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# Access and Confidence in Vaccines: What can We Learn from What Works?



Co-building the Accelerator Labs Network together with:



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**Vaccines are a key public health tool, and the COVID-19 pandemic underscored their importance. However, vaccine success –both COVID-19 and vaccines in general– depends on how people can access them and how willing they are to be vaccinated. These two aspects can be challenging for some sectors, even in Argentina where health coverage is public, free, and universal. So, some questions opened are: What situations make access to vaccines easy particularly for left-behind groups? **What are the opinions and attitudes that influence confidence in vaccines and affect people's willingness to get vaccinated?****

These are some of the questions we asked ourselves in the Accelerator Lab of the United Nations Development Programme (UNDP) Argentina, the Co\_Lab, and that we developed in this results summary of a study with 40 in-depth interviews with people responsible for deciding whether children would be vaccinated, and teenagers in the great Buenos Aires area, carried out in November and December 2020. The findings are organized along six topics:

General considerations on vaccination and the current vaccines in the Official Immunization Schedule, including the willingness to get vaccinated against COVID-19 still under investigation at that time.

What eases or hinders vaccination.

Main sources of information about and degree of interest in vaccines.

Degree of confidence in vaccines.

Topics specific to teenagers: what was stated regarding their sexual history and vaccines.

Other context-specific issues emerging from the COVID-19 outbreak.

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## About Us

In case you have never heard from us, at **Co\_Lab** our mission is to learn from grassroots solutions that people use in their daily lives to accelerate our knowledge about complex challenges. We then share our lessons to foster development interventions. We work on different frontier challenges to support the state and other organizations. We work on different issues. In this case, we use this approach to identify and scale learnings to support the strategy of universal and public access to vaccines, as well as the willingness of people to use them.

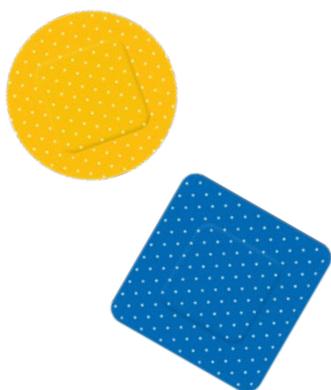
As mentioned, we partner with governments and/or diverse civil society organizations to make these learnings grow. In this case, we are working along with Fundación Bunge y Born, which since 2019 has been developing the Vaccine Access and Confidence Index (“Índice de Confianza y Acceso a Vacunas”) in Argentina, and a related network and media monitor. Together, we agreed on a work plan consisting of this first qualitative study, including this results summary; and a second qualitative study with focus groups, both to identify trends and unravel mechanisms that will later be validated in a survey experiment, the third and last study in this agenda.

In this first study, we set out to learn and understand the experiences, attitudes, and opinions of low-income populations regarding access and confidence in vaccines, and to identify what works for them. To this end, 40 in-depth interviews were conducted between November and December 2020 with mothers with dependent minor children, and with young people from 13 to 19 years old who attend meal centers located in the Metropolitan Area of Buenos Aires (AMBA). Below we summarize the findings of the study.

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## General Considerations on Vaccines and Vaccination

- **Getting vaccinated is a deep-rooted habit to prevent diseases.** Decision makers are mainly mothers. To a lesser extent, doctors and state institutions, among others, also have a say in the decision.
- **Close is better.** People chose the neighborhood health center –the primary health care level–, which can be accessed on foot in most cases. This saves one of the biggest costs, transportation, which is mainly bus. In addition to being close, doctors’ reliability and politeness are also considered when choosing a place to get vaccinated.
- **Vaccination takes place in the morning.** This is the time slot most chosen, either because people consider that the vaccination center will not be so crowded or because it is the only available schedule offered. Going to the vaccination center, the vaccination process itself and returning home or to school takes between forty minutes and two hours on average. Waiting time at the vaccination center is the main reason for choosing the morning time slot, since in most cases they work on a first-come, first-served basis.



- Adults responsible for the vaccination of the children were asked what issues could be an obstacle , such as missing work or the care of the rest of their children, if they have other kids who should not be vaccinated at that time. On this occasion, **all the responsible adults interviewed were mothers** and, in some cases, grandmothers. Neither of these situations came up as a problem. They could manage work demands and the care of their other children to take their kids who must get vaccinated to the vaccination center.
- **Employers allow people to be absent for vaccination purposes.** Care networks and other family members help with those left at home.
- **Young people who attend morning or full-time school may miss classes to get vaccinated,** and schools allow students to be absent if a vaccination certificate is submitted.
- **In general, mothers consider that the health care staff treated them politely,** and that medical professionals dedicate time to support their children.
- **In terms of the information provided by the health professionals, the responses were heterogeneous.** In some cases, they stated that health professionals do not provide enough information due to lack of time. Some mothers did not ask, and specialists may not provide information proactively. Others work it out by requesting a separate appointment with a pediatrician. In some answers, it was highlighted that they received information about the vaccine applied to their child and the disease it prevents, and also about potential adverse reactions and what actions should be followed if they appear
- **For young people, being treated politely by health professionals was more important** than the information they received about vaccines.
- **In the case of adults responsible for the vaccination of children, they use the Immunization Schedule** and rely on the advice provided by the health care staff in their routine check-ups to comply with vaccination dates. On the other hand, young people rely mainly on the guidance of their mothers and/or health professionals.
- **Regarding a potential COVID-19 vaccine, almost all the mothers and young people interviewed would get vaccinated.** Some of the interviewed mothers were against immunization because they lack information and expressed fear of possible side effects. Most of the young people interviewed stated that they would get vaccinated to prevent COVID-19 and resume their normal activities.

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## What Eases or Hinders Vaccination



- For the interviewed mothers, **being near the health or vaccination center and free vaccines make immunization easier.** For young people, being supported and followed up by family members stand out as easy.
- Regarding the challenges, the interviewed **mothers mentioned adverse weather conditions on the vaccination day, having to go early to request an appointment, and the lack of supplies,** as possible complications. Young people mentioned they feared the needle prick.

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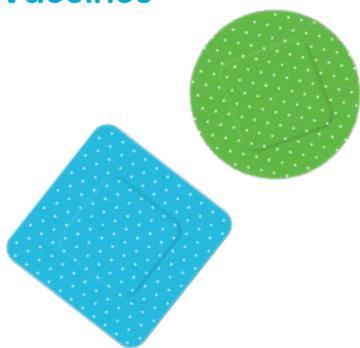
## Main Sources of Information and Degree of Interest in Vaccines



- **The mothers and young people interviewed are interested in vaccines as they want to comply with the mandatory Schedule.** In general, they do not have a specific interest in the topic as to seek additional information, but even so, they consider that vaccination is a healthy habit and very relevant to health. At the time of the interviews, in November and December 2020, there was an emerging interest especially related to the developments in vaccination research against COVID-19.
- **Information is mainly received passively and, in some cases, is actively sought out. Doctors and health care staff in vaccination centers are the main source of information** on dates of immunization campaigns, what disease each vaccine prevents, what to do if a vaccine has side effects in the short term, and how to monitor the progress of the Immunization Schedule. To a lesser extent, the Internet and television are mentioned as alternative sources of information. The search for information on vaccines focuses on the period through which the interviewees have young children. A mechanism for passive reception of information is also evidenced at times when immunization campaigns are carried out or in the context of COVID-19.
- **Young people get more information online** than through the health care staff. To a lesser extent, the health booklet and school are mentioned. In the latter case, it is observed that the information obtained varies substantially among different schools. The relationship of the young people interviewed with the health care staff and their access to information is distant and/or mediated by their mothers.
- **People get negative information about vaccines through acquaintances** when they are suspicious of their effectiveness or afraid of their possible immediate side effects, such is the case with the flu vaccine or a (then potential) COVID-19 vaccine.
- **Famous and showbiz people, and comments on social media** are other sources of negative information about vaccines.
- **In no case, the interviewed mothers were discouraged from vaccinating their children by negative information.**

- **Distrust about the effects of a COVID-19 vaccine does not extend to other vaccines.** Among youngsters, negative information about vaccines is spread to a lesser extent. The only source referred to is peer contact.
- **There is a demand for information**, especially in physical format through talks, brochures, or the health booklet, because information published in digital media is not regarded as trustworthy, or these media cannot be accessed.
- **Young people are informed in an accessible and appropriate way on the Internet.** However, they would also like to get complementary data provided to them in an educational fashion through institutions such as schools or clubs.

## Degree of Confidence in Vaccines



- **The mothers interviewed rely on vaccines for disease prevention.** Even when they expressed some hesitation, they were still in favor of vaccination.
- **Young people also trust vaccines** because of their previous experiences, the confidence inspired by their role models (doctors, mothers) who told them to get vaccinated, or because vaccines are being used by the population in general.
- **A few mothers hesitated on their vaccination decision because of mistrust, lack of information and/or not knowing how vaccines work.** Especially they hesitated as they seek to avoid eventual discomfort for their children because of possible side effects.
- **Young people hesitated as they feared the needle prick.** To a lesser extent, hesitancy was expressed regarding specific vaccines (flu and COVID-19), and not regarding vaccination in general.
- **Hesitancy or negative perceptions (their own or those of others) about vaccines in no case discouraged vaccination.**
- **There were rare cases in which the interviewees claimed to know people who do not get their children vaccinated for several reasons** (irresponsibility, laziness, ignorance) from which an ideological question about the safety of vaccines was not inferred.
- **The mothers interviewed did not link vaccination to their religious beliefs;** however, some are aware of rare cases in which religious factors discouraged vaccination.

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## Teenagers: Sexual History and Vaccines



- Young people begin their sexual activity when they are between 15 and 18 years old. This is important to understand their potential exposure to sexually transmitted diseases.
- They know little about **HPV** and its vaccine. Only in some cases they have heard about it, mainly at school. As mentioned, they have limited information on the HPV vaccine, which is mandatory from the age of 11, and on the use of condoms to prevent it.

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## Implications for Public Policy

In sum, although the habit of vaccination is deeply rooted, when hesitancy was present, it was mainly related to the vaccine against COVID-19. This hesitancy came from the potential effects that were feared at the time of the study in November 2020. Other doubts arose about the effectiveness of the vaccine and the existence of conflicting information in this regard. It should be noted that, in no case, when the interviewees expressed some distrust in the vaccine against COVID-19, this is extended to other vaccines.

Based on these conclusions, some potential actions emerge that can be considered when developing interventions and policies aimed at improving access to and confidence in vaccines within low income populations. Among them, the following stand out:

- **Implement a decentralized (eventually mobile) vaccination model.**
- **Subsidize the cost of transportation** to vaccination centers.
- **Provide more information in the territory** (through brochures and information campaigns adapted to specific populations).
- **Develop training campaigns for medical staff** to emphasize the importance of treating patients politely and providing them with information.
- **Share positive messages** from government agencies and health institutions on their social media and on television.
- **Encourage youngsters to get vaccinated** and reduce their fear of needle prick, based on role models (for example, different social media influencers and/or through informal campaigns comparing the discomfort of getting a shot with other procedures less questioned by teenagers, such as tattoos).

## Credits

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### THIS REPORT

Report on access and confidence in vaccines  
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