[**Vaccine hesitancy**](https://www.dawn.com/news/1629272/vaccine-hesitancy)

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MY mother was excited to hear about discounted fares on PIA for over-50s who were vaccinated. Here’s the rub: she’s still too anxious to get on a plane because she doesn’t trust the level of protection offered by the vaccine she received. Her conundrum highlights the flaws in carrot-and-stick approaches to public vaccination.

We are not the first to think of incentives. From gold nose studs in Rajkot to cows in Thai villages, creative efforts to accelerate the pace of vaccination are underway. But there are mixed views on the extent to which incentives work. A Boston University study found that cash incentives boosted uptake among rich and poor alike, but that higher amounts of cash did not further increase take up. Additionally, those who were reluctant at the outset were not noticeably swayed by cash. States may be emptying their coffers to reward members of the public who would have come forward for a jab anyway.

True vaccine sceptics are unlikely to be incentivised. They may see rewards as cynical ploys or outright bribes. The challenge is greater in countries like Pakistan where vaccine hesitancy predates the Covid-19 pandemic. A recent study by Monica Martinez-Bravo and Andreas Stegmann showed that after the CIA ploy to find Osama bin Laden using health workers pretending to carry out vaccinations, child vaccination rates decreased by between 23 per cent and 39pc in areas with support for religious groups (used as an indicator of exposure to anti-vaccine extremist narratives).

And that’s where the stick comes in. Punjab plans to suspend the SIM cards of the unvaccinated; Sindh plans to pause the salaries of government employees until they’re jabbed. People will be held economically hostage until they relent. This may prove more effective than incentives, but how much more?

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There is a lively global debate underway about the human rights implications of mandating vaccinations. Some argue that getting vaccinated is a personal decision, and people have rights to liberty, privacy, protections against discrimination (different treatment for the unvaccinated), and freedoms of thought, conscience and religion (drivers of vaccine refusal). Others argue that these rights can be infringed upon for the public good. And what about the rights to health and safety for those who must mingle with the unvaccinated?

Pakistan is unlikely to engage in a profound debate about such rights implications. But the government will have to deliberate the pros and cons of different approaches if vaccine take up stalls even after supply issues begin to be addressed.

In an LSE blog, Saher Asad, Javaeria Qureshi, Mariam Raheem, Taimur Shah and Basit Zafar cite a December 2020/January 2021 Economic Vulnerability Assessment survey run by the Centre for Economic Research in Pakistan in which one-third of respondents said they would not get vaccinated. The authors’ analysis of this and other surveys did not find any correlation between vaccine hesitancy and respondents’ socioeconomic status, location (urban or rural), or level of education. The analysis found that most hesitancy was driven by concerns about vaccines’ safety.

This suggests that rather than push rewards or penalties, the government should double down on efforts to get broad public buy-in for a national vaccination programme. Existing plans for a billion-rupee awareness campaign are a good start, as are plans to ‘push’ vaccinations to people, for example, outside shrines.

But more is needed. Asad et al’s finding that fear is a key driver for slow take up emphasises the need for awareness. This means more transparency (and less politics) about the efficacy of different vaccines. Credible interlocutors — not only doctors and scientists but also well-briefed community leaders such as imams — shou­­ld also be tasked with promoting vaccination. Info sessions about vaccines should be planned at diverse locations: factories, mosques, constr­u­ction sites. Simple explanations about how vaccines work, and why they matter, should be broadcast relentlessly on television and radio.

Asad et al also recommend that the government devise ways for people to publicise their vaccination. Social media hashtags would work for an online audience, but something with wider public appeal — a badge or reusable water bottle — would be more effective. This is important because the researchers found a significant discrepancy between the number of people willing to get vaccinated, and respondents’ perceptions of how many will go for a jab. What better motivator could there be than a hearty recommendation by a cousin, colleague or co-congregant?

Finally, the government must clamp down on any risk of corruption or favouritism in the vaccine roll-out. Fears that a vaccine is expired, or that certain brands will only be available to ‘first-class’ citizens, will undermine the initiative’s credibility. That’s not a risk Pakistan can take.

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