

Using community influencer groups to address COVID-19 misinformation and vaccine hesitancy in Buikwe, Uganda

Investigators:

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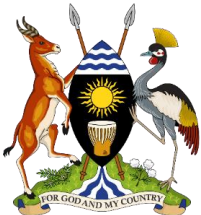
Collaborators:

Dr. Alfred Driwale and Dr. Immaculate Ampaire,
Uganda National Expanded Program on Immunisation



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Introduction

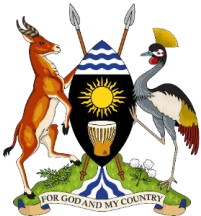


- “We are not just fighting a pandemic; we are fighting an infodemic,” Tedros Ghebreyesus, WHO's director-general (*The Lancet Infectious*, 2020).
- Misinformation compromises acceptance and adherence to preventive measures, including acceptance of a future COVID-19 vaccine.
- COVID-19 vaccine hesitancy has been reported in the US (34%) (Perlis et al., 2020) and Italy among university students (13.9%) (*Barello, Nania, Dellafiore, Graffigna, & Caruso, 2020*)
- Addressing COVID-19 misinformation is important to ensure acceptance of a future COVID-19 vaccine.



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Problem statement



- A effective COVID-19 vaccine is one of the most potent interventions against COVID19 morbidity and mortality from the same.
- However, coverage for many routine vaccines is still below the targets (*WHO, 2015*), especially in districts like Buikwe.
- COVID-19 misinformation if left unattended, can derail genuine efforts to increase uptake of the COVID-19 vaccine and thus putting many lives at risk of infection and mortality.
- We propose to determine the prevalence of COVID-19 misinformation and vaccine hesitancy, and thereafter implement a dialogue-based social mobilization activities using community influencer groups to in intervene in Buikwe.

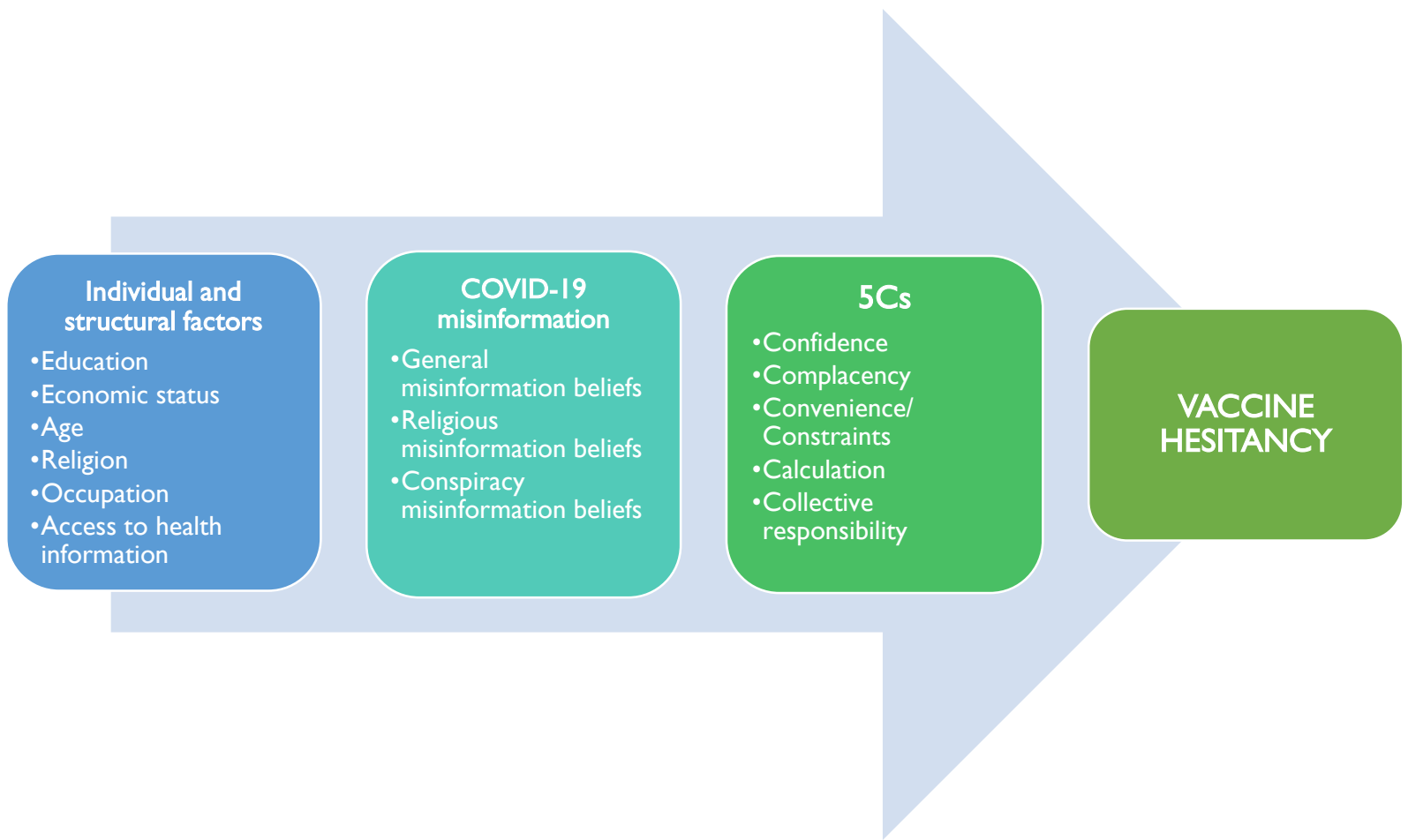


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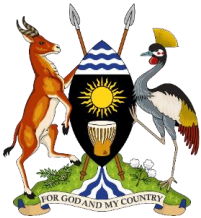


Conceptual framework



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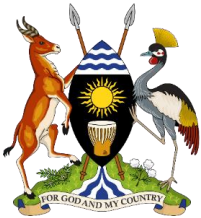
Study objectives

1. To determine the prevalence of COVID-19 misinformation in Buikwe.
2. To determine the prevalence of COVID-19 vaccine hesitancy in Buikwe.
3. To explore the effect of COVID-19 misinformation on hesitancy towards a future COVID-19 vaccine.
4. To form and empower community influencer groups against COVID-19 misinformation and COVID-19 vaccine hesitancy.
5. To evaluate the effect of community influencer groups on COVID-19 misinformation and COVID-19 vaccine hesitancy.



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Methods



Mixed methods study

- Quantitative methods – questionnaire
 - Pre- and post-intervention assessment
 - Two arms, two villages randomly assigned to each arm
- Qualitative methods – in depth interviews



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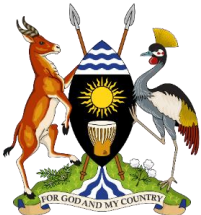
Study Population

- Healthy men and women, 18-65 years who normally reside in the visited households will be included. One participant per household.
- Participants from households that are under COVID-19 isolation or quarantine, and do not have access to a mobile phone will be excluded.



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The intervention

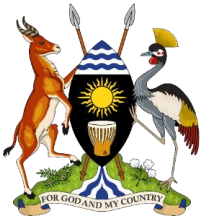


- A dialogue-based social mobilization intervention using community groups of social influencers.
- Groups of ten members, 5 men and 5 women, will be formed per village.
- They will include local, religious and cultural leaders, VHTs and other community members.
- They will be selected through stakeholder engagements.
- They will be trained and provided with IEC material
- They will perform IEC functions in their communities.



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Study outcomes



Primary outcomes

1. The proportion of community members with COVID-19 misinformation
2. The proportion of community members with COVID-19 vaccine hesitancy

Secondary outcome

- The psychological determinants of vaccination: confidence, complacency, constraints, calculation and collective responsibility.



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Data collection methods and tools



1. Baseline study

(Sequential exploratory mixed methods design)

- **Qualitative:** KIIs and FGDs
- **Quantitative:** Household survey by phone interview and face-to-face interviews using an electronic questionnaire

2. Intervention design and implementation

- Collaboratively designed with the community members and local leaders.
- Will be implemented over 6 months

3. Endline study

- **Quantitative:** Household survey by phone interview and face-to-face interviews using an electronic questionnaire



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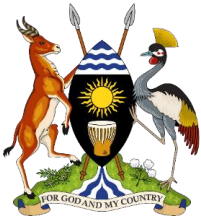
Data analysis

Data type	Tools	Techniques
Quantitative	Stata Ver. 14	<ul style="list-style-type: none">• Chi-square test and logistic regression using intention-to-treat analysis• Difference in difference analysis
Qualitative	Nvivo Qualitative Data Analysis Software	<ul style="list-style-type: none">• Thematic content analysis



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Ethical considerations

- Ethics Approval was obtained from the MakSHS REC and the UNCST.
- Administrative clearance from Buikwe district administration.
- Informed consent sought from all participants.
- Confidentiality and privacy.
- Identifiers such as phone numbers used for research purposes, and not be linked to any data.

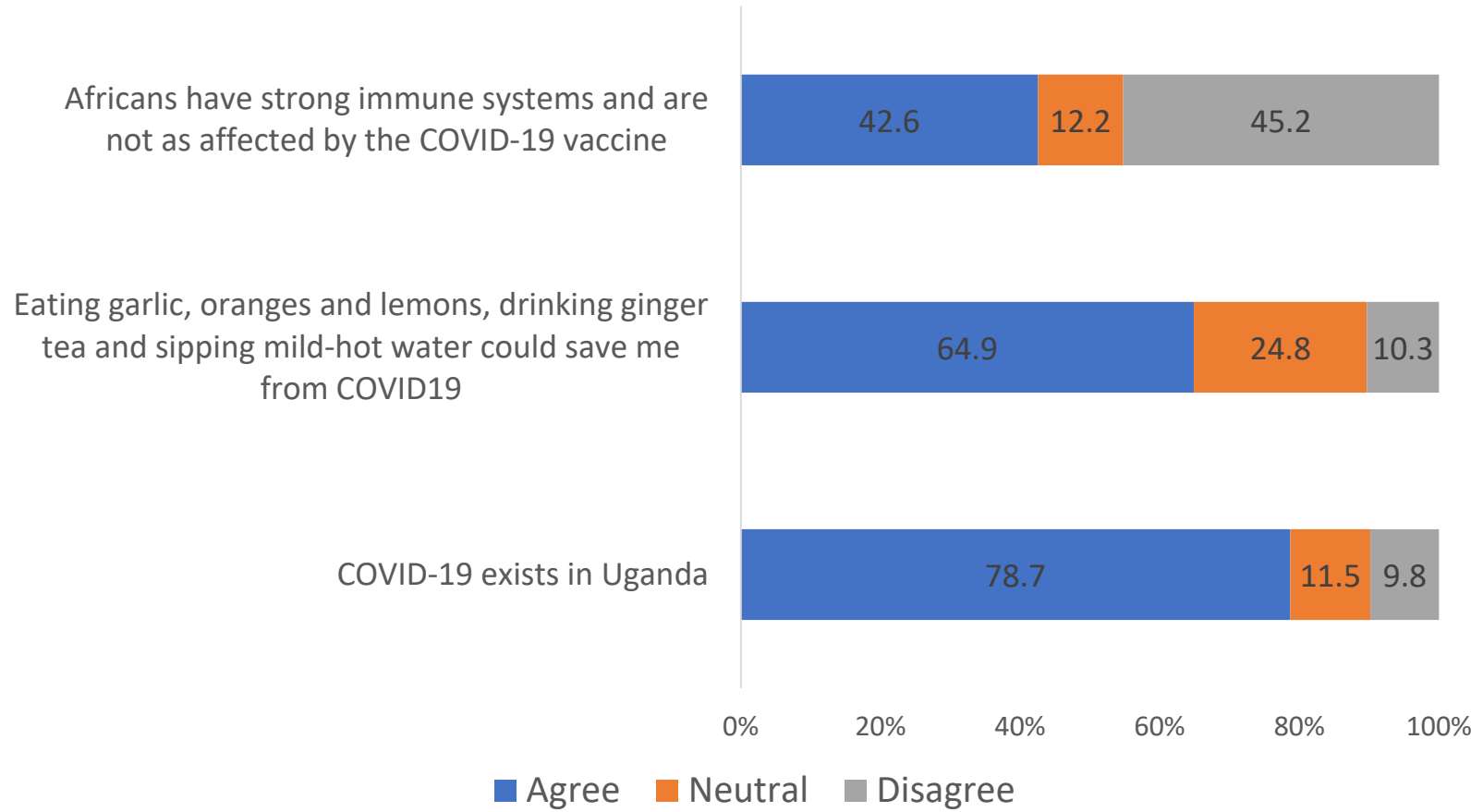


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General misinformation





Conspiracy beliefs



The government fakes evidence relating to significant world events to deceive citizens



The government keeps many secrets from the public



A lot of information about diseases and treatments is withheld from the public



Government funded scientists manipulate evidence in order to support existing government policy



The rapid spread of COVID-19 is the result of the deliberate, concealed efforts of some organizations...



0% 20% 40% 60% 80% 100%
Percentage of households

■ Agree ■ Neutral ■ Disagree



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Religious misinformation beliefs



Information provided by religious leaders is more accurate than that provided by scientists about COVID



Information provided by religious leaders about COVID cannot be harmful



Information provided by religious leaders about COVID is accurate



0% 20% 40% 60% 80% 100%
Percentage of households

■ Agree ■ Neutral ■ Disagree



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End-line assessment

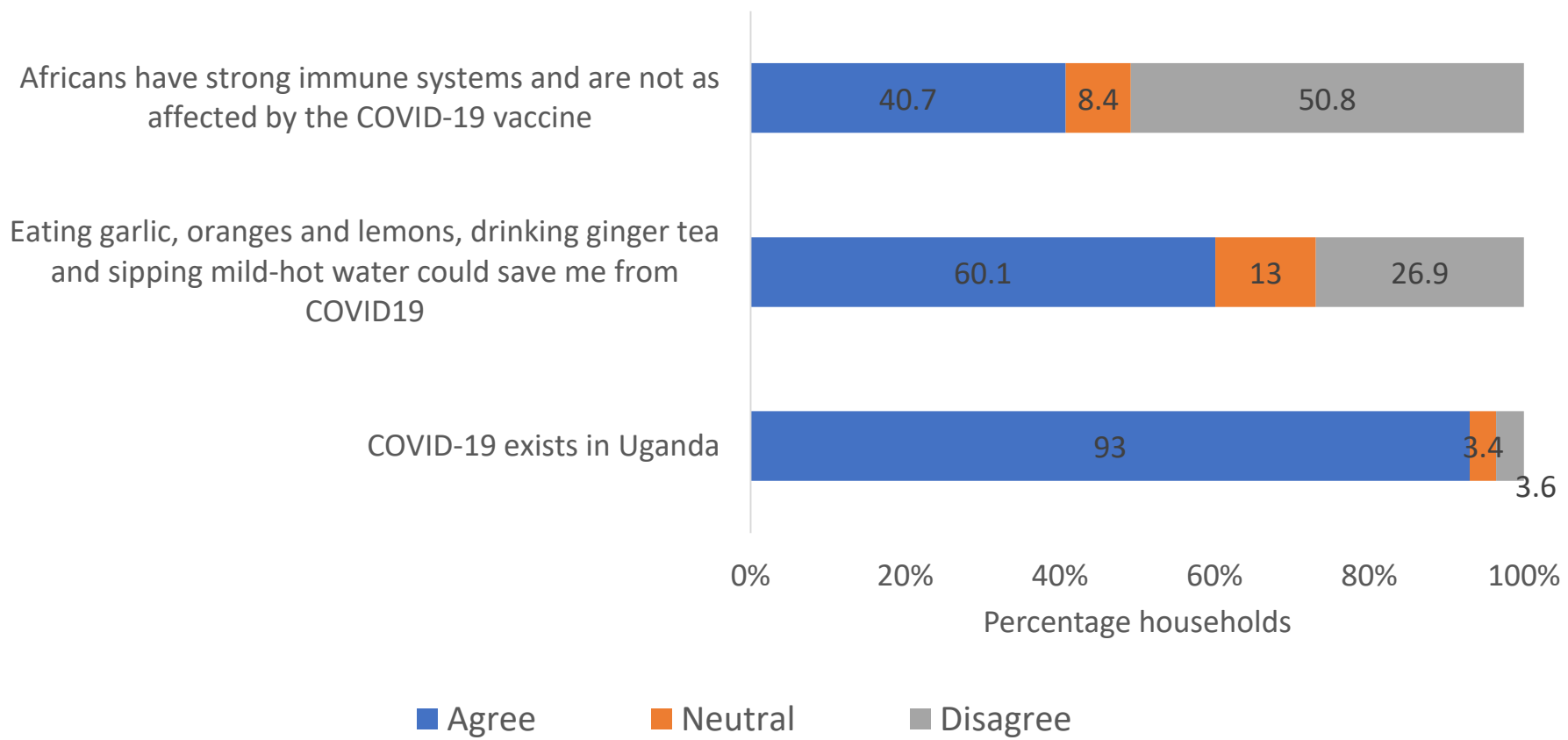


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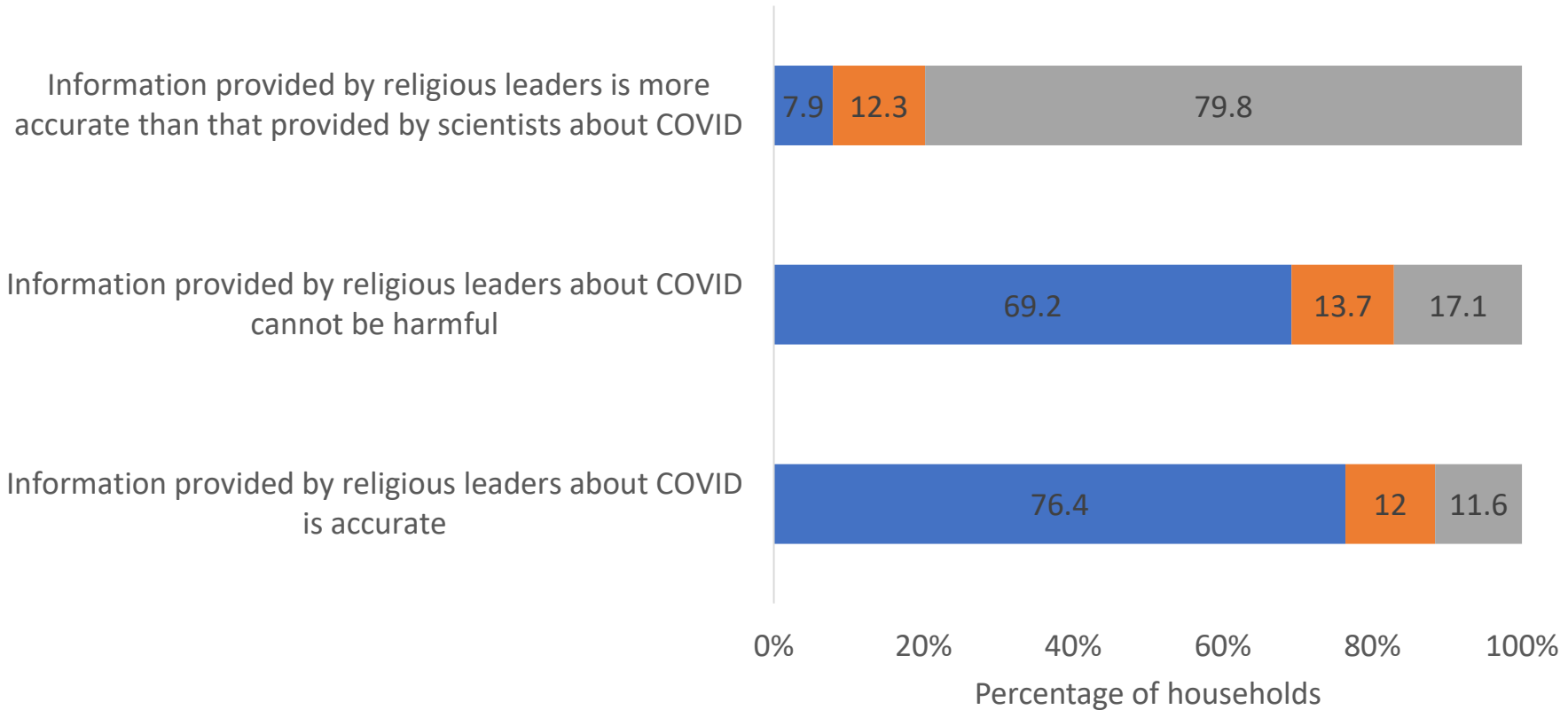


General beliefs





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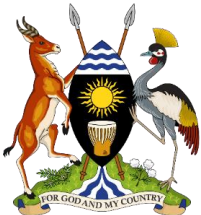


Thank you Questions?



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References



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