Operational guidance:

Acceptance and uptake of COVID-19 vaccines

This document is part of a series of operational guidance modules developed to support WHO Member States in the European Region in preparing for and implementing COVID-19 vaccination. The modules were developed by a working group convened by the WHO Regional Office for Europe and consisting of experts from WHO, partner agencies, academia, Member States and other stakeholders.
Objective

Rationale

Key actions

Resources

Annex
Objectives

- to plan for tailored interventions, policies and communications informed by behavioural insights and social data;
- to ensure access, acceptance and uptake of COVID-19 vaccines among target population groups, especially health workers, by:
  - gaining insights into the barriers to and drivers of acceptance and uptake;
  - engaging and empowering health workers to accept, trust and promote vaccination;
  - making access to COVID-19 vaccination easy;
  - planning and implementing risk communication, community engagement and crisis communication.

Rationale

Vaccination is a public health behaviour. Social determinants and system-related barriers play a significant role in community demand for and acceptance of vaccination. Evidence shows that the reasons for suboptimal vaccination coverage, where it exists, are multifactorial, complex, context- and vaccine-specific, and change over time. Achieving high uptake of any vaccine requires exploring and addressing the drivers of and barriers to vaccination for the proposed recipients. The uncertainties regarding COVID-19 vaccines and the scale of its eventual deployment will present an additional unique set of challenges.

Health workers at high risk in relation to COVID-19 will be among the first prioritized groups for vaccination in most countries. It is well documented that health workers play a critical role in vaccination acceptance. It has been confirmed in behavioural insights surveys in several countries that the family doctor is the most trusted source of information related to COVID-19. Regardless of whether they are vaccinators themselves, they will have an especially important role as advisers and champions of vaccination for all other groups.

Activities to ensure high uptake of COVID-19 vaccination before or during the initial deployment phase should be built upon and maintained (and adapted based on monitoring and evaluation outcomes) for further rollout of the vaccine during the subsequent phases. (see Figure 1). This will require commitment and close collaboration of ministries of health, national immunization programmes, professional organizations as medical and nursing associations, civil society and nongovernmental organizations and donors as part of an enabling environment for vaccine introduction.

Key actions

Gain insights

Regular and timely data collection, and analysis of the drivers of and barriers to vaccination uptake will enable evidence-informed planning and devising tailored interventions to ensure adequate access, acceptance and uptake of the COVID-19 vaccines. This will also contribute to evaluation of interventions.

Work on insights gathering, implemented in countries during the pandemic to understand behaviours, well-being and perceptions over time, can be complemented or further focused to COVID-19 vaccines. Online and offline social listening activities including COVID-19 hotlines should be considered to gain insights on questions and concerns raised by the communities and to understand the spread of misinformation. Data collection plans may include larger scale surveys combined with quicker approaches, such as social listening and rapid
targeted assessment. The gathering and analysis of behavioural insights data aims to:

- understand drivers and barriers of vaccine uptake among target population groups and, social and cultural norms including gender as a determinant of vaccination uptake;
- understand the characteristics of priority target population groups, including perceptions of health workers about safety and efficacy of COVID-19 vaccines, willingness to support rollout of vaccines and address people’s concerns and misinformation;
- define distinct audiences, based on their attitudes, knowledge/level of awareness, expectations, and trusted sources of information;
- identify and/or work with key influencers to reach target population groups;
- inform tailored interventions, including key messages and communication activities.

Box 1: Methods to “gain insights”

**Qualitative research** focuses on understanding a target group’s points of view, what they know and do not know, their concerns, beliefs, attitudes and experiences. Such insights are useful in identifying the needs and causes of gaps between policy and practice. Two common qualitative research methods are focus group discussions and individual in-depth interviews.

**Quantitative research** is statistical research, based on numbers from a representative sample. It is useful for measuring a baseline, providing insights into trends over time.

**Social media listening** monitors publicly shared information and attitudes, which can strengthen or undermine COVID-19 vaccine deployment. It is important to understand what is being discussed and is gaining traction on social media in order to strategically communicate to target population groups on the risk of the disease and the benefits of and alleviate concerns about vaccines.

Empower and engage health workers to trust, accept and promote vaccination

The health workers will find themselves at the centre of the COVID-19 vaccination in a country; as recipients, providers and champions of vaccination. Strategies to engage them in COVID-19 vaccination should consider their role and stance, and how they are perceived.

Box 2: Tips on how to empower and engage health workers

- Leverage health workers’ roles in the COVID-19 response and engage them as part of the solution, continue to motivate and empower them.
- Make sure that health workers have comprehensive information on the safety, efficacy and characteristics of COVID-19 vaccines.
- Provide tailored information materials and build the immunization provider’s capacity
- Improve health workers’ ability to communicate and endorse COVID-19 vaccination to priority population groups (including colleagues), including interpersonal communication skills and motivational interviewing.
- Engage with academia and training institutions to review and improve training curricula for health professionals on interpersonal communication.
To protect health workers from acquiring infection, keep health systems operating and prevent transmission to vulnerable patients, health workers, who at very high risk, will be among the first vaccine recipients in most countries. Health workers play an important part as role models, advocates for vaccination, vaccinators and educators in a community. It is vital to build the knowledge and capacity of health workers in advance of vaccine deployment, so they are well informed and confident in choosing to be vaccinated against COVID-19 and in recommending the vaccine to their communities and patients. It is equally important to gain insights on their attitudes, beliefs, fears, concerns, expectations and self-efficacy.

Make access to easy, equitable and safe COVID-19 vaccination
Ensuring easy, equitable and safe access to vaccination services involves addressing issues like the cost of the vaccine, aspects linked to convenience (location, opening and waiting hours, reminder systems), cultural and social (language, trust, respect, familiarity) and safety (minimizing risk of COVID-19 transmission and ensuring the highest safety standards for the handling, transportation and storage of the vaccine). From the communications perspective, ensure that the target audiences are aware of these aspects of schedules, places and procedures including the measures undertaken to ensure protection and prevent infection at the COVID-19 vaccination sites.

Plan and implement information sharing as well as risk communication, community engagement and crisis communication
Authorities will need to listen to the concerns of the population and provide factual, timely and locally appropriate information about COVID-19 vaccines that addresses the community’s beliefs and concerns and is expressed with empathy. They will also need to assess perceptions and behaviours of non-networked or closed population groups (migrants, and hard to reach and marginalized populations) and to identify targeted interventions to increase vaccine uptake among these groups. All interventions and adopted measures should be monitored and evaluated to identify gaps and plan for necessary adjustments. Adequate

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**Box 3: Tips on how to make access easy, equitable and safe**

- for vaccination of health workers, allocate time slots during working hours;
- for vaccination of population groups, allocate timed appointments;
- offer vaccination at accessible locations (e.g. workplaces, pharmacies);
- make use of prompts, nudges, reminders and recalls (e.g. text message reminders);
- minimize costs associated with vaccination, both direct (vaccine) and indirect (e.g. travel);
- ensure vaccinators inspire trust through effective communication approaches and by making the vaccination experience as pleasant as possible (pain mitigation methods, interpersonal skills training);
- minimize the risk of COVID-19 transmission among recipients and vaccinators by ensuring physical distancing, providing hand sanitizer and requiring mask use;
- utilize health mediators or other trusted community members to ensure access is equitable for marginalized or closed population groups;
- follow the outlined national implementation guidelines.
behavioural indicators should also be included in national monitoring and evaluation framework.

In rare cases, there may be serious adverse events following immunization (AEFIs) or events, such as a vaccine stockouts, that could threaten confidence in the vaccines or the services that provide them. Public outrage related to AEFIs in one country, can negatively influence COVID-19 vaccine perception in the entire world. To prepare for this, countries need to establish structures for rapid response to any safety signals, including crisis communication plans, that include actions to take before, during and after a crisis to mitigate the potential impact on public confidence and public health. Crisis communication plans should be informed by behavioural insights as well as social listening and rumour management mechanisms.

Box 4: Tips for communicating risks and engaging communities
- Listen to communities by gathering behavioural insights data to understand their perceptions, concerns and beliefs (see “Gain insights” section).
- Use these insights and data from social listening to create audience profiles and develop specific messages, platforms and tools for each audience groups.
- Pre-test messages/materials to assess the need, relevance and effectiveness before finalization.
- Engage communities during the design, development and implementation of solutions that can increase vaccine uptake. Select the most effective communication channels to reach out to target audiences;
- Provide tailored and accessible information in the local language and in a culturally appropriate format. Include facts about the vaccines, vaccine safety, and who will, where and how to get vaccinated.
- Coordinate efforts among various stakeholders to ensure consistency of strategies and messages.
- Work with health workers as well as with trusted community, religious and influential leaders and groups to engage in dialogue and deliver aligned messages.
Box 5: Tips on how to plan for and implement crisis communication

- In anticipation of a crisis (or any safety event), establish an intersectoral core team responsible for coordinating and managing risk or crisis communication.
- Train/brief media and spokespersons.
- Define fast clearance process for messages and communication products.
- In the event of an AEFI, communicate with the public early and transparently. Explain what has happened, what is being done, where and when it happened.
- Address public concerns, rumours and misinformation rapidly in the event of any safety event.
- Be honest, show empathy, and communicate what you know and what you do not know. Give facts and scientific evidence. Be transparent and forthcoming; avoid hostile interactions.
- Collaborate with reputable in-country and global organizations.
- Select appropriate information dissemination channels to target various population groups, such as television, radio, newspapers, social media, text messages, and hand-outs and brochures in community and health centres, town forums, community health boards, billboards, etc.
- Collaborate with trusted fact checkers who can support social listening activities and debunk mis/disinformation.

Resources


10. COVID-19 behavioural insights survey tool; WHO Regional Office for Europe; https://apps.who.int/iris/handle/10665/333549

Annex:

Communications following any “safety event” related to COVID-19 vaccination

This document aims to support health authorities, and health care professionals, in ensuring an immediate communication response to any potential crisis related to an adverse (“safety”) event that may occur following COVID-19 vaccination.

This will be critical to sustain trust in the immunization programme by addressing any concerns in a transparent manner. Please note that any communication linked to the “safety event” should be carried out in close collaboration with relevant technical experts responsible for case investigation and causality assessment.

The following actions are not necessarily in chronological order, as some will need to be carried out in parallel immediately following the event.

### ACTIONS

<table>
<thead>
<tr>
<th>Get prepared</th>
<th>Validate event &amp; assess impact</th>
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<tbody>
<tr>
<td><strong>Before vaccination starts</strong></td>
<td><strong>Validate the event</strong> – immediately (within 24 hours of receiving the information)</td>
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<tr>
<td>• Identify in-country stakeholders to be engaged to respond to any vaccine safety event(s).</td>
<td>• Check the source of information and basic details on the event: What? Where? When?</td>
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<tr>
<td>• Identify a communication team to manage communications linked to a safety event.</td>
<td>• Assess the potential impact of the safety event: the event can be assessed as low-, medium or high-impact*</td>
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<td>• Identify (and train) spokesperson(s).</td>
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<td>• Develop model holding statements (see sample message below).</td>
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<td>• Strengthen existing or establish information sharing and rumour monitoring mechanisms.</td>
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*Impact assessment could be based on the severity, frequency and duration of the event, among other factors.
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<th>Coordinate and engage</th>
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<tr>
<td><strong>Engage response group</strong></td>
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<tr>
<td>– immediately (within 24 hours of reporting of the event)</td>
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<tr>
<td>• Convene a rapid response team/group and initiate coordination mechanisms.</td>
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<td>• This should include experts from vaccine safety, regulation, vaccination programme, pandemic response, communication, behavioural insights and more.</td>
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<td>• Nominate a spokesperson.</td>
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<th>Inform all key stakeholders</th>
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<tr>
<td><strong>Inform media and key stakeholders</strong></td>
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<tr>
<td>• Immediately (within 24 hours) issue a ‘holding statement’ to the media – (outlining what is known, what is not known, and what is being done to fill in the gaps (see the sample messages below).</td>
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<td>• Plan for further communication in consultation with the Ministry of Health and other stakeholders.</td>
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<th>Prepare the response</th>
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<tr>
<td><strong>Investigate and gather information</strong></td>
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<tr>
<td>– initiate as soon as possible (within 24 to 48 hours)</td>
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<tr>
<td>• Determine if the event is solitary or part of a cluster.</td>
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<td>• Confirm the diagnosis, timing and the outcome of the safety event(s).</td>
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<tr>
<td>• Identify details of the vaccine administered.</td>
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<td>• Document the health status of other recipients of the same vaccine.</td>
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<tr>
<td>• Review the quality of services and operations of the immunization programme delivering the services.</td>
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<tr>
<td>• Conduct a detailed causality assessment.</td>
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<tr>
<th>Identify and segment key audiences</th>
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<tr>
<td>• Those directly affected by the event.</td>
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<tr>
<td>• Those who may shape opinions: community leaders, media, politicians, other influencers.</td>
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<td>• Health workers: always a key audience who need to uphold trust in the vaccine and to be able to answer questions.</td>
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<th>Define the objective(s)</th>
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<td>• The outcome: what do you want those targeted to do or understand?</td>
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<td>• All future actions and messages should be shaped in the light of these objective(s) and in line with the outcome of the investigation of the event including the causality assessment.</td>
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Communicate

**Prepare messages**
- Use the sample draft messages below to develop holding statements.
- Revise/adapt messages according to the communications objective, information gathered through the investigation, knowledge of the target audiences and input from the rapid response team/group.
- Monitor public opinion to guide preparation of messages; Gather information from media, social media, health workers and other allies.

**Engage effective influencers**
- Engage spokesperson and alliances that are trusted, have the necessary knowledge and are able to convey complex messages in understandable language.

**Ensure credibility and trust**
- Demonstrate honesty, express empathy, show respect, promote action and competency.

Assess the impact

**Monitor the impact and revise**
- Assess the impact of communication messages/strategy to inform next steps/potential changes based on the collected information (new) or as evidences emerges.

* Communication tips
- Build trust of the population through transparency, empathy, objectivity and competence.
- Consider different channels and spokespersons for different audiences.
- Convey what you know (the facts), what you do not know (yet) and when you will share information next.
- Describe the actions taken to gather more facts and to support those affected.
- Convey clear recommendations linked to continuation of the vaccination programme.
- Keep media informed; consider the media an important ally, not an enemy: build relations, trust and mechanism for regular updates.

* Guidance to assess an event as low-, medium or high-impact:

** Relevant key technical documents related to adverse events following immunization:
  https://www.who.int/vaccine_safety/initiative/investigation/New_aide-memoire_AEFI.pdf
  https://www.who.int/vaccine_safety/initiative/investigation/New_aide_mem_causal_assmt.pdf?ua=1
Sample holding messages (Please tailor the messages to your setting)

• Death or serious illness:
  − It is with great distress and sadness that I/we learned about the illness/death of [insert name, where appropriate]. On behalf of the Ministry of Health, I/we would like to express my/our sincerest condolences to the family and relatives in this difficult moment. [Every death is a tragedy].
  − All necessary measures are being taken by the [name of Ministry of Health] to investigate this event and identify what caused it. While the investigation is ongoing, the [Ministry of Health] is undertaking all necessary measures to ensure safe and uninterrupted COVID-19 vaccination services in the country.
  − As the investigation into the cause of the death/illness continues, I/we will make sure to communicate any new findings as soon as they become available.

• Allergic reaction:
  − Extreme reactions to vaccination are very rare, but they can occur. While many people will experience only minor, if any, reactions following COVID-19 vaccination, a very small number of people may have an allergic or other severe reaction following receipt of the COVID-19 vaccine.
  − Health care professionals in [insert name of country] are trained to watch for and recognize the symptoms of any severe and serious reactions so they can be promptly treated if needed.
The WHO Regional Office for Europe

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