

Equitable access for COVID-19 vaccines for refugees in Australia

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The issue

Refugees, when compared to the general population, are at an increased risk of being underimmunised due to a multitude of factors. Data from the UK show [lower uptake of COVID-19 vaccines and higher levels of vaccine hesitancy among ethnic minority groups](#) mainly due to concerns about vaccine safety and a general lack of trust in the vaccines perpetuated by misinformation and conspiracy theories.

What we already knew

Evidence from literature indicates inadequate uptake of vaccines among refugees in Australia. Language barriers, misinformation, low risk perception and limited health literacy are some of the key barriers to immunisation.¹ Compounding these are other constraints that refugees face when accessing healthcare services such as cultural, financial and logistical barriers, stigma, limited literacy, and a lack of familiarity with the health care system.²

New evidence suggests...

The Tailoring Immunisation Programmes (TIP) approach developed by the World Health Organisation is a useful evidence-based framework that aims to integrate

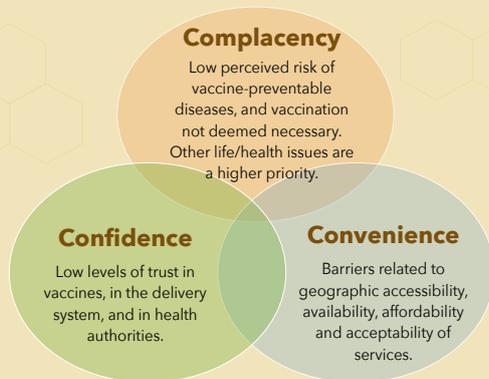


Figure 1: Factors contributing to vaccine hesitancy

people-centred research and behavioural insights into immunisation program delivery specifically targeted for under-vaccinated and potentially vaccine hesitant groups.³ The TIP approach identifies '**complacency**', '**confidence**' and '**convenience**' as *three key factors contributing to vaccine hesitancy* (Figure 1). It reiterates the need to explore environmental and institutional factors, social and protective factors, personal motivation factor and health worker encounter factors, should we aim to optimise vaccine uptake for under-immunised groups.

The TIP approach involves implementation of five phases aimed at enhancing sustainable vaccination behaviour change (Figure 2).

1. Engage
2. Analyse and prioritise
3. Research and design
4. Implement and monitor
5. Evaluate and document

Figure 2. Summary example of the TIP process.

The strength of the evidence in practice

The TIP approach has been evaluated in four countries in the European Region (Bulgaria, Lithuania, Sweden and the United Kingdom).⁴ The evaluation involved semi-structured interviews and web-based surveys with key stakeholders in immunisation service planning and delivery. Whilst there were variations in experiences and the implementation process, one commonly cited strength was its strong focus on community engagement and consideration of the wide range of behavioural determinants affecting vaccine uptake, including those related to ability, motivation and opportunity. This was highlighted as a crucial element for working with communities and individuals with complex and multifactorial challenges.

Putting it into policy and action

Health system responsiveness can be enhanced by measures such as ongoing surveys and/or interviews to capture how refugees feel, think and act in relation to the Australian COVID-19 vaccination program, identifying groups at heightened need and engaging with them to develop targeted approaches needed to achieve greater impact with more efficiency.⁵ The WHO behavioral and social drivers (BeSD) tool is a useful resource to gather quality data on the drivers and barriers to COVID-19 vaccines uptake, providing insight on the design, implementation and evaluation of the targeted approaches.⁶ Working together with refugee communities is integral in optimising their uptake of the COVID-19 vaccine and ensure equitable access.

References

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