

# How can we improve vaccine equity and demand?

Improving vaccine uptake by addressing hesitancy, and understanding the barriers to adoption of vaccines, therefore designing interventions to improve uptake.

## Background: Improving vaccine equity and demand

We were contracted by PATH's Digital Square Initiative as part of a large Digital Results Improve Vaccine Equity and Demand (DRIVE Demand). DRIVE Demand commissioned Busara to conduct social and behavioral research to understand the barriers and drivers for routine vaccinations and COVID-19 vaccinations.

At the outset of the project, Busara and PATH worked together to develop a joint research agenda, questions and methodological approach, with the overall objective of producing insightful, action-oriented resources for public health practitioners to understand and respond to vaccine hesitancy - we call this the Practitioner's Playbook.

## Conducting the research

We conducted an evidence review and qualitative research around the COM-B framework. We then completed interviews with unvaccinated pregnant women, unvaccinated adults, and CHWs across four countries: Uganda, Mali, Tanzania and Zambia.

Our team collected data from February 5th, 2024 until April 22, 2024 across all three respondent groups. Following this we performed a thematic analysis of the data.

In all, our study included 146 participants.

## project facts

### Key words

Vaccination uptake, Vaccine hesitancy, Perceived barriers, COM-B

### Behavioral themes

COM-B  
Uptake

### Research design

Qualitative study framed around the COM-B model

### Scope

**Start date:** December 2023

**End date:** June 2024

**Participants:** Pregnant women, adults, and Community Health Workers(CHWs)

**Sample size:** n=146

### Location

Nairobi, Kenya

### Partner

PATH Digital Square, funded by the Rockefeller Foundation

### Ethics approval

ERES IRB - Zambia

NIMR - Tanzania

Unsure for Uganda and Mali. We did not apply for IRB approval

## Key Research Insights

- » Conceptually, vaccine hesitancy exists on a continuum between intention (vaccine acceptance) and non-intention (vaccine refusal). The DRIVE Demand research focuses on understanding what shapes intention to vaccinate, rather than actions after that intention is formed.
- » Second, our research finds that for people possessing negative attitudes to vaccinations, high-level and abstract barriers such as global conspiracy theories have greater relevance.
- » Our research also identified that intention amongst those who possess neutral or positive attitudes towards vaccination is influenced by proximate perceived barriers to opportunity for vaccination, such as social permission, vaccine availability, comfort and familiarity with health clinics, and the like.
- » The main insight is that generating intention is a critical first step in increasing vaccine uptake. Beyond structural challenges, social, cultural, and interpersonal factors significantly influence vaccine intention. This research aims to help develop more targeted, context-specific strategies for engaging vaccine-hesitant populations.

We finally produced this [playbook](#).

## Implications

### For practitioners:

The playbook offers three key uses:

1. Review its findings to understand the drivers of vaccine hesitancy and cognitive strategies for behavior change.
2. Use its diagnostic framework and screening tool to assess community vaccination intention and identify target segments.
3. Apply its strategic guidance to create evidence-based, SBC-informed messaging aimed at overcoming barriers and boosting vaccine uptake.

## Recommendations for future research

The research faced significant limitations and didn't reach the desired depth, resulting in findings with limited contribution to broader research agendas. Future digital health research should focus on improving user-friendliness of systems like DHIS2 and CHIMS. For vaccine hesitancy, future studies should explore deeper behavioral and social factors, such as the causes behind zero-dose children and strategies for promoting immunization in both medical and non-medical settings.

## Further reading

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## Study team

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The *aha!* moment summarises key facts and insights from Busara's research projects.

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