

## TOP-LINE TAKEAWAYS

# UNDERSTANDING—AND IMPROVING— COVID-19 VACCINE UPTAKE

**Background:** On January 10th, the COVID Advocates Advisory Board ([CAAB](#)), the Coalition to Accelerate and Support Prevention Research ([CASPR](#)) and AVAC held the first [webinar](#) in a series on Vaccine Confidence: *Understanding—And Improving—COVID-19 Vaccine Uptake*. We asked global health leaders how they are tackling public resistance to COVID-19 vaccines, and how lessons-learned can inform efforts to build confidence for other vaccines, including future products for HIV, malaria and TB. Below, find the ‘top-line takeaways’ to help advocates disseminate key messages and learnings in their own communities.

### Moderator



**[Rosemary Mburu](#)**,  
Executive Director,  
WACI Health

### Speakers



**[Kate Hopkins](#)**,  
Director of Research,  
Vaccine Acceptance &  
Demand, [Sabin  
Vaccine Institute](#)



**[Heidi Larson](#)**,  
Founding Director,  
[Vaccine Confidence  
Project](#), LSHTM



**[John Nkengasong](#)**,  
Director, [Africa Centres  
for Disease Control and  
Prevention](#)

## TOP-LINE MESSAGES

- Vaccine hesitancy is a global phenomenon. It is not static, but a volatile, moving target with multiple drivers and context-specific characteristics.
- Vaccine confidence isn't about information: it is about belief, emotion, and relationships – and improving confidence is a process of trust building: trust in providers, products, health systems and politics.
- COVID-19 provides an opportunity to build trust around vaccination, both as a means to end the current pandemic and increase uptake of existing and future vaccines.
- Innovative, evidence-driven, community-led approaches are needed to build confidence in the rapidly changing vaccine landscape.

*“If you asked me what the key things were that mattered (to build vaccine confidence), I would say three things: trust, trust, and trust.”*

- Heidi Larson

## Who is hesitant to be vaccinated and why?

- Vaccine hesitancy is a global phenomenon, though it impacts populations in different ways, depending on time, place, and product.
- In Africa and many low and middle-income countries, a large majority (~80%) of the population accepts vaccines. However, the minority (~20%) with mixed views of vaccination are often more vocal.
- The number and characteristics of hesitant populations, both within and across countries, changes rapidly depending on product and emerging information.
- Misinformation and disinformation (a subset of misinformation that deliberately intends to deceive) have an enormous impact on people's perception of vaccines; social media platforms have allowed misinformation to rapidly spread to populations around the world.
- Unpredictable access to vaccines contributes to mistrust and suspicion of the broader immunization system.
- Socio-cultural context, including religious beliefs, population disenfranchisement, and disbelief in the severity of disease, are all contributing factors to hesitancy.

*"Vaccine confidence is a global issue, but we can't make broad brush assumptions... we need to understand the unique nature of the issues and develop innovative community-informed approaches to strengthening vaccination success and in gaining trust in communities."*

- Kate Hopkins

---

## How can we build vaccine confidence?

*"We have several tools at our disposal [to deal with this challenge].. one is community ownership and community leadership, and that includes the role of religious faith based organizations."*

- John Nkengasong

- Building confidence is a process that is fundamentally about building trust.
- COVID-19 presents an opportunity to build relationships around vaccination, including nurturing trust in populations where it exists, and building it in populations where it is lacking.
- Access issues have taken a toll, particularly among those in resource-limited settings; to address this, we need to bring vaccines to the people, not people to the vaccines.
- The messenger is as important as the message. We need to do a better job of understanding who are trusted leaders and influencers across the societal spectrum, and using them to build confidence.

---

## Language matters – what are some considerations for how we should talk about the issue?

- Vaccine equity is a complex issue, which includes factors related to the design, supply, delivery, and uptake of vaccines. Vaccine hesitancy, is one of these factors, and it is having an enormous impact on vaccination rates against COVID-19, particularly in countries with widespread access to COVID-19 vaccines.
- *Hesitancy* and confidence are not interchangeable.
  - Hesitancy is a state of indecision, made up of a numerous factors, including confidence, complacency, and convenience.
  - *Vaccine confidence* reflects varying levels of trust in the product, provider, processes to develop and deliver vaccines, and politics related to authorization and allocation.
- Given how rapidly the vaccination landscape is evolving, consider using '**best processes**' and '**best principles**' for building confidence – as 'best practices' may change. Best principles should include: listening and responding to community concerns, adapting to changing issues, and working with community leaders.

Join us for the next webinar in the series: **Best Principles and Processes for Vaccine Confidence.**