

# The Vaccine Ecosystem policy briefing paper: user acceptance and uptake

## Global vaccination coverage is below target levels and needs to be increased to prevent millions of illnesses and deaths each year.

Current vaccinations can protect against fewer than thirty human diseases and prevent millions of deaths annually.<sup>1</sup> However, suboptimal vaccination coverage means that about 1.5 million people die from vaccine-preventable diseases each year, with covid-19 adding to this toll.<sup>2</sup> For example, in 2020, 23 million infants did not receive their full routine vaccinations – the highest number since 2009.<sup>3</sup> Vaccination rates do not improve with age; adolescents and adults face different barriers and often have lower uptake. Alongside challenges relating to access to vaccines, **vaccine hesitancy is a key contributor to low coverage, and a major global health threat.**<sup>4,5</sup>

*The Economist Group's Vaccine Ecosystem Initiative envisions a world in which vaccines are utilised equitably to support good health and wellbeing. We have conceptualised the ecosystem as five inter-related pillars, as outlined in our framework report *Towards a stronger Vaccine Ecosystem: building resilience beyond covid-19*.<sup>6</sup> Based on our report and a roundtable discussion with experts in the field, this briefing paper presents the key actions needed to improve the fifth pillar: user acceptance and uptake.*

### Key policy takeaways

Improving vaccine acceptance and uptake to boost coverage requires action from:

- **National and sub-national leaders and health ministries:** investing in optimising vaccine acceptance and uptake as part of vaccine implementation, including policies and programmes to monitor and address structural, logistical and other barriers to equitable uptake of vaccination at all ages.
- **Health ministries and education ministries:** implementing policies and systems to build and support health literacy across society, including vulnerable, disadvantaged and hard-to-reach groups.
- **International, national and sub-national leaders:** building public trust in vaccination by communicating clearly about infectious disease threats and vaccination programmes based on scientific evidence.
- **Public health bodies and other organisations:** engaging communities in regular dialogue about vaccination to listen to and allay concerns, and empower community leaders to act as advocates.

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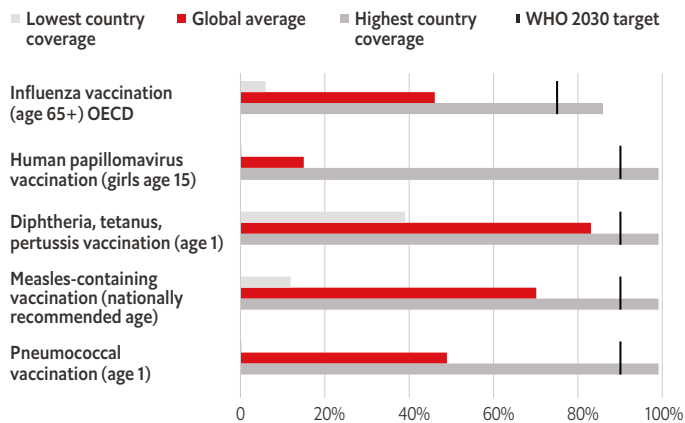


Institutional partner



## Global vaccination coverage is suboptimal

% of national populations receiving selected vaccinations



Sources: 2020 WHO/UNICEF childhood vaccination data; 2019 OECD influenza vaccination data; 2019 HPV data from Bruni L et al. *Prev Med* 2021

## Investing in user acceptance and uptake

Leaders need to prioritise investment in programmes and systems that optimise user acceptance and uptake. Spending in this area is often limited compared to other areas of vaccination programmes, such as vaccine procurement.<sup>7,8</sup> Specific areas in which investment is needed include:

- Identifying groups with poor uptake and engaging in dialogue with these groups on an ongoing basis, including listening and communicating through methods such as social media, to understand specific barriers.
- Developing, testing and implementing strategies to address the barriers identified, including the consideration of approaches from marketing and behavioural science to optimise effectiveness of messaging.
- Improving health literacy through comprehensive programmes addressing the structural and societal barriers that impede participation in health decision-making.

## Routinely engaging with communities

Dialogue with communities about vaccination often only occurs when an outbreak has happened. This is too late. Key actions that can help sustainably improve vaccination rates include:

- Engaging communities in ongoing dialogue about vaccination that incorporates active listening as well dissemination of information.
- Creating clear and cohesive messages for delivery in multiple formats, tailored for specific populations and taking into account differences in language and culture.

- Involving community leaders and other trusted sources and organisations to deliver messages about vaccination.
- Implementing training for healthcare workers and community leaders on how best to communicate the importance of vaccines and address concerns, including those arising from misinformation and disinformation.
- Creating support networks to allow sharing of experiences between healthcare workers and community leaders involved in delivering or facilitating vaccinations.
- Providing individuals with the skills to identify, resist and combat both misinformation and disinformation, including healthcare workers and community leaders.

## Building public trust through strong leadership

Strong leadership at all levels from international through to government, business and community leaders can improve public trust and vaccine uptake through actions such as:

- Communicating clearly about infectious disease threats and vaccination programmes based on scientific evidence, in a way that does not politicise vaccination.
- Implementing vaccination policies and programmes based on the best scientific evidence.
- Involving and supporting leaders from a diverse range of trusted and influential stakeholder groups to act as vaccine ambassadors, such as politicians, government workers, professional organisations, healthcare workers, religious and traditional community leaders, and other community members.
- Creating accountability for social media platforms to help ensure the information shared through them is not misleading.

## Removing logistical barriers to vaccination

Making it easy to be vaccinated removes the final barrier to uptake. Actions to support this include:

- Ensuring that vaccination programmes and infrastructure support optimal vaccination uptake across all age groups and communities.
- Establishing conveniently located vaccination centres that operate during hours which are convenient for local communities, and making the scheduling of vaccination appointments as simple as possible.
- Addressing any transportation and other challenges experienced by vulnerable groups to guarantee equitable access.

Vaccinations are a major public health success story. However, their full benefits will remain unrealised unless their uptake and acceptance is optimised.

<sup>1</sup> WHO. Vaccines and immunization. Available from: [www.who.int/health-topics/vaccines-and-immunization#tab=tab\\_1](http://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1)

<sup>2</sup> *The Economist Group*. The Vaccine Ecosystem Infographic. Available from: [www.vaccineecosystem.economist.com/infographic/](http://www.vaccineecosystem.economist.com/infographic/)

<sup>3</sup> WHO. Immunization coverage. Available from: [www.who.int/news-room/fact-sheets/detail/immunization-coverage](http://www.who.int/news-room/fact-sheets/detail/immunization-coverage)

<sup>4</sup> UNICEF. Immunization. Available from: [www.unicef.org/immunization](http://www.unicef.org/immunization)

<sup>5</sup> WHO. Ten threats to global health 2019. Available from: [www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019](http://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019)

<sup>6</sup> *The Economist Group*. Towards a stronger Vaccine Ecosystem: building resilience beyond covid-19. 7 October 2021. Available from: [www.vaccineecosystem.economist.com/the-vaccine-ecosystem-framework-report/](http://www.vaccineecosystem.economist.com/the-vaccine-ecosystem-framework-report/)

<sup>7</sup> Waisbord S, Larson HJ. Available from: [www.who.int/immunization/hpv/communicate/why\\_invest\\_in\\_communication\\_for\\_immunization\\_unicef\\_healthcommunicationspartnership\\_path\\_usaid.pdf](http://www.who.int/immunization/hpv/communicate/why_invest_in_communication_for_immunization_unicef_healthcommunicationspartnership_path_usaid.pdf)

<sup>8</sup> *The Economist Group*. The Vaccine Ecosystem: User Acceptance and Uptake Expert Roundtable.

All references last accessed 4 February 2022