizations, the private sector, and local community leaders. This will require **deep and inclusive community engagement** to build trust in the actors that will be distributing the COVID-19 vaccine. It will also entail **improving the trustworthiness of government agencies** by directly addressing the gaps in accountability, inclusion, and effectiveness of service delivery that fostered mistrust in the first place. When linked to ongoing governance and peacebuilding programs focused on strengthening state-society relationships, these types of investments in trust-building for the COVID-19 vaccine rollout have the potential to lay the groundwork for broader transformation of fractured state-society relationships that are an important [root cause of recurring cycles of violent conflict](#) in fragile contexts.

This report collects **evidence from past vaccine rollouts** and examples from **programs implemented by Mercy Corps during the COVID-19 pandemic and other public health crises** to highlight drivers of mistrust in efforts to distribute vaccines in fragile and conflict affected settings. The core takeaway from this review of evidence is that **donors must invest in inclusive community engagement alongside the global vaccine rollout, to ensure a swift end to the pandemic and its associated impacts on conflict,**

⁴ Misinformation is the spread of false information, regardless of intent. Disinformation is the spread of deliberately misleading or biased information. As an example of the kind of misinformation that can spread about vaccines in areas in which mistrust in the government is high, one interviewee in Nigeria's Kogi state said, "No, I would not take it [the COVID-19 vaccine]. It does not matter who is offering it, I would not take it simply because I do not believe in it. I feel since the people who created it [COVID-19] didn't succeed in their mission the first time, they would want to use this vaccine as a means of carrying out their mission of reducing the population of Africans for a second time."

⁵ In addition, implementation of vaccine campaigns in contexts characterized by mistrust in government and ongoing conflict may directly fuel instability and violence by further sparking political grievances, eroding intergroup social cohesion, playing into armed group narratives.

food insecurity, and inequality. Existing evidence indicates that this can be achieved through interventions that: (1) facilitate inclusive planning by communities, (2) train government agencies on the skills and values needed for vaccine rollout, and (3) build equal partnerships with local civil society organizations and community health workers.

What threats does mistrust pose to the global COVID-19 vaccine rollout?

Government actors rolling out the COVID-19 vaccine and related community engagement efforts in fragile and conflict-affected contexts will face three core issues related to mistrust, which will intensify vaccine hesitancy, along with prolonged cycles of disease spread and secondary impacts on conflict, food insecurity, and inequality (Figure 1).⁶

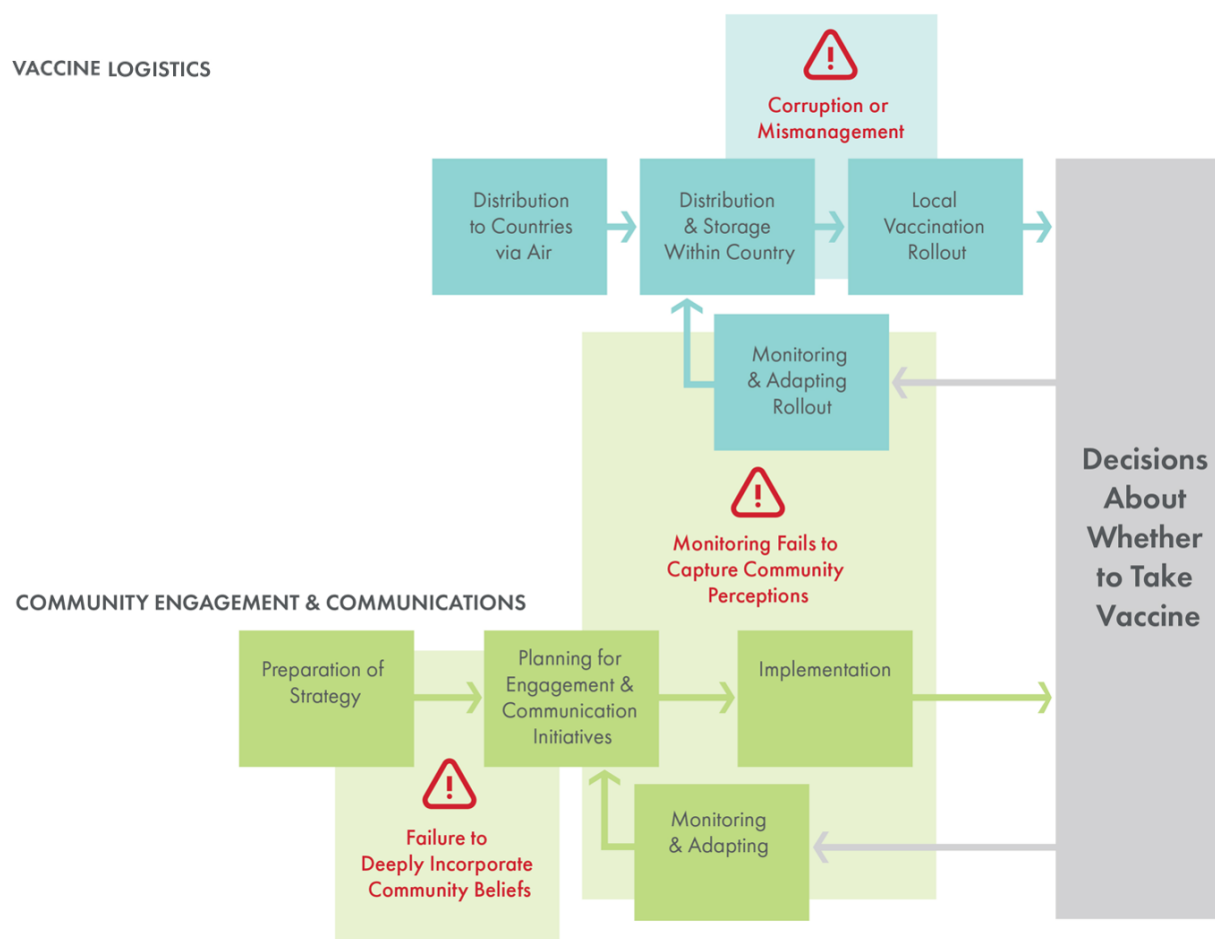


Figure 1. Overview of Vaccine Rollout and Possible Challenges Related to Mistrust in Government

⁶ This is a stylized schematic of the logistical and community engagement components of a COVID-19 vaccine rollout and associated community engagement and communications activities. It does not provide granular detail on each step of the rollout or all of the social and behavioral factors that influence trust in the vaccine or vaccination decisions. In addition, the exact identity of actors involved in each step, will vary across contexts. In ongoing conflicts and complex humanitarian emergencies in which governments are a party to the conflict, international humanitarian and public health organizations will likely play a large direct role in both vaccine logistics and community engagement. In these contexts, community mistrust in and perceptions about international actors will also shape vaccine hesitancy in the ways described here (in addition to mistrust in government actors), and the approaches to community engagement described in this report should be used by such actors to ensure a conflict-sensitive vaccine rollout.

1) Failure to incorporate community-level beliefs and perceptions into vaccine initiatives – especially from minority groups or excluded communities – can lead to increased mistrust. Qualitative research conducted by Mercy Corps in **South Sudan** shows that public health messaging by government and international actors at the start of the COVID-19 pandemic failed to reflect local understandings of disease prevention. This failure to engage communities in developing public health messaging around the pandemic fueled fear and reduced compliance with public health guidelines. In the words of one community member: “People are not allowed to think in their own way for solutions to COVID. It is good to educate people on the dangers of a disease that has happened, but again, you have to ask people--were there diseases that came to the community that killed people in the past, and can we learn any lessons from how the community overcame those diseases in the past?”

In the context of COVID-19, some of the most important community-level beliefs and perceptions that need to be incorporated in planning for a disease rollout are around the existence and importance of the disease itself. In qualitative interviews conducted in **Nigeria**, community members expressed skepticism about whether COVID-19 is real and expressed the idea that “people need to be vaccinated against poverty and hunger, not COVID-19”.



“I am no longer worried about COVID like I was when it started, because now I know how it can be treated. There are other problems here to be worried more about.”

— Male Community Member, Benitu, South Sudan

2) Vaccine shortages, logistical challenges, and implementation decisions can reinforce mistrust of government. This will be especially difficult in areas where communities have low levels of trust in the government due to previous experiences with ineffective service delivery or targeted repression. Even in cases where the COVID-19 response and vaccine distribution are managed well, normal decisions about targeting and setbacks in vaccine distribution (such as delays, shortages, and equipment failures) could reinforce broader narratives about government ineffectiveness, bias, and corruption -- which will decrease trust in vaccine rollout and increase vaccine refusals. For example, during the 2013-2016 West Africa Ebola Epidemic, vaccine trials in **Ghana** – a country without Ebola cases – chose a set of communities as the main study site. This selection led to the spread of rumors that the government intended to use the vaccine trials to deliberately eradicate the residents of the target communities ahead of the upcoming elections, which increased community resistance to the clinical trial, resulting in its eventual cancellation.⁷

3) Top-down monitoring and feedback systems will not capture community perceptions and behaviors regarding local vaccine rollout and communication initiatives. Failure to incorporate local knowledge into monitoring vaccine rollouts will create blind spots for implementers where they will fail to detect emerging negative sentiments, tensions, or misinformation during vaccine rollout, accelerating cycles of mistrust and vaccine refusal. Conversely, incorporating community members, civil society organizations (CSOs), and Community Health Workers in monitoring vaccine rollout can help to build trust in the process. Bottom-up monitoring by local actors builds trust and buy-in by giving community members the opportunity to voice their observations, perspectives, and grievances about the rollout. CSOs and Community Health Workers are then able to relay these local perspectives back to the actors implementing the vaccine rollout,

⁷ Aggrey, J., & Shrum, W. (2020). Politics and trust in Ebola vaccine trials: The case of Ghana. *Politics and the Life Sciences*, 39(1), 38-55. doi:10.1017/pls.2020.1

allowing for adjustments to both the delivery plan and the community engagement strategy. For example, in **Tajikistan**, Mercy Corps trained local civil society organizations to help monitor the government rollout of a diphtheria vaccine in 2012, which helped to identify and prevent potential problems with the supply chain, such as vaccines becoming spoiled during transport or uneven coverage of vaccine distribution.

What will work to overcome mistrust in the COVID-19 vaccine rollout?

Three types of intervention can be used to build community-level trust in the government actors delivering a new vaccine (and in the vaccine itself): 1) community participation in preparation and planning, 2) training for government agencies on community participation and vaccine logistics, and 3) partnerships with CSOs and Community Health Workers on community engagement and monitoring (Figure 2).⁸

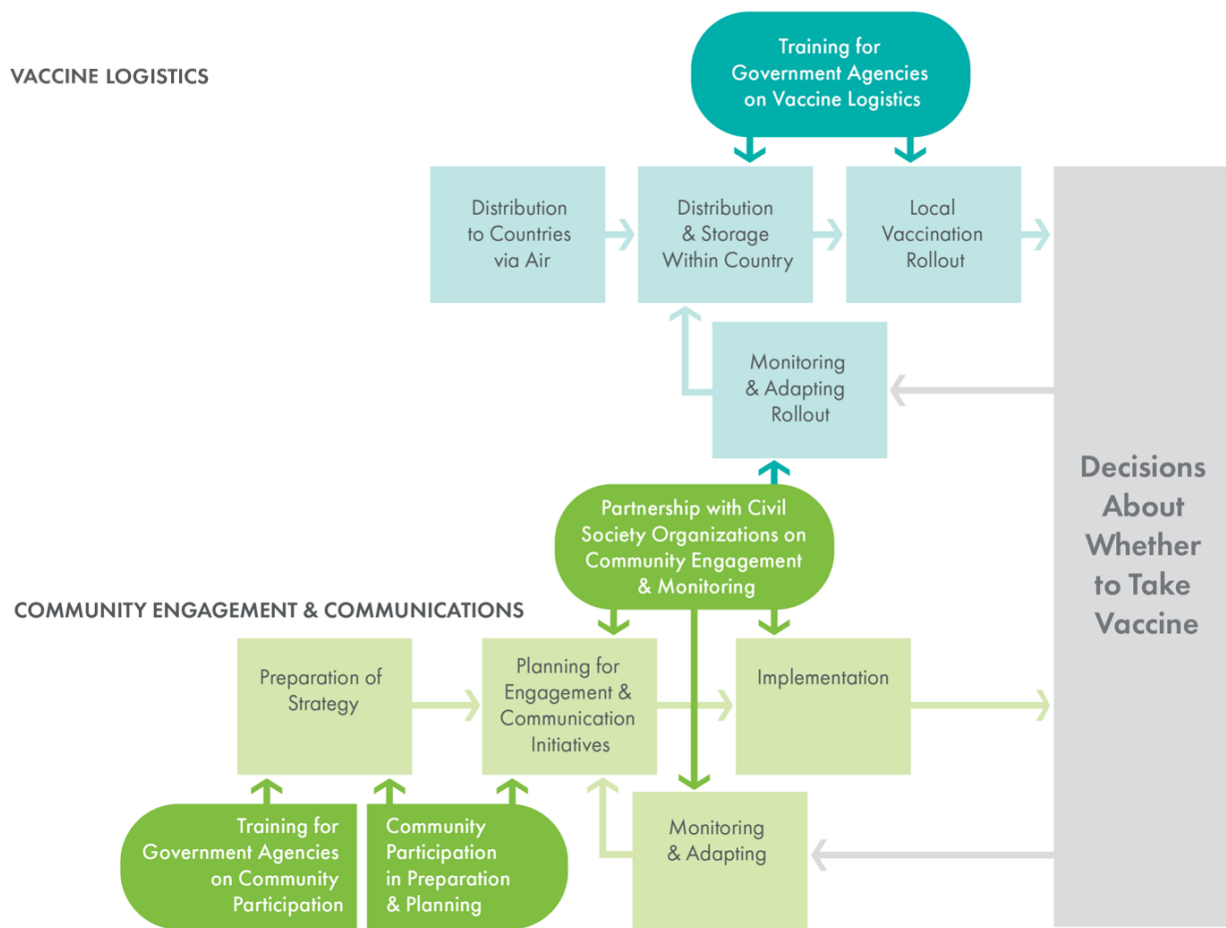


Figure 2. Overview of Key Interventions for Building Community Trust in a Government-led Vaccine Rollout

⁸ These types of trust-building interventions should be paired with core social and behavior change practices, including social listening, audience segmentation, and assessment of behavioral barriers to vaccine acceptance.

Community Participation in Preparation and Planning

What it is and how it works: Ongoing, inclusive community engagement and participatory planning is a vital tool for incorporating local perceptions, beliefs, and needs into a vaccine rollout. Facilitating meaningful community participation reduces mistrust in a vaccine by helping to increase local perceptions that the government and its implementing partners are listening to and addressing their concerns and needs, **including broader health and development needs that extend beyond the immediate vaccination campaign.**

Evidence from past vaccination efforts: The Malaria Research Training Center at Mali's University of Bamako incorporated participants' and ordinary community member's views into the rollout of ten malaria vaccine trials. Overall, the community engagement process strengthened the relationship and trust between researchers and the communities, resulting in a 95% follow up rate during the vaccine trials, and a sense of community ownership over the research.⁹

Example from the West Africa Ebola response: When the West Africa Ebola epidemic spread across Liberia in 2014-2015, [Mercy Corps launched a unique community engagement program](#) that combined public health messaging with community-led efforts to identify locally relevant priorities and responses. The program reached 2.4 million people – more than half the total population of Liberia – and trained more than 15,000 local residents as community educators. These community educators mobilized their villages, who were given added flexibility to decide which response activities worked best in their community. Over five months, areas where the program was implemented saw an increase in acceptance of health workers deployed in Ebola Treatment Units from 15% to 68%.

Training for Government Agencies on Community Participation and Vaccine Logistics

What it is and how it works: This type of intervention involves using workshops, courses, and/or coaching to support government decision-makers and implementers with the necessary technical and good governance skills to implement vaccine programs and community engagement campaigns. Training programs [help decision-makers understand and implement principles](#) such as inclusion, accountability, and transparency as a critical component of vaccine rollouts. These changes in norms and behaviors will help to increase public trust in vaccination campaigns by ensuring that government-led vaccine rollouts serve the public interest and incorporate diverse community needs and perspectives.

Evidence from past vaccination efforts: In Latin America, the Pan American Health Organization's ProVac initiative trained cross-sectoral government teams from 17 countries to increase the transparency of decision-making around implementation structure and planning and the efficiency of vaccine distributions through evidenced-based decision-making.¹⁰

Example from the COVID-19 response: In Northeast Nigeria, Mercy Corps is providing ongoing technical assistance to the Borno State Special Task Force on COVID-19 in adapting their response plan to address local community priorities and grievances and working directly with community-level committees to build their capacity for effectively engaging local and state government actors to ensure that local needs and priorities guide the COVID-19 response. Input from community members has been incorporated into the

⁹ Nyika, A., Chilengi, R., Ishengoma, D. et al. (2010) Engaging diverse communities participating in clinical trials: case examples from across Africa. *Malaria Journal*, 9 (86).

¹⁰ Andrus, J. K., Jauregui, B., De Oliveira, L. H., & Ruiz Matus, C. (2011). Challenges to building capacity for evidence-based new vaccine policy in developing countries. *Health Affairs*, 30(6), 1104–1112.

statewide response plan, building trust between local communities and government actors, and increasing community acceptance of COVID-19 plans and messaging.¹¹

Partnership with Civil Society Organizations and Community Health Workers on Community Engagement and Monitoring

What it is and how it works: Partnering with local civil society organizations and community health workers can help these actors build skills and connections to facilitate community participation and assist with delivery of locally-tailored communications. Civil society organizations in particular have a special role to play in holding government actors accountable, advocating for better policies by sharing their local experience. Empowering local partners and community health workers ensures that community engagement plans, education, and monitoring/feedback systems are connected to understanding of community perceptions and behaviors by drawing on the priorities, knowledge and skills of local organizations and volunteers, rather than top-down priorities of donors, INGOs, or governments. Localized knowledge, in turn, helps improve planning, outreach preparation, identification of target populations, community registration/mapping, tracing, and logistics.

Evidence from past vaccination efforts: An analysis of **Rwanda's** rollout of four new vaccines over five years shows how local leaders, development partners, civil society organizations and widespread community health worker networks were mobilized to support communication efforts. Resulting high turnout on vaccination days led to near-universal coverage rates and declines in child mortality, from 76 to 50 deaths per 1000 live births between 2010 and 2015.¹² In **Europe**, studies on civil society organizations show that they have become important drivers in the introduction and sustainability of new vaccines through innovative communication on vaccination benefits that utilize public events, celebrities, and social media. Working with experts, civil society organizations can also be an important bridge between the scientific community and the general public, helping increase overall public confidence in vaccination.¹³

Example from the COVID-19 response: In **Iraq's** Salah al-Din Governorate, Mercy Corps trained Community COVID-19 Response Committees made up of diverse community leaders, youth groups, and women's groups to distribute hygiene kits and communications materials through door-to-door visits, community events and social media, reaching 23,000 families. The committees also distributed PPE to hospitals and elementary school students and launched a multi-channel public health campaign around hygiene and cleaning, reaching over 50,000 people.

¹¹ In addition, Mercy Corps has led behavior change interventions and trainings focused on members of the state-level COVID-19 task force, to help increase the adoption of preventive behaviors such as mask wearing and social distancing by political leaders. These trainings have been requested by community leaders and members of local CSOs, who observed that low adherence to prevention protocols by political leaders was slowing adoption of such behaviors within communities.

¹² Gatera, M., Bhatt, S., Ngabo, F., Utumuliza, M., Sibomana, H., Karema, C., Mugeni, C., Nutt, C. T., Nsanzimana, S., Wagner, C. M., & Binagwaho, A. (2016). Successive introduction of four new vaccines in Rwanda: High coverage and rapid scale up of Rwanda's expanded immunization program from 2009 to 2013. *Vaccine*, 34(29), 3420–3426.

¹³ Laurent-Ledru, V., Thomson, A., & Monsonego, J. (2011). Civil society: A critical new advocate for vaccination in Europe. *Vaccine*, 29(4), 624–628.

Recommendations

To ensure inclusive community engagement and communications initiatives are incorporated in the global COVID-19 vaccine rollout, we urge the U.S. Administration to:

- **Obligate expeditiously funds for foreign assistance in the American Rescue Plan to locally trusted INGOs to conduct comprehensive community engagement programs before and during the global vaccine rollout.** USAID should launch new initiatives built on deep and inclusive local participation and these efforts should be implemented and adapted throughout the full duration of global vaccine rollout. Specifically, USAID's Global Health Bureau and Bureau for Humanitarian Assistance should deeply integrate community engagement approaches within broader support for COVID-19 response and vaccine preparedness.
- **Rely on the evidence-based approaches to community engagement, which show the importance of combining community participation with investments that build the effectiveness and accountability of local governments and CSOs.** These investments should draw on the evidence on community engagement from the fields of [public health](#) and [governance](#) that has been summarized throughout this report. These prioritized approaches to community engagement include:
 - Incorporating participatory planning and two-way dialogue with communities to ensure that vaccine rollouts (and broader public health and development solutions) are co-created with communities to reflect their needs, concerns and ideas;
 - Training and supporting government decision makers on how to incorporate diverse community needs and good governance principles in vaccine rollouts and broader service delivery;
 - Partnering with a broader range of community, civil society, and INGO partners beyond solely public health, including partners with backgrounds in governance and peacebuilding.
- **Maintain and increase investments in governance and peacebuilding programs that focus on building trust between communities and the government.** In fragile and conflict-affected settings where the scale-up of mass vaccination campaigns may be delayed, investment in building trust in local actors is needed now to lay the groundwork to execute a successful vaccine rollout. As such, more investment is needed in programs run by USAID's Bureau for Conflict Prevention and Stabilization and the State Department's bureaus in the Civilian Security, Democracy, and Human Rights Under Secretariat to complement community engagement focused on COVID-19 vaccine acceptance. Specific types of programming approaches to prioritize include:
 - Government-community dialogues,
 - Town hall forums,
 - Community score cards, and
 - Building local civil society capacities and networks for citizen-centered advocacy.
- **Leverage the World Health Organization (WHO) for a stronger response.** The Biden-Harris Administration has already rejoined the WHO, but this alone is insufficient. The United States must assert its voice and vote in the WHO to push for a more effective COVID-19 response. Specifically, the United States should encourage the WHO to invest in and continue to strengthen its community engagement response to ensure that COVID-19 vaccine implementation plans include direct dialogue and planning exercises with affected communities.
 - To support this effort, the U.S. government should second community engagement experts to the WHO and other relevant multilateral bodies to provide technical expertise throughout the vaccine rollout. In addition to experts with a background in social and behavior change,

this should also include development and governance practitioners with experience in community-driven development, social accountability, and civil society strengthening.

- The U.S. government should also urge the WHO to expand its work with Ministries of Health focused on ensuring that vulnerable and marginalized populations are included and active participants in planning and implementing vaccine distribution. This will entail ensuring that local-level Ministry of Health personnel are trained in the skills needed for facilitating inclusive community planning and are granted sufficient autonomy to adapt plans and communications strategies based on feedback in partnership with local CSOs.
- **Robustly fund the [ACT-Accelerator](#), including the health systems strengthening pillar.** Support for the Health Systems Strengthening pillar is needed to train civil servants and frontline health workers to incorporate diverse community needs and perspectives into vaccine rollout plans in order to build trust and expand the reach of the vaccine.

Moreover, the U.S. Congress has a critical role to play in helping to meet a 40% spike in global humanitarian need and overcome the trust deficit. Congress has taken important steps, including in the American Rescue Plan, to address the pandemic globally. Still, funding falls short of meeting global needs and no supplemental resources have been provided for long-term development and conflict prevention efforts. We call on Congress to:

- **Increase funding by at least 20% to the humanitarian accounts (International Disaster Assistance and Migration and Refugee Assistance) in the State and Foreign Operations appropriations bill in fiscal year 2022.** Around the world, the effects of COVID-19 are pushing 115 million people into poverty and 13 countries are likely to experience new conflicts in the next 2 years.
- **Invest in long-term economic recovery by increasing the development accounts (Development Assistance and Economic Support Fund) by at least 20%.** These investments will be crucial to addressing the impacts of COVID-19 on inequality.
- **Invest in long-term peacebuilding by increasing the conflict prevention accounts authorized under the Global Fragility Act** (\$200 million for the Prevention and Stabilization Fund; \$50 million for the Complex Crises Fund; and \$25 million for the Multi-Donor Fragility Fund). These funding increases will be essential for addressing the impacts of COVID-19 on insecurity.

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About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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