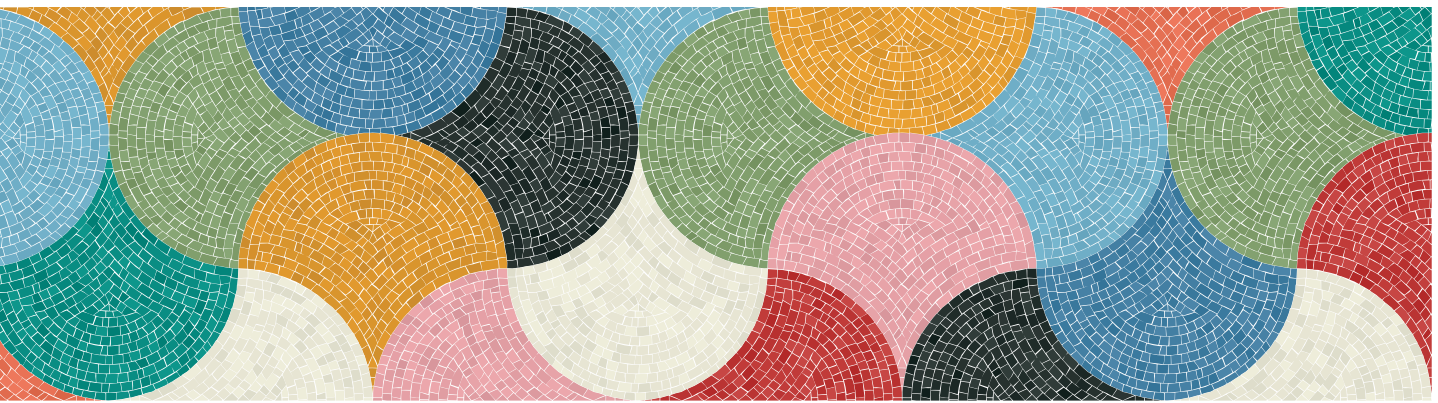


THE PERSPECTIVES OF CHILD HEALTHCARE PROFESSIONALS ON VACCINATION EQUITY

APRIL 2025





Introduction

This report summarizes the findings of a survey conducted in October/November 2024, focusing on childhood vaccination equity and healthcare professional experiences.

The survey, a collaboration between the Excellence in Pediatrics Institute (EIPI) and Pfizer, aimed to explore the complexities of vaccination hesitancy and low uptake rates, particularly within communities of mixed socioeconomic backgrounds.

The primary goal is to identify the key factors contributing to vaccination disparities and develop targeted public health strategies to improve adherence, leveraging different influencing factors in each case. Sociocultural factors, educational barriers, and authority mistrust drive the outright refusal of vaccination, while logistical failures and economic factors contribute most to adherence issues.

Background

Despite significant advancements in healthcare, including vaccine development and widespread availability, vaccination uptake and coverage rates across Europe continue to fall short of established targets. This discrepancy is particularly evident in marginalized communities, such as the traveling community and newly arrived immigrants. Due to various social, economic, and logistical barriers, these groups often exist on the periphery of national healthcare systems.

While these issues are widely recognized and have been the focus of numerous public health initiatives, another critical segment of the population that significantly contributes to low vaccination rates remains unexplored.

In communities with mixed socioeconomic backgrounds, effectively underserved individuals pose a unique challenge to public health efforts. These individuals often do not conform to the general health behaviors observed in

their communities, including adherence to recommended vaccination schedules. Their decisions to skip vaccinations are influenced by a complex interplay of factors not solely defined by their marginal status. They are deeply intertwined with the dynamics of their immediate social and economic environments.

The reasons behind their health choices may include limited access to healthcare services, varying levels of trust in medical advice depending on their information sources, and the socioeconomic and educational disparities within their communities. Whether they reside in urban, suburban, or rural areas, the accessibility and convenience of healthcare services can differ dramatically, not just between different types of communities but also within the same

community among individuals of different socioeconomic strata.

Addressing these disparities requires a nuanced understanding of how localized factors influence health behaviors. Effective public health strategies must go beyond broad coverage targets and address the specific needs of these under-vaccinated groups. Engaging in grassroots efforts to reach these individuals where they are, understanding their unique perspectives, and tailoring interventions to their particular circumstances could substantially enhance vaccination rates. This approach acknowledges the diversity of community experiences. It seeks to reduce health inequities by ensuring all individuals have equitable access to vital healthcare services regardless of their socioeconomic status or community type.

Survey Methodology

We employed a dual-method survey approach to gather comprehensive insights into the landscape of vaccination equitable access. First, an online survey was made available for a duration of 35 days, targeting child healthcare professionals directly involved in patient care. This study segment aimed to collect firsthand data on the experiences, challenges, and perceptions of those working on the frontlines of pediatric healthcare.

Simultaneously, we distributed targeted mapping questionnaires to leading experts

and academics across multiple countries. Due to their extensive experience and high-level understanding of national healthcare dynamics, these individuals provided invaluable contextual analysis. Their role was to offer a macro perspective on pediatric healthcare policies, vaccination strategies, and systemic challenges affecting immunization uptake. More importantly, they reported on behalf of their local medical communities, offering aggregated insights that complemented the firsthand accounts gathered from practicing clinicians.

Targeted Audience and Demographics

The survey aimed to capture the perspectives of pediatric healthcare professionals actively involved in grassroots efforts to

improve vaccination rates engaged in primary healthcare settings and private practices.

These professionals are at the frontline of community health networks, directly engaging with families from various socioeconomic backgrounds. They provide critical insights into the factors that influence their health decisions and an understanding of parental decision-making processes and the dynamics within their

local communities. Through regular interactions with parents, frontline physicians are best positioned to identify specific challenges and barriers to vaccination uptake. This makes their perspectives invaluable for developing targeted, community-focused interventions.

The survey aimed to deliver a comprehensive and nuanced understanding of the factors impacting pediatric vaccination rates. Insights from these key healthcare professionals will be instrumental in designing effective public health strategies to enhance vaccination equity and coverage.

The results in this report are based on

198

completed questionnaires.

Most respondents identified as pediatricians (**83.96%**), working primarily in private practices (**48.81%**) or hospitals (**44.05%**).

59.14% of the participants work in urban areas with mixed socioeconomic backgrounds; thus, their experiences relate directly to the issues that are the focus of the study.

Key Findings

The “Underserved Within” Phenomenon

*The survey results highlight that low vaccination rates are not solely confined to traditionally marginalized communities. A significant problem lies within communities of mixed socioeconomic backgrounds, where specific individuals or subgroups do not follow recommended vaccination schedules. These individuals are described as “**effectively underserved within their own environments.**”*

This points to the fact that addressing disparities is not a simple matter of targeting entire communities but also requires consideration of variations within communities and sub-populations. A complex interplay of factors influences their decisions to skip vaccinations and is deeply intertwined with the dynamics of their immediate social and economic environments.

*Furthermore, the survey results indicate that assuming all unvaccinated individuals refuse vaccination by **conviction** is oversimplified. This often leads us to overlook the fact that a significant portion of the unvaccinated population faces **circumstantial barriers** rather than ideological opposition. A multitude of factors and systemic failures are responsible for this phenomenon.*

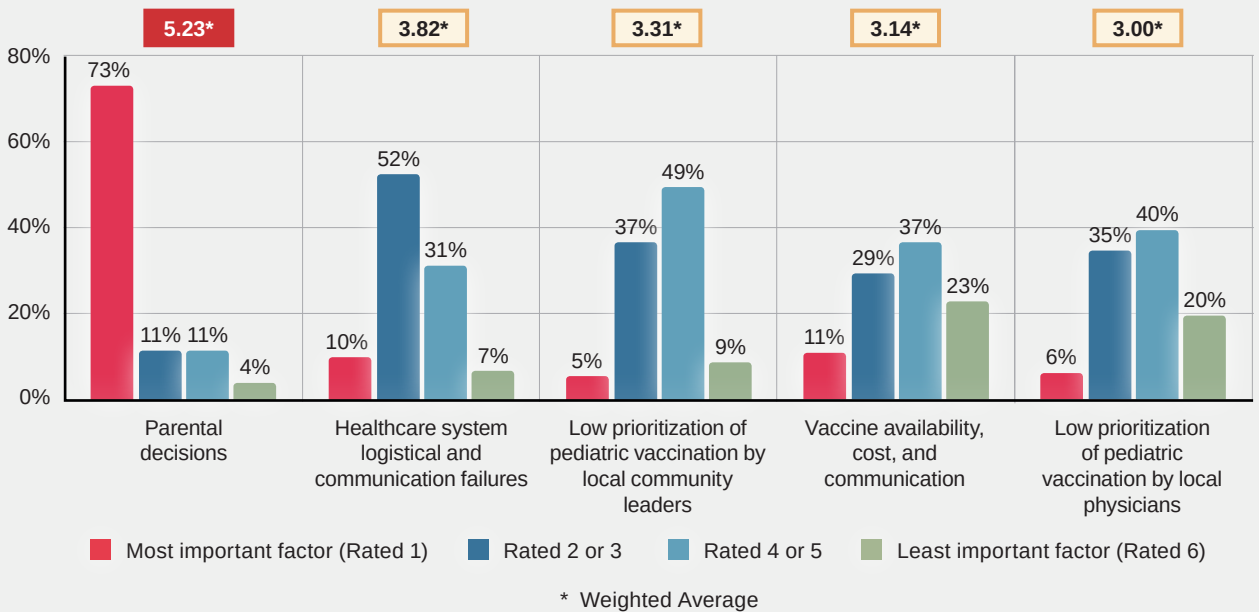
Refusal vs. Adherence

Parental decisions regarding child vaccination are often influenced by a complex interplay of sociocultural, educational, economic, and trust-related factors. To effectively address barriers to vaccination, it is essential to distinguish between outright refusal and adherence issues, such as missed appointments.

The survey asked respondents to rate the attribution of factors contributing to vaccination refusal and adherence separately using a number scale, with 1 being the most influential factor.

Attribution of Vaccination Refusal

(1-6, with 1 being the most and 6 being the least important factor)



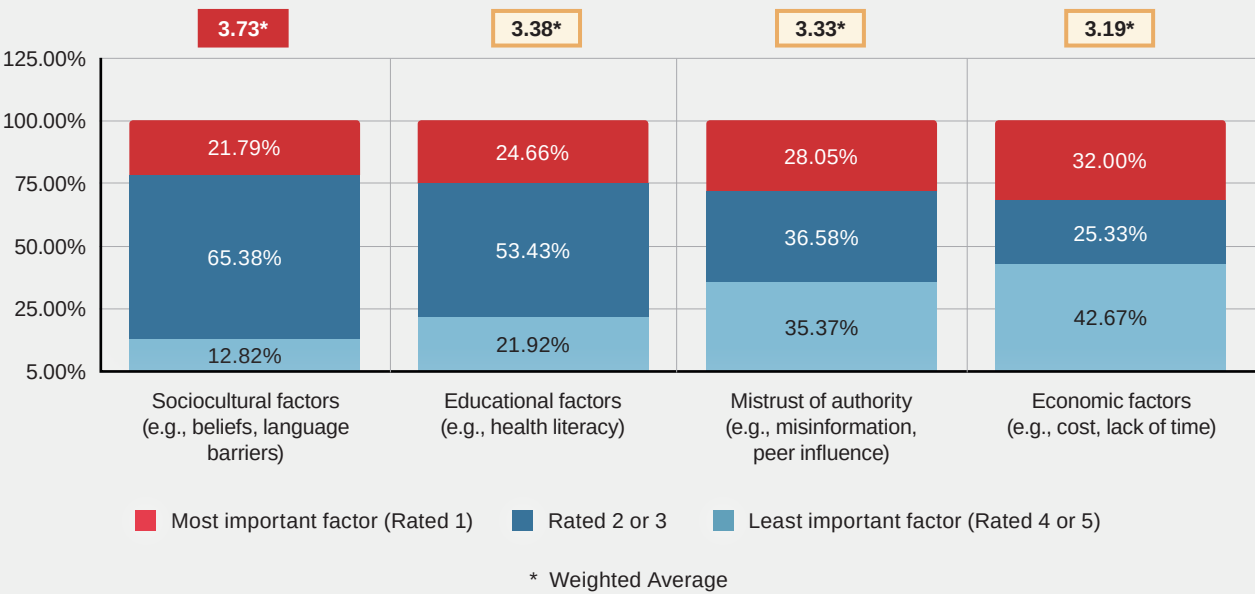
72.95% of respondents accounted for parental decisions being the most important factor in vaccination refusal (**5.23** weighted average), and **70.83%** for missed appointments and adherence issues (**5.18** weighted averages).

Healthcare system logistical and communication failures were rated as the second most influential factor for adherence issues (**4.45** weighted average). They have also been rated as the second most important factor for vaccine refusal, but with a significantly lower rating (**3.82** weighted average).

The survey further investigated the factors impacting most parental decisions not to vaccinate their children.

Impact of the following factors on parental decision not to vaccinate their child/children

(1-5), with 1 being the most and 5 being the least important factor



Sociocultural factors (e.g., beliefs, language barriers) were significantly influential, with **67.94%** rating them as 1 or 2 (**3.73** weighted average).

Educational factors (e.g., health literacy) were the second most important factor (**3.38** weighted average), followed by mistrust of authority (e.g., misinformation, peer influence) (**3.33** weighted average).

Based on the survey results, parental decisions are the most critical factor in vaccination refusal and adherence issues, but with different drivers in each case. Sociocultural factors, educational barriers, and authority mistrust drive the outright refusal of vaccination, while logistical failures and economic factors contribute most to adherence issues.

Vaccination Refusal: A Matter of Conviction

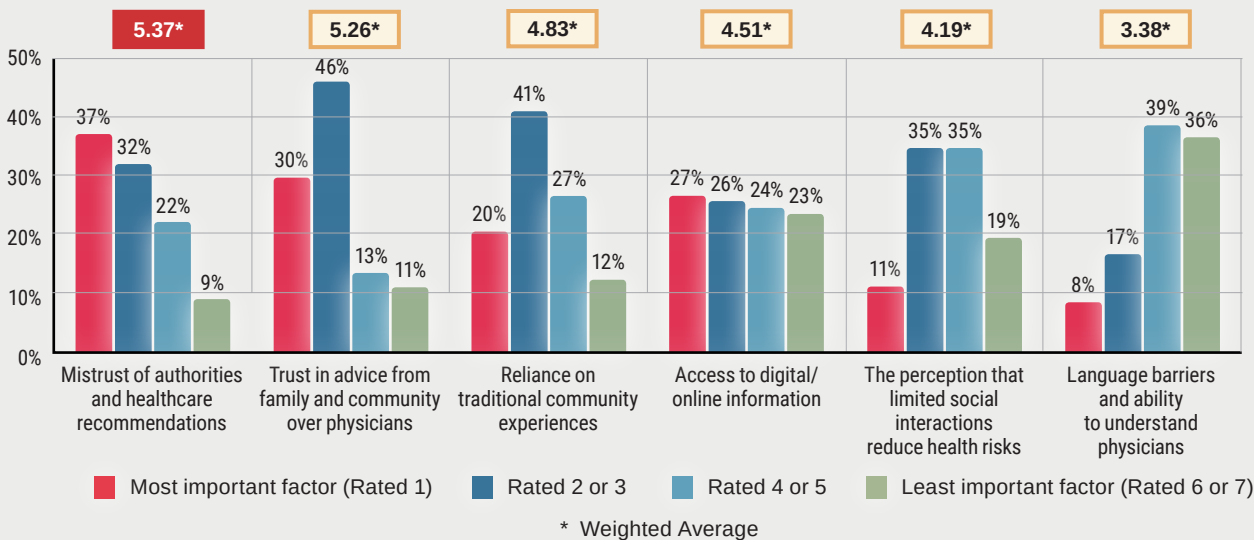
The survey further analyzed the factors influencing parental decisions not to vaccinate their children.

SOCIOCULTURAL FACTORS:

Parental refusal is often deeply rooted in sociocultural beliefs and mistrust. The most significant contributors include:

Rating which sociocultural factors most influence vaccination decisions

(1-7, with 1 being the most and 7 being the least important factor)



Access to digital/online information (4.51 weighted average) and the perception that limited social interactions reduce health risks (4.19 weighted average) were also considered critical sociocultural factors.

37% of the participants stated **mistrust of authorities and healthcare** recommendations (5.37 weighted average) as the most influential sociocultural factor driving skepticism about vaccines. The second driver was the **reliance on traditional community experiences and advice from family or local networks over physicians** (rated 1 by 29.59% of responders, 5.26 weighted average).

Language barriers and difficulties understanding medical advice, even if rated lower than the other sociocultural factors (3.38 weighted average), exacerbate the difficulty of navigating and trusting the healthcare system and its providers.



Gary Finnegan
Vaccines Today

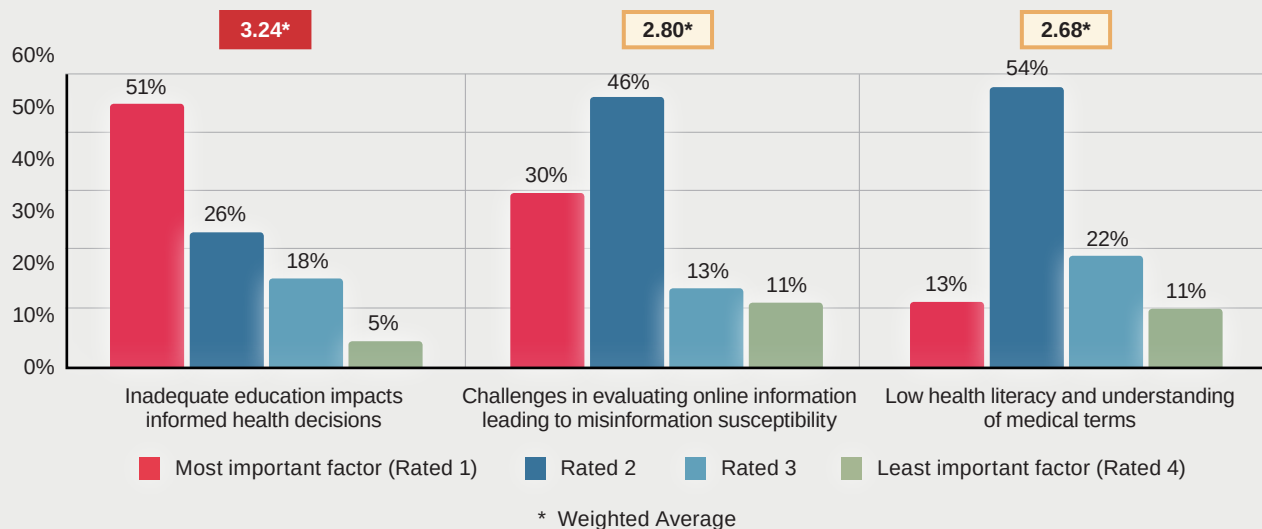
"The distinction is between misinformation, which can be accidental, and disinformation, which is usually malicious, sometimes for personal, economic, or political reasons. But the impact is often quite similar. It is so impactful because it answers a question we have in our minds. We're all potentially vulnerable to misinformation on all fronts. As an exercise, you might think about the things you've believed in the past and changed your mind about or realized were a conspiracy theory or just accidentally misinformed. And the appeal is typically that the explanation feels true. It's usually quite simple. Repetition or hearing the same thing from different sources reinforces the impact and believability of a rumor or some misinformation online." Comment made during the 9th LifeCourse Summit in November 2024

EDUCATIONAL FACTORS:

Lack of adequate knowledge and skills to navigate healthcare systems or evaluate vaccine information contributes to parental refusal:

Rating which education-related factors most influence decisions

(1-4, with 1 being the most and 4 being the least important factor)



51.25% of respondents rated inadequate education affecting informed health decisions (3.24 weighted average) as the most critical education-related factor in parental refusal, followed by challenges in evaluating online information leading to misinformation susceptibility (rated second with 2.18 weighted average).

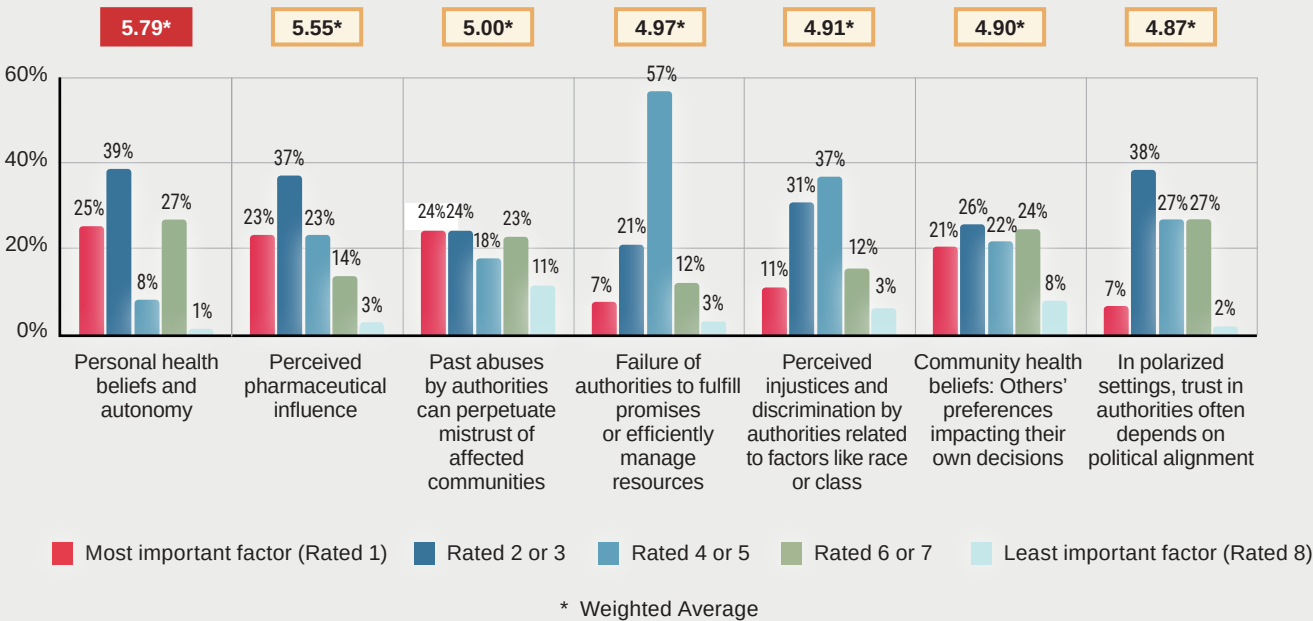
Low health literacy and understanding of medical terms (2.68 weighted average) increase susceptibility to misinformation, creating challenges in communicating with healthcare providers and navigating the healthcare system.

AUTHORITY MISTRUST:

Authority mistrust emerges as a defining factor in vaccination refusal:

Rating which of the following factors mainly contribute to authority mistrust

(1-8, with 1 being the most and 8 being the least important factor)



Personal health beliefs and autonomy (rated 1 or 2 by **56%** of the participants, **5.79** weighted average) lead many parents to favor natural solutions or reject medical interventions altogether.



Historical grievances (**5.00** weighted average) and **perceived pharmaceutical influence** (**5.55** weighted average) were reported as important factors contributing to mistrust.



Failure of authorities to fulfill promises or efficiently manage resources (**4.97** weighted average) and **perceived injustices and discrimination by authorities related to factors like race or class** (**4.91** weighted average) amplify mistrust.



Political polarization is a significant parameter to consider (**4.87** weighted average) since, in polarized settings, trust in authorities often depends on political alignment, causing distrust among those with differing views about vaccination programs, particularly in tight-knit communities.

Missed Appointments and Issues of Adherence: A Matter of Circumstance



As **Sir Terence Stephenson** noted during the 9th LifeCourse Immunisation Summit, **“For most people, it’s not that they’re against vaccines; it’s just a failure to make it happen. They live in an apartment 15 floors up, they’ve got three children under five, they’ve got a job, they don’t know when the appointment is, they miss it, they don’t know how to reschedule it.”**



LAURA REALÌ
European Confederation of Primary Care Pediatricians
“In my region, it’s normal for children to be vaccinated during routine visits. However, families must go to a special vaccination center in other areas. The difference in convenience is stark and correlates with lower vaccination rates.” As noted during the 9th LifeCourse Summit

Participants noted that logistical and communication failures within the healthcare system significantly contributed to adherence issues, with a weighted average score of **4.45**.

Economic factors also play a crucial role in parental decisions, influencing behaviors such as deviating from national vaccination schedules, missing appointments, and skipping follow-up doses. These decisions are generally not due to outright vaccination refusal but arise from everyday challenges and circumstances the healthcare system fails to address.

Expressly, **63.38%** of respondents (rated 1 or 2) indicated that **economic burdens overshadow health considerations**, as reflected by a weighted average of **4.65**. Immediate financial needs are often prioritized over long-term health benefits.

In addition, **work schedules and difficulties obtaining time off**—evidenced by **35.29%** of respondents rating these challenges as 1 and a weighted average of **4.62**—emerge as significant barriers, particularly for parents in precarious employment situations.

Concerns regarding vaccine costs, limited awareness of free vaccination options (weighted average of **4.04**), and **persistent health insurance issues** (weighted average of **3.01**) highlight a failure by the healthcare system to effectively communicate available services and assist this population in navigating the system.

Finally, **transportation challenges**, which received a weighted average of **2.97**, further hinder access to appointments, especially for families residing in suburban and rural areas.

Comparative Analysis:

Refusal vs. Adherence

The comparative analysis reveals that while both vaccination refusal and adherence issues stem from parental decision-making, the underlying causes diverge significantly. Understanding the distinctions between refusal and adherence is essential for designing effective public health interventions.

For vaccination refusal, the primary drivers are deeply held beliefs and mistrust. Parents often base their decisions on sociocultural influences, such as reliance on traditional community advice, skepticism toward authorities, and educational challenges like low health literacy. This results in a persistent wariness of medical recommendations, making refusal more about ideological conviction and less about practical obstacles.

In contrast, adherence issues—such as missed appointments—are mainly influenced by systemic and logistical challenges. Economic constraints, rigid work schedules, and healthcare system inefficiencies (including communication failures) dominate their decisions. Parents facing these issues are not necessarily opposed to vaccination; they encounter practical barriers preventing them from following vaccination schedules.

Still, the findings underscore that vaccination refusal is a complex interplay of deeply held convictions fueled by sociocultural influences and educational challenges. These interconnected factors reveal that addressing vaccination refusal requires an approach that improves education and communication about vaccines, actively works to rebuild trust, and acknowledges the nuanced cultural and historical contexts influencing parental decisions.

Addressing vaccination refusal requires multifaceted interventions that rebuild trust and improve educational outreach. Improving adherence demands operational enhancements in healthcare delivery and support mechanisms that reduce logistical and economic burdens.

Healthcare System Role

The survey questions in this section aimed to gain insights into how healthcare systems influence vaccination refusal and adherence issues, categorized by the distinct challenges and factors at play.

Survey participants unanimously agreed that all community members **have equal access to vaccination (76.77%)**, that vaccines from the national immunization schedule are provided free of charge (**95.96%**), and that vaccines are offered to all children regardless of their parent's insurance status (**98.99%**).

These results, when viewed alongside previously reported parental concerns regarding vaccine costs and health insurance issues, highlight a failure by the healthcare system to communicate the services and benefits it offers effectively and

to assist this population in navigating the system. Nevertheless, **23.23%** of respondents indicated that **not all community members** have equal access to vaccination services, suggesting disparities in outreach and healthcare infrastructure.

Additionally, respondents reported that **outreach to parents of unvaccinated children** is inconsistent: **7.22%** reported no outreach, **20.62%** reported rare outreach efforts, and **39.18%** reported occasional outreach, while only **32.99%** reported frequent outreach.

Vaccination Access



Responded YES to: Do all community members have equal access to vaccination?



Responded YES to: Are vaccines from the national immunization schedule provided free of charge?



Responded YES to: Are vaccines offered to all children regardless of their parent's insurance status?

An examination of the educational role of healthcare systems revealed several gaps consistent with previous findings:

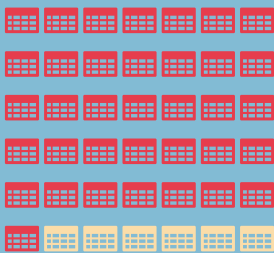
System Education



62.24%

Responded YES

Are there any communication materials tailored for specific sociocultural communities?



84.38%

Responded YES

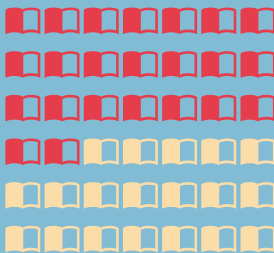
Does your healthcare system maintain records of vaccination status for targeted interventions?



61.22%

Responded YES

Does your healthcare system provide prenatal education about childhood vaccines?



54.74%

Responded YES

Do you receive training on effective vaccine communication strategies?



Tailored communication materials for specific sociocultural communities are absent in **37.76%** of cases, limiting the system's ability to address cultural nuances.



Ineffective vaccine communication training was noted, with **45.26%** of healthcare providers lacking adequate training in effectively communicating about vaccines, which reduces their ability to counteract misinformation and address parental concerns.

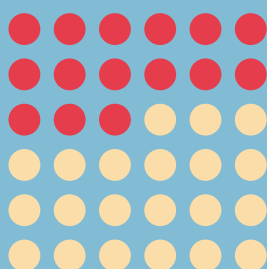


Limited prenatal vaccine education (**38.78%**) deprives parents of early, evidence-based information.



Participants confirmed that **83.84%** of their healthcare systems **maintain records of the population's vaccination status**, yet significant gaps exist in utilizing these data for targeted interventions.

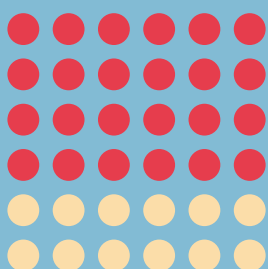
Health Data Access



39.18%

Responded YES

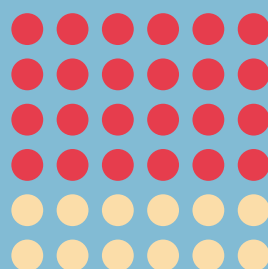
Do you have access to local data on unvaccinated individuals?



65.63%

Responded YES

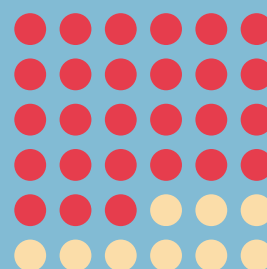
Does your local healthcare authority maintain data on unvaccinated individuals?



64.21%

Responded YES

Will your local healthcare authority provide you with this data upon request?



75.00%

Responded YES

Do you collect and record vaccination status data from visitors to your practice for other reasons?

60.82% of respondents reported not having access to local data on unvaccinated individuals, even though **65.63%** indicated that the local healthcare authority maintains such data.

75.00% confirmed they collect and record patient vaccination status data during visits for other health reasons.

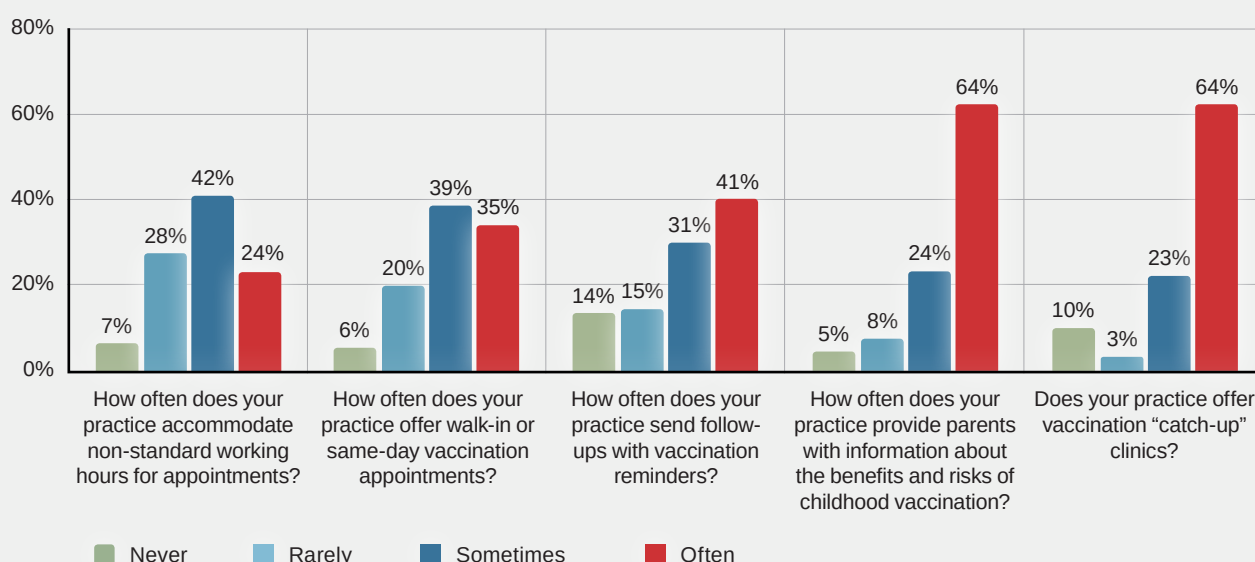
In conclusion, this section reveals a significant disconnect between the theoretical availability of vaccination services and the practical

challenges experienced by parents. Although most respondents believe that vaccines are free, universally accessible, and provided regardless of insurance status, these assurances contrast sharply with persistent parental concerns regarding vaccine costs and insurance complications. Key findings include disparities in access, inconsistent outreach, critical educational shortcomings, and data utilization issues, all of which contribute to significant barriers to achieving adequate vaccination adherence—even in a context where services are theoretically accessible and free.

Healthcare Practices Role

The survey examined various factors to understand how primary care practices address vaccination refusal and adherence issues.

Service Adaptability



MARTA LOMAZZI

World Federation Public Health Associations (WFPHA)

"Some earlier vaccinations should be happening elsewhere besides a GP surgery. Wouldn't they feel safer in midwife services, where babies have health checks and only babies go?" Comment made during the 9th LifeCourse Summit

ACCESSIBILITY AND CONVENIENCE:

- **Limited Non-Standard Working Hours:** Only **23.60%** of providers frequently offer after-hours appointments, which leaves many parents unable to attend due to rigid work schedules.
- **Infrequent Walk-In or Same-Day Appointments:** Only **39.33%** of providers occasionally offer walk-in or same-day appointments, posing challenges for parents who cannot commit to scheduled appointments because of their occupational constraints.



GARY FINNEGAN

Vaccines Today

“Social media has turbocharged the spread of misinformation, and anti-vaccine groups have been very good at reaching hesitant or undecided people who don’t think about vaccination until they’re invited to bring their child or a parent or themselves to a clinic to be vaccinated. Vaccine advocates are more likely to talk to one another, and traditionally, in this context, we haven’t been great at using social platforms, which are mostly cheap and, in some cases, free. It improved a little during the pandemic, but some of the lessons of the pandemic have been learned, but some of them have faded away, which is quite disappointing.”

As noted during the
9th LifeCourse Summit in
November 2024

COMMUNICATION DEFICIENCIES:

- **Inadequate Reminders and Follow-Ups:** Many providers do not consistently send appointment reminders or follow-ups—**13.64%** never send reminders, **14.77%** rarely do, and **30.68%** only occasionally do so.
- **Lack of Tailored Communication:** For **36.36%** of respondents, the absence of customized communication regarding the benefits and risks of childhood vaccination further exacerbates accessibility challenges for socioculturally diverse families.

PARENTAL CONCERNS:

- **Vaccine Safety and Efficacy:** Parents frequently express concerns about vaccine safety, side effects, and necessity, with **83.33%** of providers encountering these issues at least sometimes.
- **Reliance on Non-Medical Information:** **73.33%** of respondents reported that parents often seek information from non-medical sources before discussing vaccination with their physician.
- **Competing Priorities:** **60.67%** observed that, among very low-income families, other issues take precedence over preventive measures like vaccination.
- **Misinformation Challenges:** Misinformation remains a significant hurdle, with **78.41%** of providers frequently spending time debunking myths and countering anti-vaccine narratives.

PROVIDER IMPACT:

- **Success in Influencing Decisions:** Despite parental concerns, providers reported **38.89%** often and **42.22%** sometimes convincing parents to vaccinate their children, highlighting the critical role of effective physician communication.

Proactive Engagement: Moreover, **88.89%** of providers stated that they often or sometimes discuss vaccination with parents during visits for unrelated health issues.

These findings underscore that while primary care providers play a critical role in promoting vaccination, significant challenges remain. Limited accessibility—through rigid appointment schedules and infrequent walk-in opportunities—combined with communication deficiencies, such as inconsistent reminders and a lack of tailored messaging, contribute to ongoing barriers.

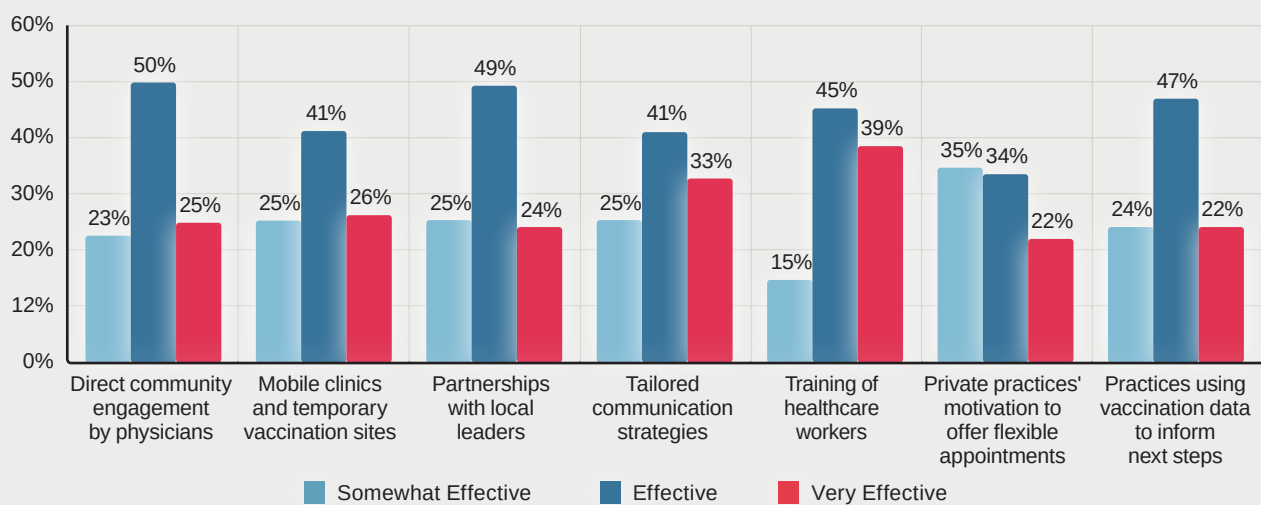
Additionally, providers face persistent parental concerns driven by misinformation and competing priorities, which complicate vaccine discussions. Despite these obstacles, healthcare practices' proactive engagement, as evidenced by their success in influencing vaccination decisions during routine visits, highlights a promising opportunity to strengthen outreach and improve adherence.

Addressing these gaps through enhanced accessibility, targeted communication, and consistent patient education is essential for bolstering vaccination rates and safeguarding public health.

Effective Interventions

The survey provided valuable insights into the complex factors influencing vaccination decisions and the challenges healthcare professionals face. Public health strategies must go beyond a simple blanket approach and consider individual circumstances. A multifaceted approach is needed to address outright vaccination refusal and adherence issues to improve vaccination rates and equity.

Effectiveness of interventions



MARTA LOMAZZI

World Federation Public Health Associations (WFPHA)

“Vaccination in schools has made a massive difference to me as a parent who works full time in a really busy job. I just had to click some buttons, and then they had it in school, and I didn’t have to argue with them.” Comment made at the 9th LifeCourse Summit in November 2024

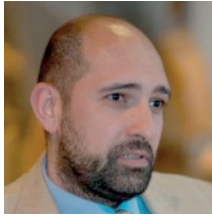
1. ENHANCE COMMUNICATION AND OUTREACH

Tailored Messaging:

- Develop culturally and linguistically tailored communication materials that address the specific concerns of diverse communities.
- Create clear, accessible content that explains the benefits, risks, and availability of vaccines to counteract misinformation.

Provider Communication Training:

- Offer regular training sessions for healthcare providers to improve their skills in vaccine communication and patient education.
- Equip providers with strategies to debunk myths and address parental concerns effectively during routine consultations.



MARIANO VOTTA

Active Citizenship Network (ACN)

“As a citizen’s organization, we offer open days in which we open our office or meet citizens in the public square, but together with the general practitioner, pharmacist, and expert, to provide information and have the time to discuss and talk with the citizens.”

As noted during the 9th LifeCourse Summit



MONICA LACKEN-PAUL

University College London

“I work with families in temporary accommodation and the figures show that the number of children in such situations keeps rising. These are families that, for a host of reasons, remain hidden from mainstream services. If we don’t adapt our outreach and tailor our communication, these children remain at high risk.”

As noted during the 9th LifeCourse Summit

■ Proactive Engagement:

- Implement systematic outreach initiatives such as regular appointment reminders, follow-ups, and educational sessions.
- Encourage discussions about vaccination during unrelated visits to ensure consistent messaging.

2. IMPROVE HEALTHCARE SYSTEM ACCESSIBILITY

■ Flexible Scheduling:

- Extend clinic hours and increase the availability of after-hours appointments to accommodate parents with rigid work schedules.
- Expand options for walk-in or same-day appointments to provide greater flexibility for families.

■ Enhanced Outreach Infrastructure:

- Strengthen outreach efforts by investing in community health workers and mobile clinics, particularly in areas with inconsistent contact with unvaccinated populations.
- Address disparities in access by ensuring that outreach initiatives effectively target urban and rural settings.

3. LEVERAGE DATA FOR TARGETED INTERVENTIONS

■ Data Collection and Utilization:

- Improve the collection and analysis of vaccination status data to identify under-vaccinated subgroups within communities.
- Create centralized, accessible databases that allow healthcare providers to tailor interventions based on local data, ensuring targeted support where it is most needed.

■ Monitoring and Evaluation:

- Establish metrics to monitor the effectiveness of outreach and educational interventions, adjusting strategies based on real-time feedback and data trends.



GARY FINNEGAN

Vaccines Today

“Hyper-local campaigns are becoming more common now. They are led by influencers online and offline in communities smaller than a country, smaller than a region, down to communities, down to a town. And when we talk about communities online, these are sometimes not geographic communities.”

As noted during the 9th
LifeCourse Summit

4. ADDRESS ECONOMIC AND LOGISTICAL BARRIERS

■ Financial Support and Incentives:

- Explore policies that mitigate the economic burdens on families, such as subsidized transportation or direct financial incentives for keeping vaccination appointments.
- Collaborate with employers to facilitate flexible work schedules or provide time off for vaccination appointments.

■ Transportation Solutions:

- Invest in community-based transportation services or mobile vaccination units to reduce logistical hurdles, especially in suburban and rural areas.

5. FOSTER COMMUNITY ENGAGEMENT AND TRUST

■ Building Trust:

- Engage community leaders, local influencers, and grassroots organizations to act as trusted messengers who can bridge the gap between healthcare systems and skeptical parents.
- Address historical grievances and perceived injustices by acknowledging and incorporating community feedback into public health strategies.

■ Early Education Initiatives:

- Enhance prenatal and early childhood education programs to provide evidence-based vaccine information from the outset, empowering parents with the knowledge needed to make informed decisions.

6. POLICY AND SYSTEM-LEVEL INTERVENTIONS

■ Integrated Public Health Strategies:

- Advocate for policy changes prioritizing equitable access to vaccination services and support the integration of data-driven interventions into national vaccination programs.



GONCALO SOUSA PINTO

*International Pharmaceutical
Federation*

***“Why shouldn't we leverage
community pharmacies
as vaccination pathways?***

***Because they are highly
skilled and trained healthcare
professionals and because of
pharmacies' accessibility and
convenience...Pharmacists are
well known to the community
and know their community
well; they understand where
there might be some hesitancy
or concerns about vaccines,
and they can address those
with information since they
are widely accepted and
trusted by the public.”***

Comment made at the 9th
LifeCourse Summit

- Encourage collaborations between public health authorities, healthcare providers, and community organizations to ensure a coordinated response addressing ideological and circumstantial barriers.

Resource Allocation:

- Allocate resources to improve operational efficiencies (e.g., streamlined appointment systems) and support targeted community interventions, ensuring that systemic and individual-level challenges are addressed.

By implementing these interventions, public health officials and healthcare providers can more effectively bridge the gap between theoretical access to vaccines and parents' real-world challenges. Tailoring approaches to diverse communities' specific needs and improving communication and operational systems are essential steps toward achieving higher vaccination equity and better overall public health outcomes.

Healthcare Professionals' Experiences in Childhood Vaccination Equity

This report summarizes the findings of a survey conducted in October/November 2024, focusing on healthcare professionals' experiences in childhood vaccination equity. The survey aimed to explore the complexities of vaccination hesitancy and low uptake rates, particularly within communities of mixed socio-economic backgrounds. The survey results were discussed at the 9th LifeCourse Immunization Summit in Barcelona by a diverse panel of academics, experts, and representatives from various organizations and institutions.

All expert quotes referenced in the report were made during the expert discussions during the 9th LifeCourse Summit in Barcelona, Spain, in November 2024.

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