

WHITE PAPER
**Bridging the Confidence Gap:
Strengthening
Equitable Vaccination
in Central and
Eastern Europe**



**A Strategic Document Based on the International Conference
Organized by COPAC –UMFCD - Active Citizenship Network 25 May 2025**



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EXECUTIVE SUMMARY

Vaccine confidence and equitable access remain pressing challenges in Central and Eastern Europe (CEE), where socio-economic disparities, poor health literacy, disinformation, misinformation, and structural barriers continue to impact vaccination uptake. Vaccine hesitancy remains a significant barrier to achieving high vaccination coverage in CEE. The COVID-19 pandemic exposed and amplified deep-rooted mistrust in public institutions, increased susceptibility to misinformation, and widened disparities in vaccine uptake – particularly among vulnerable and marginalized populations. Paediatric vaccination rates in several CEE countries, including Romania, have declined below recommended thresholds, putting communities at risk of preventable disease outbreaks.

Key drivers of low vaccine confidence include inconsistent public health messaging, digital misinformation, health system fragmentation, and limited community engagement. These issues are compounded by structural access barriers such as rural health infrastructure gaps, financial constraints, and underdeveloped adult vaccination policies.

This White Paper explores the multifaceted nature of vaccine hesitancy in the region, identifies key barriers, and provides actionable recommendations to enhance vaccine confidence and uptake based on the insights from the 2025 international conference “Bridging the Confidence Gap: Empowering CEE Communities for Vaccination”. These include improving communication strategies, training healthcare providers in vaccine dialogue, expanding service accessibility, leveraging behavioural science, and enhancing data systems. The document offers targeted recommendations

for national authorities, healthcare professionals, civil society, and European institutions, with a focus on rebuilding trust, strengthening health systems, and closing the immunization gap to protect public health across the CEE region.

The Conference Agenda

The conference, co-hosted by COPAC, UMF “Carol Davila”, and Active Citizenship Network – the European branch of the Italian NGO Cittadinanzattiva, brought together experts, practitioners, and civil society representatives. The agenda included sessions on:

- Community-level vaccine promotion strategies
- Evidence from behavioral science on hesitancy
- Civil society’s role in bridging institutional gaps
- Grassroots mobilization practices from across Europe

INTRODUCTION

Vaccine hesitancy in the CEE region is a complex issue influenced by various socio-economic, cultural, and political factors. Despite the proven benefits of vaccination, many individuals in these countries remain skeptical or resistant to vaccines. This white paper aims to address these challenges by providing a comprehensive overview of the current status of vaccine hesitancy and proposing strategies to overcome it.

Childhood vaccination is one of the most cost-effective and impactful public health interventions available, capable of preventing over 20 life-threatening diseases and contributing significantly to healthier populations and reduced healthcare costs. Despite its proven benefits, vaccination coverage for children and adolescents in Central and Eastern Europe (CEE) has shown worrying declines, with some countries experiencing rates far below World Health Organization (WHO) targets. For instance, in Romania, measles vaccination coverage fell by 14% between 2019 and 2023, and the country's COVID-19 vaccination rate remains among the lowest in the EU, at just 50.7% (ECDC, 2025). Seasonal influenza coverage among older adults is also critically low, reaching only 16% in 2023–2024—far below the EU goal of 75% (ECDC, 2024).

These figures reflect a broader and growing crisis of confidence in immunization across CEE. The COVID-19 pandemic

significantly eroded trust in vaccines and public health institutions, particularly among young adults and vulnerable populations. Misinformation, systemic barriers, and inadequate communication have further weakened confidence, with long-term consequences for childhood vaccination programs and overall public health outcomes.

This white paper aims to respond to these challenges by synthesizing the insights and evidence presented at the international conference “Bridging the Confidence Gap: Empowering CEE Communities for Vaccination,” held in Bucharest on 25 May 2025. The document seeks to:

- Highlight the factors contributing to declining childhood vaccination confidence and coverage in CEE.
- Examine systemic and socio-economic barriers to equitable vaccine access.
- Present community-led and evidence-based strategies to restore trust and improve delivery.
- Offer actionable policy recommendations for national authorities, health-care professionals, civil society, and European institutions.

The goal is to inform the development of coordinated, culturally responsive, and sustainable vaccination strategies that strengthen health systems and protect children and communities across the region.

VACCINE CONFIDENCE CHALLENGES IN CEE

Across Central and Eastern Europe, vaccine confidence is in steady decline. Most notably, this decline is evident among younger adults under 35. This generational shift in trust has been accelerated by the COVID-19 pandemic, which exposed weaknesses in public communication and left space for misinformation and anti-vaccine sentiment to heighten. The confidence in routine childhood immunization has eroded and this reflects in significant drops in vaccination coverage across the region. In Romania, for example, measles and flu vaccination rates have fallen below critical thresholds, leading to avoidable deaths and disease outbreaks. As a result, declining vaccine confidence is no longer just a communication issue, it is a systemic public health threat.

1. Root causes and barriers

Vaccine hesitancy in the CEE region is multifaceted and deeply contextual. The following drivers have been identified across multiple studies:

- **Limited and Inconsistent Public Health Communication** - failing to resonate with diverse cultural and demographic groups.
- **Proliferation of Misinformation and Conspiracy Theories** - widely disseminated through digital platforms and amplified by low media literacy.
- **Limited Health and Vaccine Literacy** - undermining informed decision-making among both patients and health-care providers.
- **Limited Trust in Governments, Politicians and Health Authorities**, exacerbated by historical skepticism toward public institutions.
- **Social and Community Pressure** - where vaccine decisions are heavily influenced by prevailing attitudes within primary social groups.

- **Concerns about Vaccine Safety**, especially regarding new vaccine technologies, strongly predict hesitancy or outright refusal.

There is a pervasive misconception in the CEE that vaccination as a child provides lifelong protection and adult vaccination fails to be thought about as an issue to discuss at all.

2. Decline in Vaccine Confidence – Especially Among Young Adults

Vaccine confidence is one of the most critical components of the success of vaccination programs. According to the report “The State of Vaccine Confidence in the EU 2022”, overall vaccine confidence has returned to 2018 levels, and the generational gap has widened – with younger people being significantly more hesitant than older adults (Vaccine Confidence Project, 2022). Younger generations (especially those active online) are increasingly exposed to conflicting narratives that undermine trust in immunization. Younger adults exhibit a growing disconnect with both vaccines and the institutions delivering them. This raises red flags for the sustainability

of routine childhood immunization programs in the region.

A growing body of research confirms the direct link between exposure to misinformation and vaccine hesitancy:

- The study “Vaccine Misinformation Outpaces Efforts to Counter It” (Columbia University, 2024) shows that misinformation spreads faster than counter-measures, targeting COVID-19, influenza, and HPV vaccines.
- A concrete example: In Poland, on Facebook, only 15% of comments were pro-vaccination, while 85% were against. The main anti-vaccine reasons included a lack of trust in the government and perceived risks (Popa A et al., 2022).
- In a study of 4,571 Norwegian adults, those who preferred social media platforms were almost twice as likely to be hesitant about getting vaccinated against COVID-19 compared to those who preferred verified media sources (Skafle I et al., 2022).
- Unreported skeptical vaccine content reduced vaccination intention 46 times more than fact-checked content (Allen et al., 2024).
- A single article with a misleading headline that suggested a healthy doctor died after vaccination had 55 million views (Sander van der Linden and Yara Kyrychenko, 2024).

3. Impact of the COVID-19 Pandemic, Misinformation, and Anti-Vaccination Sentiment

The COVID-19 pandemic served not only as a global health emergency but also as a catalyst for widespread public distrust, fragmented communication, and the rapid spread of vaccine misinformation. Digital platforms, particularly Facebook and Twitter, acted as accelerators of anti-vaccination content, with emotional and misleading narratives often proving more persuasive than scientifically accurate information (Columbia University, 2024).

Disinformation has outpaced institutional responses. A rapid review by Skafle et al. (2022) found that across 46 studies, exposure to vaccine misinformation on social media significantly decreased intention to vaccinate. Specifically, Allen et al. (2024) demonstrated that exposure to sceptical, factually incorrect content reduced vaccination intent 46 times more than blatant misinformation later corrected by fact-checkers. Moreover, the spread of such narratives during the pandemic contributed to declining confidence in vaccines for other diseases.

Efforts such as “debunking” or “pre-bunking” have had limited behavioural impact, especially when emotional or politicised messaging dominates public discourse (Columbia University, 2024). Inconsistent, politically charged health communication further weakened institutional trust. As a result, anti-vaccine

sentiment has spilled over into routine immunisation, including for influenza and childhood vaccines, threatening broader immunisation goals across Europe (ILC UK, 2023).

These trends underscore the urgent need for coordinated, evidence-based, and trust-centric communication strategies. Proactive engagement (especially at community and pharmacy levels) will be essential in restoring vaccine confidence and reversing the negative legacy of pandemic-era misinformation.

4. Romania: Falling Vaccine Confidence Reflected in Declining Vaccination Rates

- Romania has seen a 14% decrease in measles vaccination rates between 2019 and 2023, the highest decrease across European countries monitored by ECDC (ECDC, 2025).
- Romania accounts for 12 of the 14 measles-related deaths reported in the EU, illustrating the consequences of reduced uptake (ECDC, 2025).

- Seasonal influenza vaccination among older adults is far below EU targets, with Romanian coverage at only 16% in 2023–2024 (ECDC, 2024).
- Romania's COVID-19 vaccination rate remains among the lowest in the EU, at ~50.7%.
- Once vaccines lose legitimacy in the public eye, broader immunization rates tend to stagnate or fall.

5. Consequences of Low Vaccine Confidence on Public Health Outcomes

- Falling confidence leads to decreased vaccine coverage and a resurgence of preventable diseases.
- Health systems are increasingly burdened by outbreaks that could have been avoided through routine immunization.
- The erosion of vaccine trust threatens herd immunity and undermines decades of public health progress.



BARRIERS TO VACCINATION IN THE CEE REGION

Despite the availability of effective vaccines, access to routine pediatric immunization in Central and Eastern Europe remains deeply uneven. Health system fragmentation, logistical constraints, and out-of-pocket costs limit vaccine delivery—particularly in rural and underserved areas. Many services remain inaccessible due to inflexible schedules, weak integration with primary care, and underdeveloped digital infrastructure. These challenges are further compounded for marginalized and minority populations, such as the Roma community, who face systemic discrimination, language barriers, low health literacy, and longstanding institutional distrust. As a result, coverage gaps persist and deepen, contributing to preventable illness and widening health inequalities across the region.

Drawing from Kaufman et al. (2021) and WHO's Tailoring Immunization Programmes (TIP), key barriers in CEE fall into six categories:

- 1 Access:** Geographic, financial, and organizational limitations; structural and economic inequality.
- 2 Health System:** Fragmented services, stockouts, inconvenient hours.
- 3 Concerns and Beliefs:** Mistrust in vaccines (partly cultural), fear of side effects, misinformation.
- 4 Perceptions and Experiences:** Previous negative encounters with health-care systems.
- 5 Knowledge and Information:** Low health literacy, limited exposure to accurate sources.
- 6 Social/Family Influence:** Cultural norms, religious views, peer pressure.

Additional barriers identified through TIP and ECDC assessments include:

- Missed opportunities for vaccination
- Insufficient integration of immunization in primary care
- Absence of adult vaccination policies in some national plans

i. Systemic, Logistical, and Socioeconomic Barriers to Routine Pediatric Vaccinations

- Health system fragmentation limits the efficient delivery of pediatric vaccines, especially in rural or underserved regions.
- Stockouts and limited cold chain capacity compromise consistent availability of vaccines.
- Working-hour constraints and inconvenient service schedules reduce access, particularly for working families.
- Lack of routine adult vaccination policies prevents life-course immunization models that normalize ongoing vaccination.
- Out-of-pocket costs and absence of universal reimbursement reduce uptake, especially for families with limited financial means.
- Weak integration with primary care and underdeveloped digital health systems hinders outreach and follow-up.
- Geographic disparities affect access in remote or rural areas where healthcare infrastructure is less developed.
- Limited availability of mobile vaccination units or flexible service models restricts outreach to hard-to-reach populations.
- Language and cultural barriers prevent effective communication between health professionals and certain communities, including migrants and ethnic minorities.

- Limited data systems and inconsistent reporting reduce visibility into coverage gaps and prevent proactive intervention.

ii. The Disproportionate Impact on Vulnerable and Minority Populations

- Marginalized groups, such as the Roma population, face discrimination, exclusion, and historical distrust of institutions, which contribute to low vaccine uptake.
- Social determinants of health (e.g. poverty, education, housing instability) intersect with logistical barriers to deepen inequities.
- Low health literacy in vulnerable populations makes people more susceptible to misinformation and less likely to engage with vaccination services.
- Trust deficits are more pronounced in communities with a history of limited access to healthcare or negative experiences with providers.
- Minorities and vulnerable communities often lack culturally adapted, linguistically appropriate materials, further distancing them from immunization campaigns.
- These gaps contribute to higher disease incidence, outbreaks, and preventable deaths in communities already burdened by poor health outcomes.

STRATEGIES TO ADDRESS VACCINE CONFIDENCE AND ACCESS

Aligned with the WHO EIA 2030's seven strategic priorities, this White Paper recommends:

1 Improving Vaccine Communication and Building Trust

- Communication must shift from reactive “myth-busting” to proactive, values-based messaging that resonates with local communities.
- Emotionally resonant, culturally tailored messages are more effective than scientific rebuttals alone.
- Trust must be rebuilt through transparency, consistency, and engagement with local leaders, educators, and healthcare professionals as trusted messengers.
- Strategies must recognize that vaccine hesitancy is often rooted in fear, mistrust, and past negative experiences with public institutions—not just misinformation.

2 Training Healthcare Providers on Navigating Vaccine Hesitancy

- General practitioners, pediatricians, nurses, and pharmacists should receive regular, evidence-based training on how to identify, understand, and respond to hesitancy.
- Techniques such as motivational interviewing and empathetic communication have proven effective in building patient trust.
- Providers should be equipped with non-judgmental, culturally sensitive communication skills to address complex emotional and social concerns.
- Peer support among health professionals can also help hesitant or undertrained colleagues gain confidence and knowledge.

3 Implementing Targeted Public Awareness Campaigns

- Campaigns should be permanent, evidence-informed, and audience-specific, rather than one-size-fits-all or crisis-driven.
- Behavioral frameworks like the 5C model (Confidence, Complacency, Constraints, Calculation, Collective responsibility) can guide more effective message design.
- Communication strategies should include community voices, especially from underrepresented groups, to boost relevance and authenticity.
- Local vaccine ambassadors and civic mobilizers can help anchor messages in trust and community engagement.

4 Enhancing Vaccine Accessibility

- Expand access to mobile vaccination units, extended hours, and catch-up programs, especially in rural or vulnerable communities.
- Integrate vaccination into routine primary care visits and school-based health services.
- Reduce structural barriers such as out-of-pocket costs, complicated booking systems, and long wait times.
- Policies should support life-course immunization, including adolescent and adult programs, to normalize ongoing protection beyond childhood.

5 Leveraging Digital Technologies, Expanding Vaccination Services and Optimizing Delivery

- Use GIS mapping, digital scheduling, and e-records to identify underserved areas and track coverage in real-time.
- Implement SMS reminders and app-based engagement tools to increase patient adherence and reduce missed appointments.
- Scale up pilot projects that have demonstrated success using mobile technologies and decentralized service models.
- Improve the integration of digital health platforms across providers, pharmacies, and public health systems to streamline delivery.

6 Strengthening Data Collection and Monitoring

- CEE countries must invest in modern, interoperable data systems that capture vaccination data across the life course.
- Real-time monitoring allows for early detection of declines, targeted outreach, and more efficient allocation of resources.
- Monitoring should be disaggregated by region, age, ethnicity, and socio-economic status to understand and address inequities.

7 Ensuring Consistent Reporting of Vaccination Coverage Data

- Harmonized reporting standards are critical to track progress and identify gaps in coverage, particularly in pediatric and adolescent cohorts.
- National reporting must be aligned with EU and WHO frameworks to support cross-border comparison and shared accountability.
- Data should be made public and transparent, enabling civil society and local actors to advocate for improvements and monitor implementation gaps

RECOMMENDATIONS

Recommendations for stakeholders

1. Healthcare Professionals

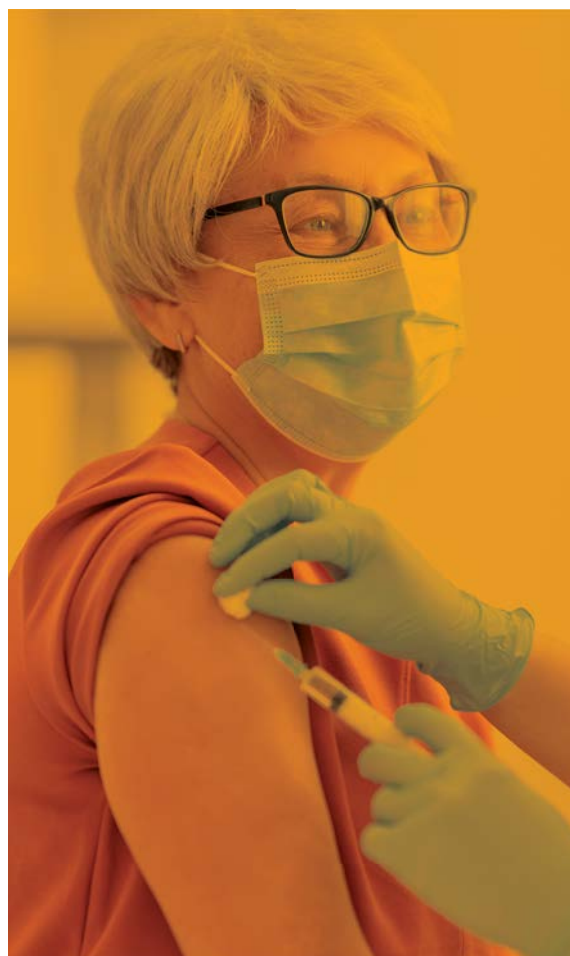
- Integration of vaccine-related communication into routine medical practice.
- Continuous professional training in empathetic communication and responding to sensitive questions.
- Support for hesitant healthcare professionals through materials, mentoring, and dialogue with experts.
- Specialist physicians should take a more active role in promoting and recommending vaccination.
- Engagement in community campaigns alongside NGOs and local authorities.

2. Civil Society and NGOs

- Creation of local networks of vaccination ambassadors, composed of patients, community leaders, and healthcare professionals.
- Initiation of health literacy projects culturally and linguistically adapted.
- Monitoring of vaccination services from the patient's perspective and reporting of inequities.
- Cross-border collaboration with similar organizations in other CEE countries for the exchange of best practices.

3. European Institutions

- Financial support for pilot projects focused on community mobilization in the CEE region.
- Establishment of an early warning mechanism for detecting and countering disinformation campaigns.
- Promotion of a common culture of vaccination through educational platforms and legislative initiatives.



Policy Recommendations

i. Development of Policies that Prioritize Life course Vaccination

- National immunization strategies must be updated and expanded to place stronger emphasis on pediatric vaccination as a cornerstone of public health.
- Childhood vaccination should be embedded within a life-course immunization framework, ensuring continuity into adolescence and adulthood.



- Governments should align education, digital, and health policies to integrate vaccination into schools, digital health records, and family care planning.
- Stronger interministerial coordination (particularly between health, education, and digitalization ministries) is needed to ensure effective rollout and sustainability.

ii. The Increase of Funding for Vaccination Programs and Public Health Infrastructure

- Significant, sustained investment in cold chain logistics, data systems, and

vaccine procurement is needed to support full access and reliability.

- Funding should prioritize equity-based approaches, ensuring resources are directed toward rural and vulnerable populations.
- Increased support is needed for primary care services, including staffing, infrastructure, and outreach capabilities, which are critical for routine immunization.
- Public financing must also support culturally competent outreach programs, communication campaigns, and provider training to address vaccine confidence issues systemically.

iii. The Introduction of Incentives and Accountability Measures to Ensure Equitable Access

- National authorities should introduce performance-based indicators and accountability frameworks for local health authorities and service providers.
- Incentive structures (financial or reputational) can support higher-performing providers and motivate improvements in low-coverage areas.
- Accountability should be tied to routine public reporting, allowing stakeholders to track progress and advocate for corrective measures when needed.
- Civil society organizations can play a key role in monitoring implementation, flagging equity gaps, and co-creating solutions with policymakers.

Civil Society and Community Leadership

As shown in the COPAC-led initiative and similar initiatives such as the RIVER-EU project, civil society plays a critical role in:

- Identifying trust barriers
- Facilitating vaccine access through social support
- Advocating for marginalized groups (e.g., Roma communities, migrants)

Grassroots efforts, such as COPAC's peer-led support groups, can amplify trust in public health systems. Community leaders trained in communication and equipped with accurate resources can counter disinformation more effectively than institutional actors alone.

Best Practice Examples:

The conference showcased a series of initiatives and successful models from across Europe that can serve as inspiration for the development of effective interventions in the CEE region.

i. Greece – A Model of Coherence and Collaboration

Greece was highlighted as a country that has consistently maintained vaccination coverage above 95% for most pediatric vaccines. This achievement is attributed to a well-functioning collaboration between public health authorities, general practitioners, and civil society. The programs are well-funded,



communication is consistent, and access to vaccines is streamlined for all social groups.

ii. Italy – The “TuttoVaccini” Initiative

The mobile campaign “TuttoVaccini,” implemented by the Active Citizenship Network, has had a notable impact through:



- organizing information caravans across 10 regions
- engaging pharmacists, general practitioners, and local volunteers
- distributing educational materials and conducting direct dialogue with citizens in public squares; collecting citizen feedback through civic questionnaires
- promoting the Charter of Rights for Vaccination Services

iii. Romania – Civic Initiatives and Policy Advocacy

COPAC was one of the first NGOs to officially advocate for the inclusion of vaccines in the list of reimbursed medicines for patients with chronic conditions. In parallel, the organization has conducted:



- support groups for patients, where vaccination is openly discussed
- advocacy activities and dialogue with public authorities
- health education campaigns in vulnerable communities

iv. International Networks
– Mobilization and
Exchange of Best
Practices

The Active Citizenship Network coordinates European platforms such



as the Vaccination Informal Platform (VIP), where NGOs from over 10 countries collaborate to:

- identify common barriers
- develop shared advocacy tools
- influence EU policies in support of life-course vaccination

CONCLUSIONS

The decline in vaccination confidence and access across Central and Eastern Europe is a complex and urgent public health challenge. Driven by widespread misinformation, institutional distrust, and systemic barriers in healthcare delivery, this erosion of trust threatens to reverse decades of immunization progress and expose communities to resurgent disease outbreaks. Younger generations are increasingly disengaged from vaccination narratives, while vulnerable populations face persistent access inequities due to financial, geographic, and cultural barriers. In parallel, health systems in the region remain under-resourced and unevenly equipped to deliver routine immunizations at scale.

Addressing this crisis requires more than isolated interventions. It demands a coordinated, multi-stakeholder approach that mobilizes national authorities, healthcare professionals, civil society, European institutions, and actors alike. Solutions must be community-centered, culturally informed, and sustained over the long term. Failure to act now will result in deeper trust deficits, lower immunization rates, and preventable suffering particularly among children. Strengthening vaccine confidence and ensuring equitable access must become top priorities for public health policy across the CEE region to safeguard population health and restore public trust.

ANNEXES AND RESOURCES

Conference Agenda

Bridging the Confidence Gap: Empowering CEE Communities for Vaccination, Bucharest, 25 May 2025

Documents and Presentations Consulted

Presentations:

- Dr. Octavio Ramilo: Expert contribution on RSV
- David Sinclair, ILC UK: Data and comparative analysis on preventive healthcare
- Mariano Votta: Community audit methodology and grassroots campaigns

Studies & Reports:

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Official Resources

- WHO Regional Office for Europe
- European Centre for Disease Prevention and Control (ECDC)
- Vaccine Confidence Project

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