
BEHAVIOURAL CONSIDERATIONS FOR ACCEPTANCE AND UPTAKE OF COVID-19 VACCINES

WHO TECHNICAL ADVISORY GROUP ON BEHAVIOURAL
INSIGHTS AND SCIENCES FOR HEALTH

Meeting Report
15 October 2020



World Health
Organization

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CONTENTS

Acknowledgements	iv
1. Background	1
2. Introduction	1
3. Drivers of vaccine uptake	3
3.1 An enabling environment	3
3.2 Social influences	4
3.3 Motivation	6
4. Conclusion	9
References	10

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1. BACKGROUND

On 15 October 2020, the WHO Technical Advisory Group (TAG) on Behavioural Insights and Sciences for Health held a special meeting with the WHO Department of Immunization, Vaccines and Biologicals to discuss behavioural considerations in relation to COVID-19 vaccine acceptance and uptake. The discussion focused on a series of key questions around achieving high and equitable uptake of vaccines through evidence-based and behaviourally informed strategies.

This meeting report is the product of the discussion held by WHO TAG members during the meeting. It covers only the topics that were addressed at the meeting. Following the meeting, the considerations and recommendations made by the members were refined through an iterative process that involved drafting by a core group, literature review and rounds of feedback from all the members. The considerations made by the TAG members during the meeting that were not supported by published evidence were removed with the consensus of the members. The review process was finalized on 15 November 2020.

The TAG members serve in their personal capacity and have completed a declaration of interest form that was subject to evaluation and approval prior to their nomination in July 2020.

This meeting report represents exclusively the views and opinions of the TAG members and does not represent the decisions or policies of WHO.

2. INTRODUCTION

In recent years, there has been a great deal of research on vaccination uptake and its behavioural drivers. While the evidence is still evolving, these efforts have resulted in a better understanding of the barriers and enablers to vaccination – especially, but not only, for child vaccination. Research efforts have also generated potentially effective strategies to improve vaccine acceptance and uptake, which go beyond traditional information campaigns aspiring to change behaviours by improving knowledge. Information on its own has shown a limited impact on facilitating vaccination uptake,

but adding other strategies – such as reducing barriers (1), using reminders (2) and planning prompts (3), and training and building confidence in health workers (4, 5) – has been shown to be effective.

While evidence on promoting vaccination in general is useful in the context of the current pandemic, the acceptance and uptake of COVID-19 vaccines present an unprecedented challenge. In addition to the sheer magnitude of the coming vaccination effort, the vaccines will be new and are likely to be only partially effective for a yet unknown period of time. There may be so-called adverse events rightly or incorrectly attributed to the new vaccines, and countries will set different safety thresholds before offering the vaccines to their populations. Given the limited supply in the short to medium term, vaccines are likely to be prioritized for health workers at high risk of acquiring or transmitting infection and older adults based on the framework developed by the WHO Strategic Advisory Group of Experts on Immunization (6). Eventually vaccination efforts will expand to target diverse populations not typically reached with immunization programmes, both across and within countries. This will require targeted and tailored strategies, as well as management of expectations.

While the behavioural goal is uptake of COVID-19 vaccine by the general population, achieving that goal will depend on the behaviours of other “actors” in the system – those offering the vaccination, those planning how and where to offer the vaccination, and those tasked with maximizing uptake using strategies such as persuasion and the use of trusted endorsers (or “validators”).

To achieve high and equitable vaccine uptake, the use of existing scientific knowledge is essential, as is acquisition of new information, and learning in real time about what works and what does not. Learning can be increased by engaging with target populations in local communities to listen and respond to their perspectives, concerns and expectations in relation to vaccination (7). These efforts can play a role in building the trust of the community in health systems, and in informing the design and delivery of policies and services that are responsive and respectful to local needs.

Behavioural research identifies three categories of drivers of vaccine uptake, in addition to people having the necessary knowledge: 1) an enabling environment; 2) social influences; and 3) motivation. The three drivers interact and overlap, depending on contexts; however, for the purpose of understanding the problem and identifying strategies, it is helpful to keep the categories separate. An appreciation of each driver leads to its own set of insights and interventions, or mix of interventions, which will often vary across communities.

3. DRIVERS OF VACCINE UPTAKE

3.1

AN ENABLING ENVIRONMENT

Multiple groups influence uptake of vaccination, including political decision-makers, immunization programme managers, community and religious leaders, health workers, civil society organizations, media outlets and digital platforms (1). These actors can facilitate or discourage vaccination by creating more or less enabling environments. It is, therefore, important to consider how the behaviours of actors in the system (for example, those responsible for planning locations offering vaccination or setting clinic opening times) might influence the behaviours of the general population.

Evidence has shown that reducing barriers and making it easy to get vaccinated will increase vaccine uptake, especially for the large proportion of people who are not deliberately avoiding vaccination (8). What might seem to be reluctance or resistance, or even opposition, might actually be a response to the burdens or inconvenience of getting vaccinated.

Environmental factors might involve:

- **Location:** Is the vaccination being given in a close by, convenient place?
- **Cost:** Are any costs involved (for the vaccine itself, travelling, or opportunity costs of missing work), either monetary or non-monetary?
- **Time:** Is it time-consuming to be vaccinated? Is booking easy and accessible? Are vaccines delivered at a time of day that is convenient?
- **The quality of the experience of being vaccinated:** Do people feel that they are treated with kindness, understanding and respect? Are health workers well informed and able to answer questions about COVID-19 and vaccination?

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