

# Why Trust Matters: Strengthening Polio Vaccination in Conflict and Post-Conflict Contexts

Highlights from a literature review

2026

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# 1

## **Rationale for Focusing on Trust in Public Health**

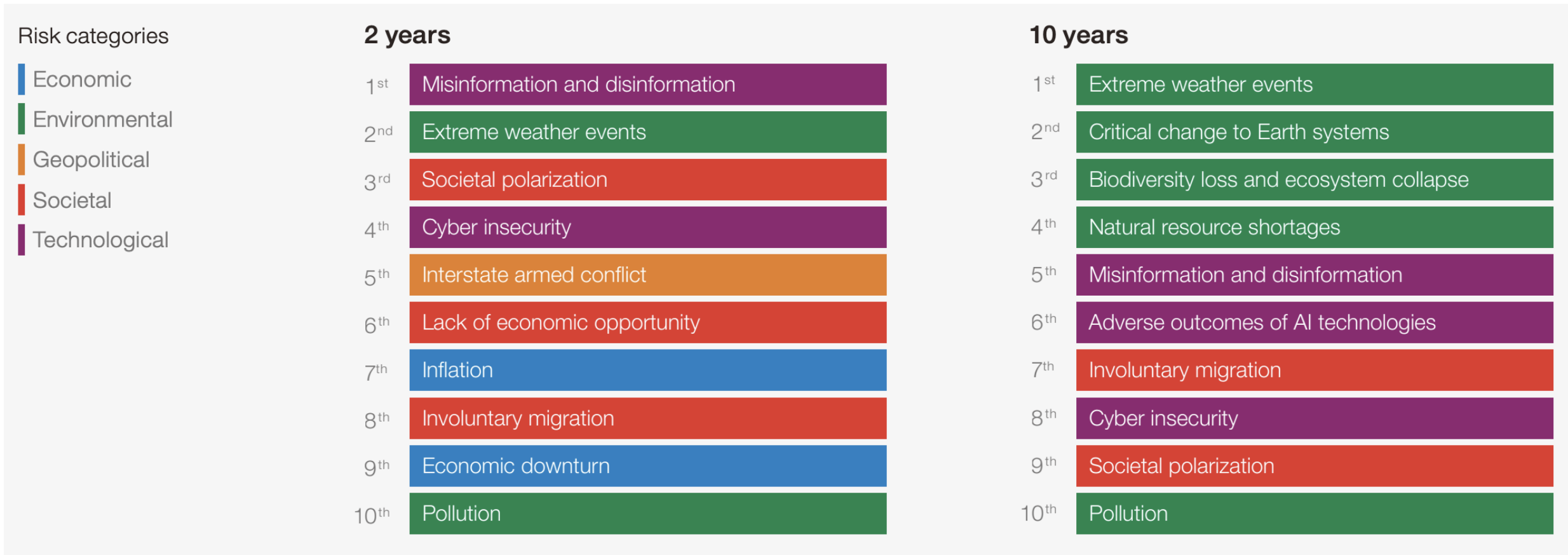
# Trust: The Foundation of Effective Health Investments

- Trust is **a key determinant of successful epidemic, pandemic and health emergency preparedness and response** (WHO, 2024)
- Without trust, technical information is dismissed as “noise,” (Slovic, 1987)
- Trust is thus essential for vaccination, outbreak response, and resilient systems



# Eroding Trust: A Global Risk Beyond Health

World Economic Forum ranks declining trust among the most severe global risks, affecting health and society alike.



Source: World Economic Forum Global Risks Perception Survey 2023-2024.

# Why Health Depends on Trust More Than Any Other Sector

1. **High stakes:** illness, disability, death
2. **Knowledge asymmetry:** people rely on expert advice they are unable to verify
3. **Interdependence:** one person's decision affects the whole community (e.g., herd immunity)
4. **Historical burdens:** colonial medicine, unethical trials, systemic inequities.



# Trust Helps Turns Information Into Action

- **Trust reduces complexity**: it allows people to act without needing all the technical details.
- **With trust** -> people follow guidance, even under uncertainty.
- **Without trust** -> even accurate information fails to catalyze action.

# Trust is Fragile

- **Cascading failures:** The Nigeria polio boycott (2003–2005) and West Africa's Ebola crisis show how quickly trust erosion can collapse even well-resourced systems.
- **Hard to rebuild:** A single breach can undo decades of trust, and facts alone cannot restore it.



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# **Conceptualizing Trust**

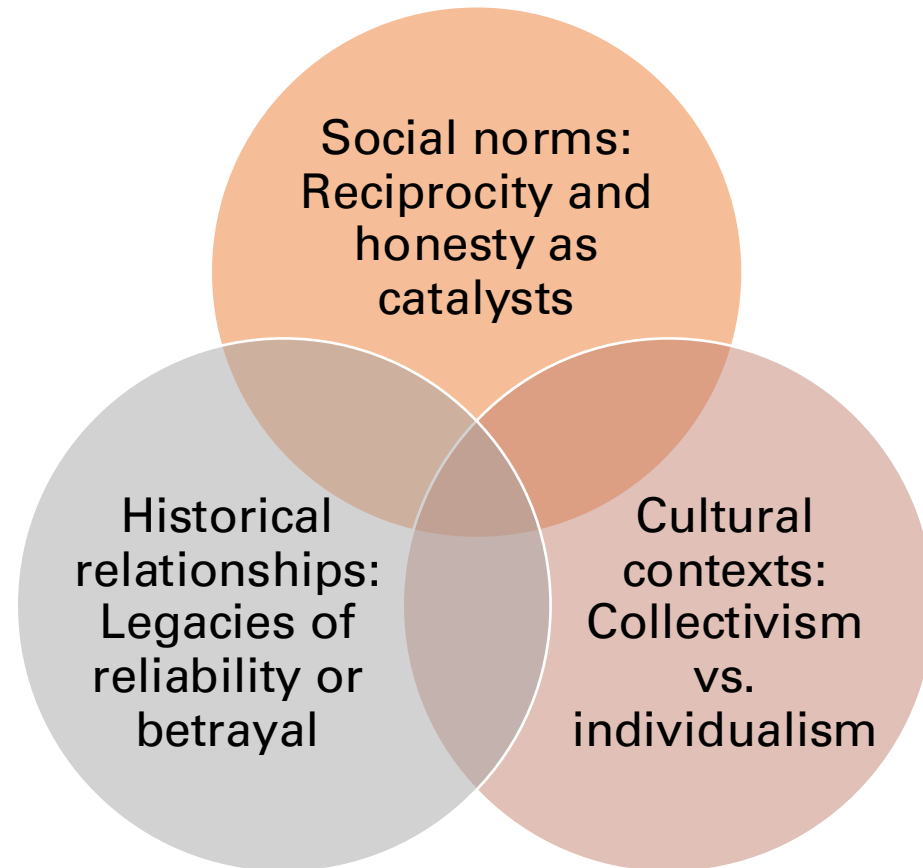
# Conceptualizing Trust

- No universally agreed-upon definition.
- Across disciplines, three ingredients consistently emerge (Mayer et al., 1995):
  1. Competence – Do they know what they're doing?
  2. Integrity – Are they honest and fair?
  3. Benevolence – Do they care about people like me?
- **Public health added** confidentiality, fairness, communication, dignity, and system-level reliability (Ozawa & Sripad, 2013)

# Determinants of Trust

1. Emotions (especially fear and betrayal)
2. Cognitive shortcuts (like availability bias or affect heuristics)
3. Social dynamics (like identity, social proof, or belonging)
4. Individual differences: Attachment styles, personality traits (e.g., agreeableness)
5. Situational factors: Risk perception, power dynamics
6. Relational dynamics: Reciprocity, communication quality
7. Behavioral science insights: Biases like loss aversion and social proof influence trust formation

# Factors in Trust-Building



Examples: High trust in Scandinavia vs. skepticism in post-colonial Africa

**2**

**Evidence: Trust & Health  
Outcomes**

# Higher Trust Is Associated with Better Health

- Meta-analysis of 47 studies (Birkhäuser 2017): Patients with higher trust in providers **reported better health behaviors**, stronger adherence, lower symptom burden, and improved quality of life ( $r = 0.24$ ;  $r = 0.30$  for *self-rated health*).
- Without trust, health suffers: **people who distrust services use them less**, follow less advice, and have poorer outcomes (Ward, 2017)

# Trust: The Strongest Predictor of Vaccine Uptake

- Edelman Trust Barometer (2022): Across 28 countries, **vaccination uptake was 21 percentage points higher** in high-trust groups compared with low-trust groups.
- Larson et al. (2018): Systematic review -> trust in providers & health systems is **the strongest predictor of vaccine uptake** globally
- Lazarus et al. (2021): Global COVID survey -> higher government trust **increased likelihood of vaccine acceptance** by **67%**.
- Falcone (2023): Trust in vaccines strongly correlated with acceptance of the COVID vaccine ( $R=0.78$ ).

# Doctors Trusted Most, Governments Least

- **Doctors/nurses:** most trusted (84-92%) (Wellcome Monitor, 2018)
- **Governments:** despite influence, are the least trusted (25%)
- **Traditional & religious leaders** key in shaping trust during outbreaks (e.g., modifying burial practices during Ebola).
- **Community health workers (CHWs)** serve as trusted intermediaries, especially in fragile contexts



# Media Influential Yet Mistrusted

- Traditional media trust for health information declined to 38% globally (Edelman, 2022), yet influence remains substantial when health becomes politicized.
- Social media paradox: trust levels around 25%, but engagement high, particularly among younger populations.



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Screenshot of a video depicting a father who had allegedly lost four children due to the polio vaccine (source: *Ittefaq et al., 2024.*)

# Health Worker Trust Shapes Vaccine Uptake

- **Distrust drives hesitancy:** Some HCWs hesitate to vaccinate themselves due to low trust in authorities, employers, or pharmaceutical companies (Ahmad et al., 2022).
- **Government trust matters:** In Ethiopia, HCWs lacking trust in government were almost twice as likely to be hesitant (Mohammed et al., 2021).
- **Trust gaps within systems:** Uptake varies by region (86% in North America vs. 66% in Africa) and by profession (84% physicians vs. 77% nurses) — showing internal differences in trust (Galanis et al., 2022).

# Confident Health Workers Recommend Vaccines

- Healthcare providers' own vaccine confidence directly influences their **willingness to recommend vaccination**.
- **Peer endorsement** and support from health institutions boost this confidence. (Paterson et al., 2016)



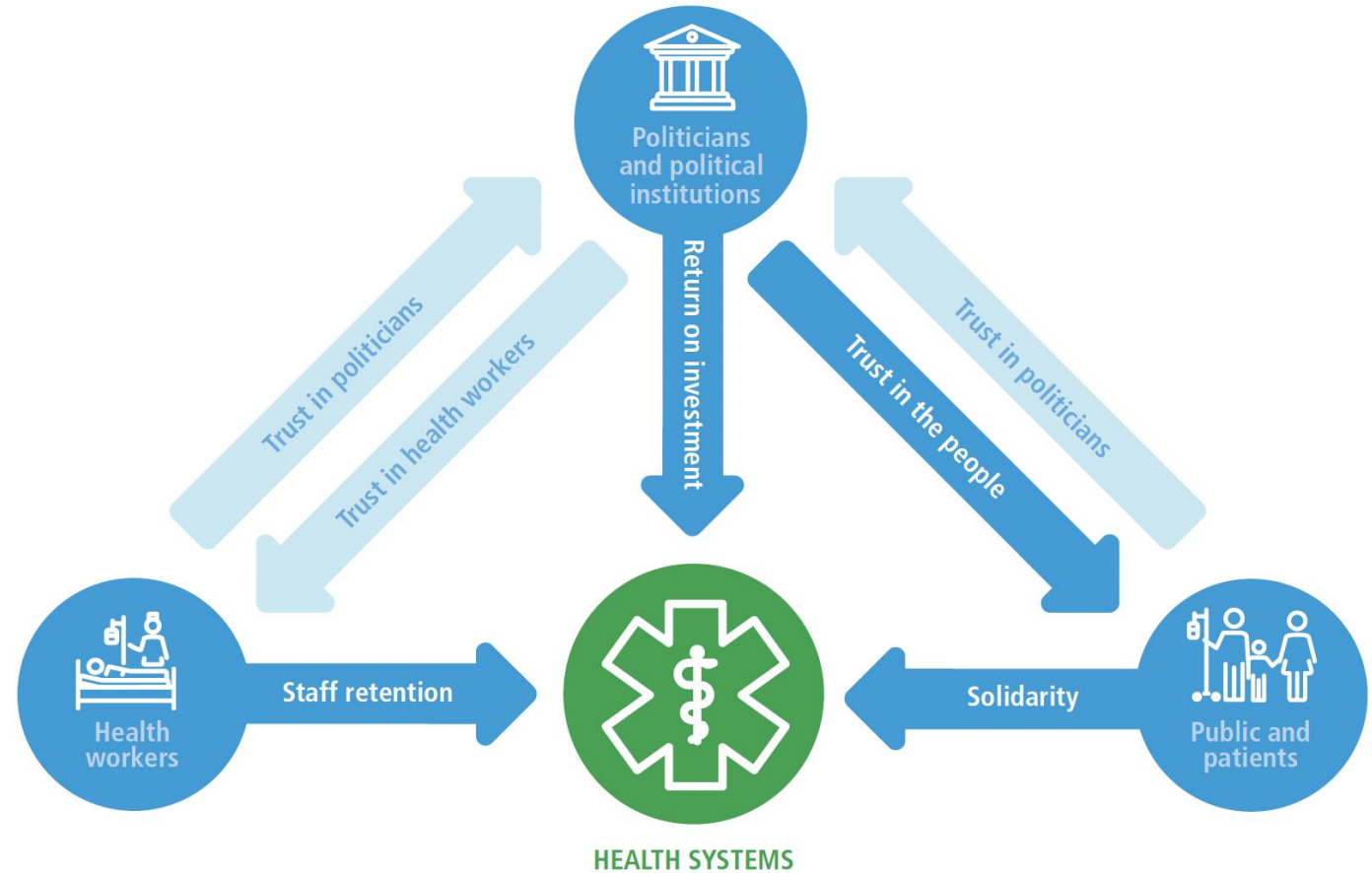
# Trust in LMICs Is Shaped by Context

- Across LMICs, vaccine acceptance often driven more by **personal protection concerns** than institutional trust - showing trust interacts with structural barriers (Solís Arce et al., 2021)
- Lack of **trust in government and society** were **stable predictors of vaccine hesitancy** across six African contexts (Unfried & Priebe, 2024)
- **Trust + equity**: When trust is combined with patient agency, health outcomes improve by 19 percentage points compared to trust alone (Edelmann, 2024)
- **Historical legacies**: Colonial medicine left lasting distrust, making dignity and fairness essential for rebuilding trust

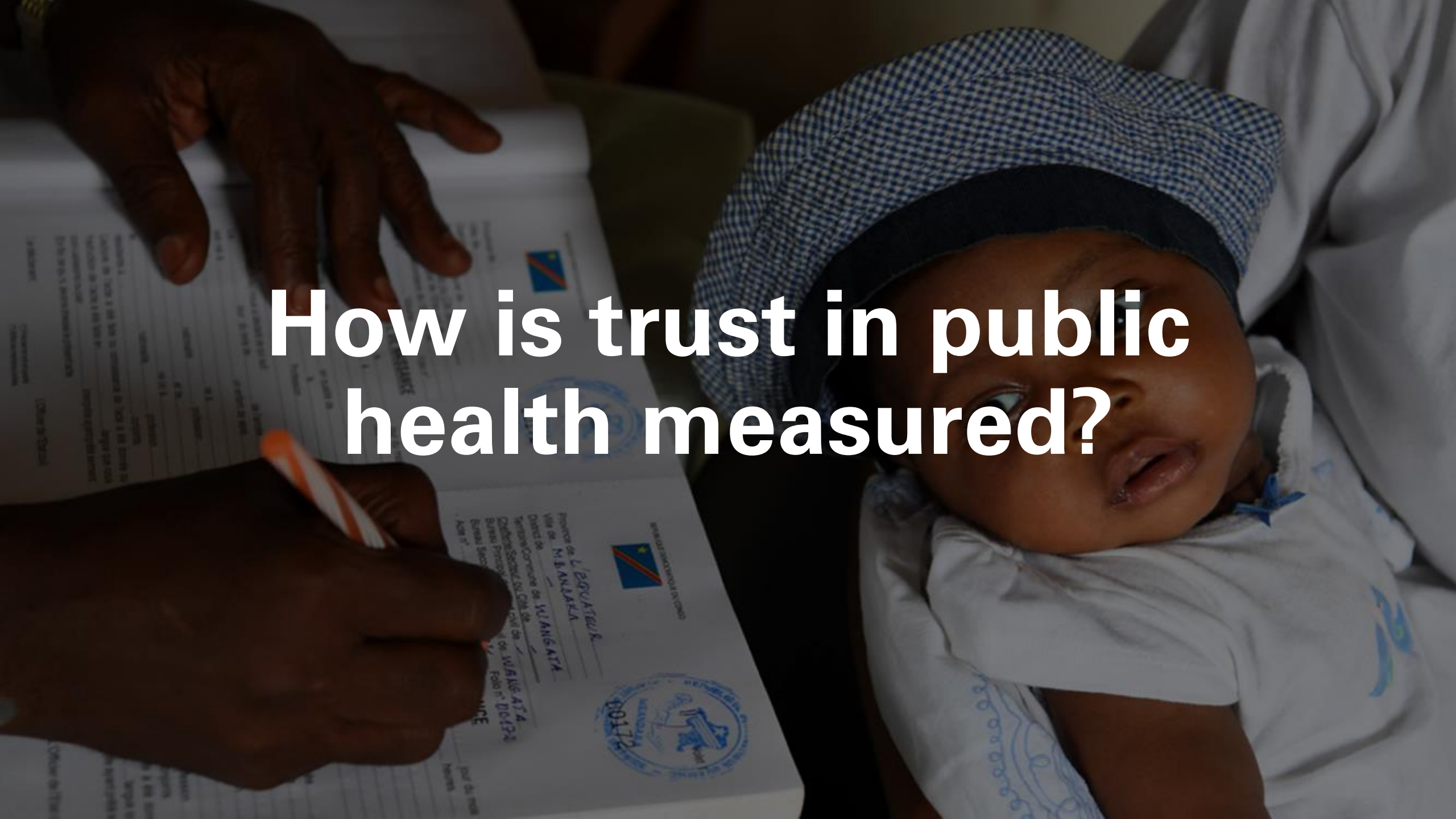
# Trust Connects Patients, Providers, and Policymakers

The evidence suggests that trust operates as a multidimensional (rather than bidirectional) system, connecting patients, providers, institutions, and policymakers.

In its absence, cooperation, solidarity, and system legitimacy are compromised.



Source: McKee et al., 2024. *Trust: The Foundation of Health Systems*.



**How is trust in public health measured?**

ROYAUME DE MADAGASCAR  
Ministère de la Santé  
Province de L'ANALANANAO  
Ville de M. ANKARAKA  
District de WANGATA  
Centre-Secteur de WANGATA  
Bureau Provincial de Santé  
Bureau Secteur  
N° 00172

Instrument / Framework	Evidence Base	Key Dimensions / Features
<b>Wake Forest Physician Trust Scale</b>	US national sample (n=959); adapted in China, Netherlands, Nigeria	10 items; competence, fidelity, honesty, global trust; $\alpha = 0.89\text{--}0.93$ ; predictive validity for adherence & continuity
<b>Trust in Medical Profession Scale</b>	US national surveys	5 items; measures generalized trust in the medical profession; $\alpha = 0.78$ ; useful for population-level trends
<b>Ozawa &amp; Sripad (2013) Review</b>	Systematic review of 45 measures	8 dimensions: competence, honesty, confidentiality, communication, fidelity, systems trust, fairness, global trust
<b>Trust in Healthcare Scale (India)</b>	Gopichandran & Chetlapalli, 269 interviews (urban/rural)	12 items; e.g. payment assurance, dignity/caste sensitivity, trust despite use of traditional medicine
<b>Vaccine Confidence Scale</b>	Larson et al. (2018); validated in 67 countries	4 dimensions: importance, safety, effectiveness, religious compatibility; predictive of vaccine uptake
<b>Wellcome Global Monitor (2018)</b>	149,000 respondents across 144 countries	Largest cross-country trust survey; cognitive testing in 16 languages; baseline for global trust comparisons
<b>Edelman Trust Barometer</b>	Annual, 36,000+ respondents in 28 countries	Tracks trust in healthcare across nations; reveals cross-country & socioeconomic disparities

# Evolution of trust paradigms in public health

2013 → 2015 → 2021 → 2023–24



## Universal Dimensions

Focuses on core ethical principles

## Cultural Adaptations

Adapts to specific cultural contexts

## Multi-level Frameworks

Considers interpersonal, institutional, public trust

## Equity-centered Paradigm

Prioritizes equity, empowerment, transparency

# Measuring Trust Requires More Than Asking 'Who Do You Trust?'

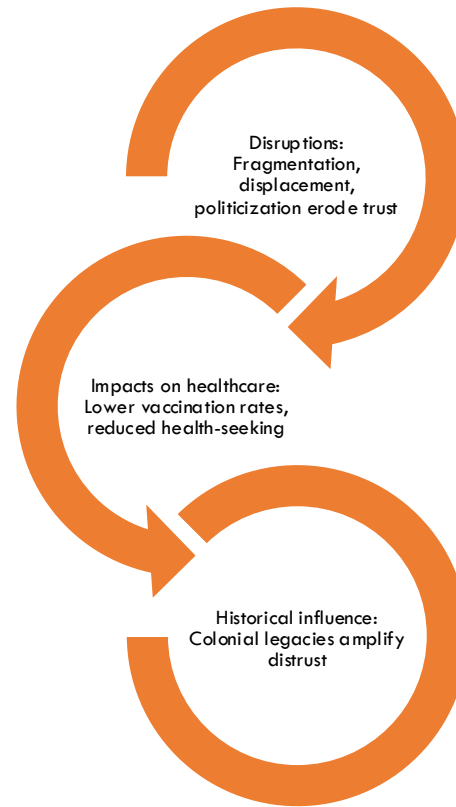
- **From universal to plural:** Early scales (e.g. Ozawa & Sripad, 2013) defined universal trust dimensions, but 93% developed in high-income countries.
- **Local adaptations matter:** Studies in India added caste, dignity, and payment assurance as trust dimensions, showing why Western tools alone fall short.
- **Beyond actors:** Recent work (WHO, Edelman, McKee, 2023–24) emphasizes the trust-equity nexus, empowerment, and even AI/digital transparency.
- **Holistic view:** Measuring trust means accounting for cultural beliefs, systemic fairness, and equity, not just whether people trust specific actors.

# 3

**Case studies: trust in conflict and  
post-conflict settings**

## Trust in Conflict-Affected Contexts

**Fragmentation of communities, forced displacement, and politicization of healthcare** fracture the foundations of trust in both people and systems



Displaced people often avoid care due to **language barriers, perceived discrimination,** or fear of surveillance

Vaccination rates and routine service uptake drop in areas where healthcare is seen as biased or militarized

Mistrust is not only emotional; it creates **behavioral disengagement** and longer-term system avoidance

Examples: Yemen's uneven services; Syria's hospital attacks

# Role of Gatekeepers in Conflict Settings

Local figures can **mediate, legitimize, or erode trust**, depending on their neutrality and community standing<sup>10</sup>

In Sudan and Afghanistan, **community health volunteers and religious leaders** helped maintain vaccine coverage amid political instability<sup>11</sup>

When trusted, gatekeepers **humanize systems**, anchor interventions in cultural context, and restore social reciprocity<sup>12</sup>

But when aligned with one faction, gatekeepers can **deepen divides** — highlighting the need for conflict-sensitive training<sup>13</sup>

Gatekeepers (traditional leaders, religious figures, volunteers): Bridge gaps, legitimize interventions

Influence: Counter fragmentation, mediate historical distrust

Examples: Northern Ghana's traditional authority; Sudan's volunteers in vaccination

Recommendations: Training in conflict-sensitive practices

## Historical Legacies & Policy Implications

Colonial-era exploitation of healthcare systems left a residue of institutional distrust, still active in post-colonial contexts

Trauma from conflict, marginalization, and weaponized aid is carried into new displacement settings, compounding mistrust

Yet, positive pre-conflict institutional memories (e.g., former Yugoslavia) can be activated to rebuild credibility

Interventions must be community-led, co-designed with gatekeepers, and grounded in historical awareness, neutrality, and cultural nuance

In conflict settings, trust isn't a message — it's a relationship.  
It must be built with proximity, humility, neutrality, and time.

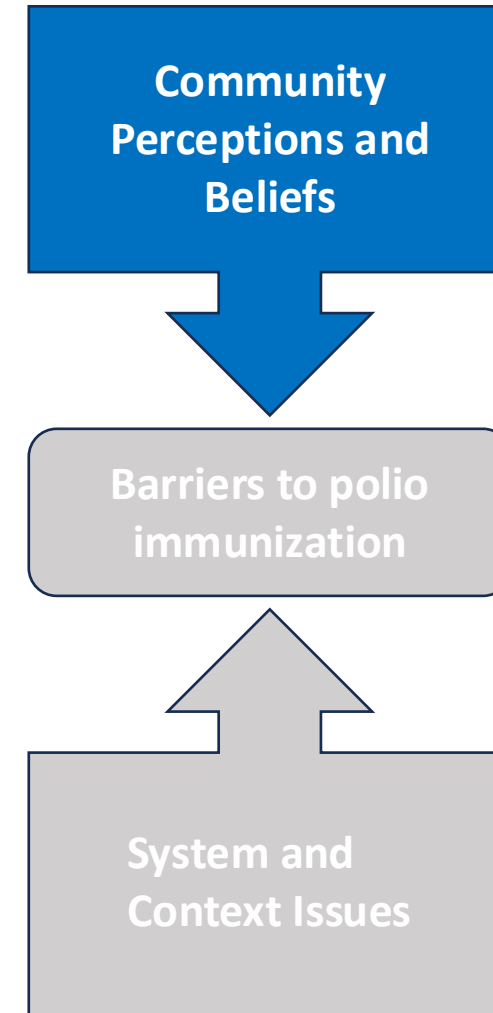
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## **Case studies: trust and polio vaccination**

# The Trust Challenge in Polio Eradication

## *Community Perceptions & Beliefs*

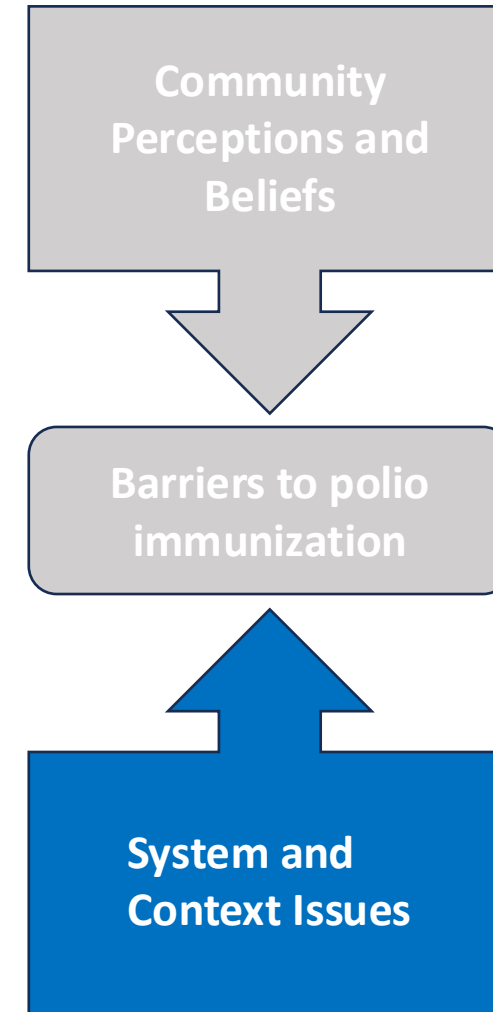
- 1. Mistrust and misconceptions:** Fueled by propaganda, safety fears, low perceived need, and limited information.
- 2. Emotionally charged:** Fear of hidden motives and/or side effects, anger from marginalization.
- 3. Competing voices:** Mixed messages from health workers, religious leaders, or alternative providers.



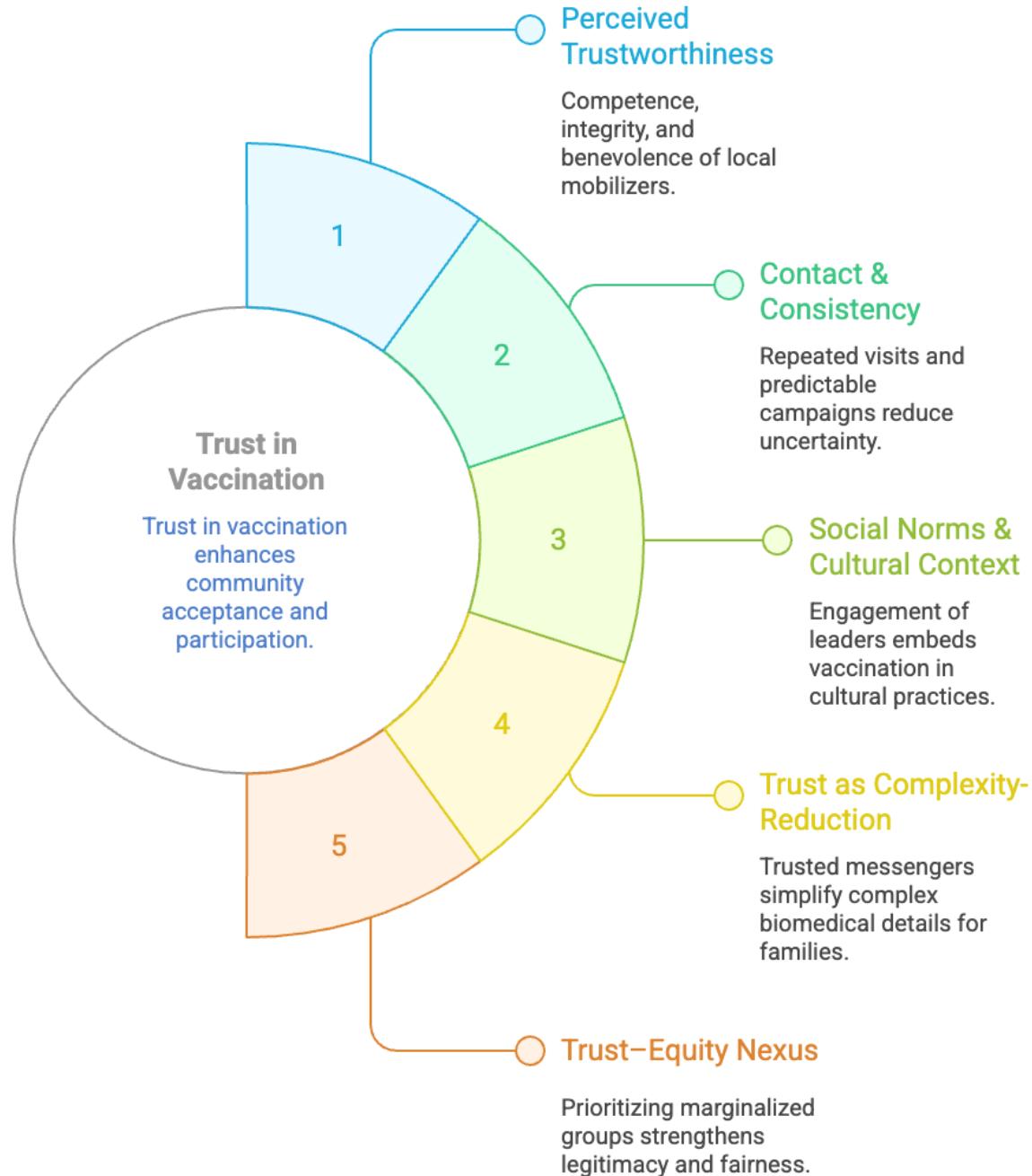
# The Trust Challenge in Polio Eradication (cont.)

## *System & Context Issues*

- 1. Geopolitical backdrop:** 67% of polio cases in conflict/post-conflict settings -> trust in authorities already weak.
- 2. High community contact:** Many household visits (e.g. 1x/month) can strain relations *or* help build trust.
- 3. Service imbalance:** Intensive polio resources contrasted with absent basic services -> refusal as a means of protest



# Trust in Action: India's SMNET program



- Refusals dropped below 1% and full immunization coverage rose above 80% in high-risk areas.
- Trust, built through local mobilizers and community leaders, turned resistance into acceptance.

**Thank you**

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