



Behavioural insights: COVID-19 vaccination

Katrine Bach Habersaat, Team Lead a.i. Behavioural and Cultural Insights Unit

Healthy Cities COVID-9 Response Webinar: Vaccine Rollout and Vaccine Hesitancy 21 January 2021



The opportunity

Potential drivers

- Fear of the virus
- Wish to end restrictions
- Trust in health authorities
- Recommendation from trusted source
- Wish to protect susceptible others

The COVID-19 pandemic and restrictions have had extensive public health, social and economic implications.

A critical opportunity to contain the virus is a safe and effective vaccine.

To achieve this, acceptance and uptake among those targeted are critical.

Potential barriers

- Safety concerns
- Lack of easy, equal, safe access to the vaccine
 - Misinformation
- Lack of trust and recommendations

Behavioural insights survey



Monitoring knowledge, risk perceptions, preventive behaviours and trust to inform pandemic outbreak response

SURVEY TOOL AND GUIDANCE

Rapid, simple, flexible behavioural
insights on COVID-19

- Quantitative study
- Serial, cross-sectional study
- Repeated data collection
- Sample of 1,000 per round
- Representative of population: age (18+), sex and geographical distribution
- Standard protocol and questionnaire adapted (contents and language) in each country
- National and WHO ethical approval in each country
- Telephone or web-based interviews or mixed

We analysed vaccination-related survey data from 11 countries/areas.

COVID-19 vaccination acceptance and perceptions

COVID-19 vaccine behaviour intention (Dec 2020)

“If a COVID-19 vaccine becomes available and is recommended for me, I would get it” Strongly agree >> Strongly disagree (Likert scale).

- 31%-57% would likely get **vaccinated**
- 8%-25% are **undecided** or give no answer
- 22%-53% would likely **not** get vaccinated

These findings need to be interpreted with care, as no vaccine was yet available at the time of data collection, and still limited information about the safety profile or effectiveness of such vaccines.

Who does not accept COVID-19 vaccination?

Determinants related to not accepting COVID-19 vaccination vary between countries.

However, a few are recurring:

- **Low trust** in MoH, IPH and/or health sector (10 of 11 countries/areas)
- **Female** (9 of 11 countries/areas)
- Perceiving the virus is **media hyped** (10 of 11 countries/areas)
- Having low media and **information use** re COVID-19 (8 of 11 countries/areas).

Drivers

Vaccine safety is the most important driver to accept the vaccine:

- **whether the vaccine has been in use for a long time without side effects** is rated top across all countries

followed by

- **whether the vaccine is in use in other countries.**

Other important drivers include:

- Recommendation of MoH and family doctor
- Country of production
- The potential cost of the vaccine



What can be done?

Vaccination uptake and acceptance are multifactorial, complex and context and vaccine specific.

Any planning for COVID-19 vaccination must draw on evidence related to

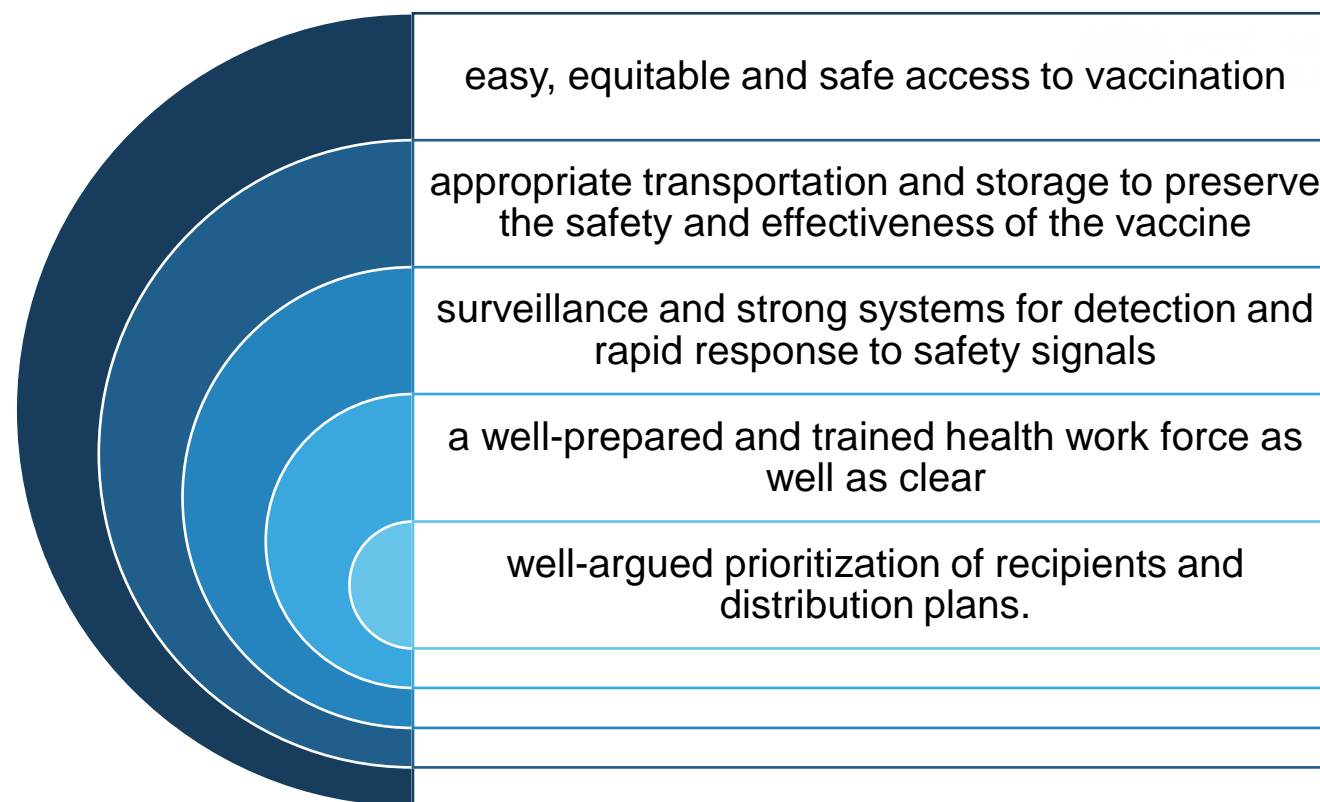
- ✓ Research related to vaccine acceptance and demand & hesitancy
- ✓ Behavioural insights during the pandemic
- ✓ Research and lessons learned from health emergency response.



Key factor: a strong vaccine introduction programme

Vaccine acceptance relies on strong vaccine introduction and deployment overall.

Successful planning and distribution based on an appropriate legislation framework will be a driver for uptake; a weak deployment will be a barrier.

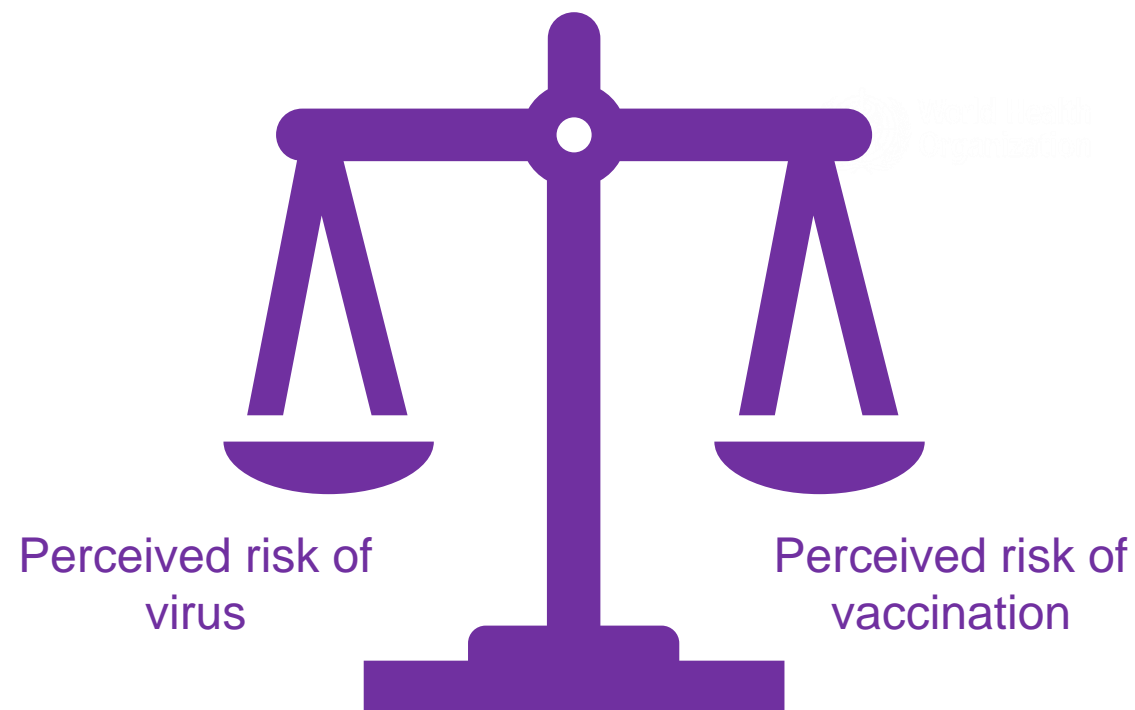


Key factor: risk perception

The analysis of BI data shows that the **risk of COVID-19** is **not** the most critical driver for vaccination.

In many countries, more people agree that the vaccine could stop the virus – and still fewer want the vaccine.

Risk of vaccine is more important. An important driver is confidence in the vaccine being safe (demonstrated through widespread use across countries)



Key factor: Trust

- An important barrier for vaccine acceptance is **low trust** in the government, IPH and/or health sector.
- The way authorities communicate and engage with population groups influences vaccine acceptance.
- Transparent and consistent communications based on people's risk perceptions and delivered by trusted sources is likely to increase people's trust and readiness to follow guidance.



Key factor: gender

While women are likely to have high COVID-19 risk perception, higher uptake of protective behaviours and be more emotionally affected by the pandemic, **they consistently show lower acceptance of a COVID-19 vaccine.**

- Women may need to be targeted with tailored communication to increase acceptance.



Key factor: health workers

BI survey data confirm that health workers are the most trusted source of COVID-19-related information.

It is documented that health workers can influence patients' vaccination decisions.

- ❖ Recipients
- ❖ Providers
- ❖ Champions

Health workers in focus

Policies and practices for
successful public COVID-19
vaccination uptake **DRAFT**



Strategic considerations for Member States
in the WHO European Region


February 2021

Tools and resources for planning and implementation

In each country, actions related to vaccine acceptance and uptake must be planned within the context of

- overall deployment plan
- pandemic response/RCCE plan

Actions must be endorsed by all stakeholders.



WHO, UNICEF and other partners are launching planning and implementation tools and resources.

www.euro.who.int/en/covid19vaccination

www.euro.who.int/ru/covid19vaccination