



Event Report

European Parliament Event

**Building Trust,
Breaking Barriers:
Tackling Vaccine
Hesitancy for
a Healthier Europe**

June 10, 2025

European Parliament, Brussel

www.id-alliance.org

 **IDA**
Infectious Disease Alliance

About this report

On 10 June 2025, the Infectious Disease Alliance (IDA), in collaboration with PATH and under the patronage of MEP Nicolás González Casares (S&D), convened a high-level policy roundtable at the European Parliament under the theme “Building Trust, Breaking Barriers: Tackling Vaccine Hesitancy for a Healthier Europe.” The event brought together more than 20 stakeholders, including Members of the European Parliament, EU policymakers, civil society organisations (CSOs), researchers, and healthcare professionals (HCPs), to address the complex drivers of vaccine hesitancy in Europe.

The roundtable aimed to:

- Examine the multifactorial drivers of vaccine hesitancy, including misinformation, socio-cultural influences, and structural barriers.
- Share new data from the Vaccine Confidence Index and related policy reports.
- Facilitate multi-stakeholder dialogue to identify actionable strategies for rebuilding trust and increasing vaccine uptake.
- Promote evidence-based recommendations that align with EU frameworks such as EU4Health and Europe’s Beating Cancer Plan.
- Strengthen partnerships across sectors to counter health misinformation and address health inequities.

The event highlighted that vaccine hesitancy is not limited to a vocal minority of so-called “anti-vaxxers” but is often driven by uncertainty, misinformation, and declining trust in institutions. Participants agreed that addressing this challenge requires coordinated EU-level action, strong community engagement, and sustained investment in health literacy, professional training, and digital misinformation countermeasures.

This event report was compiled by:
Paul Njitack, EU Focal Point, IDA



Introduction

Vaccines are among the most effective public health tools available, credited with the prevention of millions of deaths globally each year. Yet, vaccine hesitancy, defined by the WHO as a delay in acceptance or refusal of vaccination despite availability, remains a significant threat to public health in the EU. The WHO identified vaccine hesitancy as one of the top ten global health threats as early as 2019. The COVID-19 pandemic exacerbated this issue, exposing the vulnerabilities of health systems to the combined challenges of misinformation, distrust, and inequity.

This report captures the key discussions, findings, and recommendations from the European Parliament event held on 10 June 2025. It synthesises insights from keynote speakers, civil society representatives, and healthcare experts, offering a roadmap for tackling vaccine hesitancy across the EU.

The event aligns with existing EU health priorities and frameworks, including the EU4Health Programme (2021–2027). It supports the EU's commitment to safeguarding public health, strengthening trust in science, and ensuring equitable access to reliable health information.

Background on digital innovation in infectious disease surveillance

Vaccine hesitancy in the EU is shaped by a complex interplay of factors including misinformation, socio-political dynamics, cultural beliefs, and systemic inequities. Studies from the European Centre for Disease Prevention and Control (ECDC) and the Vaccine Confidence Project consistently highlight that hesitancy exists on a spectrum — from outright refusal to uncertainty or selective acceptance of vaccines. Recent data illustrates the public health impact of hesitancy: In 2024, measles cases in the EU more than doubled compared to 2023, linked to sub-optimal vaccination coverage. HPV vaccine coverage dropped significantly in some countries following waves of social media misinformation, as seen in Denmark where coverage fell from 90% to 54%.

Objectives

- **Illuminate the complex drivers of vaccine hesitancy in Europe**, emphasising that hesitancy is rarely a simple matter of rejection. It often reflects genuine concerns shaped by exposure to misinformation, distrust in institutions, social exclusion, and inequities in healthcare access.
- **Provide evidence-based insight from the Vaccine Confidence Index**, offering participants clear data on immunisation gaps, trust dynamics, and the impact of misinformation across Member States.
- **Promote cross-sectoral collaboration**, acknowledging that reversing vaccine hesitancy cannot be achieved by health authorities alone. The roundtable provided a rare opportunity for EU institutions, national governments, civil society organisations, researchers, and healthcare professionals to engage in joint problem-solving.
- **Identify practical, evidence-informed strategies to rebuild trust and increase uptake**, with participants stressing that strategies must go beyond general awareness campaigns to include community engagement, tailored messaging, and meaningful partnerships with trusted voices.
- **Strengthen EU-civil society partnerships to counter misinformation and address health inequities**, reaffirming that civil society and grassroots actors are not auxiliary partners but central to building vaccine confidence. The event highlighted the need for sustained investment in these partnerships, ensuring that trusted messengers are empowered, resourced, and integrated into policy efforts.

Event summary

Vaccine hesitancy as a crisis of trust

Dr. Milka Sokolović is Director General of the European Public Health Alliance (EPHA), where she leads strategic direction and advocates for equitable, civil society-driven solutions to Europe's public health challenges. With over 25 years of experience she is committed to impactful, purpose-driven work. She holds a PhD in medicine from the University of Amsterdam. Her career includes research and academic roles at both universities and senior leadership positions at the European Food Information Council (EUFIC) and the European Nutrition Leadership Platform (ENLP).

Dr. Milka Sokolović



Dr. Sokolović framed hesitancy as a symptom of deeper trust deficits between citizens and institutions. She advocated for strategies that combine equity, empathy, and evidence, stressing that addressing vaccine hesitancy requires listening to concerns, supporting civil society, and investing in culturally sensitive communication.

“People aren’t only misinformed. They’re unheard. Vaccine strategies must begin by listening.”

Key takeaways

- Vaccine hesitancy is a reflection of eroded trust between citizens and institutions.
- Despite vaccine availability, coverage for diseases such as measles remains suboptimal across Europe, with significant under-reporting.
- Barriers affecting underrepresented groups are systemic, extending beyond lack of information to structural inequalities.
- EPHA advocates for localized, culturally sensitive strategies, including non-digital information channels and improved monitoring of vaccine sentiment.
- Dr Sokolović emphasised the 3 E’s framework:
 - **Equity**: ensuring fair and universal access to vaccines;
 - **Empathy**: recognising and addressing personal concerns;
 - **Evidence**: applying behavioural science to guide interventions.
- Funding civil society organisations and strengthening health systems are essential to rebuilding trust and securing long-term vaccine confidence.

Promoting inclusive strategies

Prof. Paolo Palma is leading the European clinical research facility for vaccine studies, where he currently serves as co-scientific director. A paediatrician and vaccinologist by training, he brings valuable experience in vaccine research, particularly in vulnerable and immune-compromised populations. He is actively advancing collaborative educational and research programmes between Vaccinopolis and the University of Rome, strengthening international partnerships. He previously worked in Rome and has experience in international academic environments.

Prof. Paolo Palma



Prof. Palma discussed the origins of vaccine hesitancy. He highlighted the exclusion of certain groups from vaccine research and advocated for the creation of vaccine centres within hospitals to promote direct dialogue with patients.

“Vaccination does not just need scientific innovation, it needs trusted and human communication. Vulnerable populations must no longer be an afterthought.”

Key takeaways

- Vaccine hesitancy is not a new challenge, but a phenomenon with historical roots dating back to the 19th century.
- There is a need for more inclusive, representative vaccine research that includes all population groups, ensuring scientific advancements translate into equitable health outcomes.
- Vulnerable populations, including individuals with chronic conditions and pregnant women, remain underrepresented in vaccine trials, limiting the evidence base solutions for these groups, such as the persistently low coverage of tetanus toxoid vaccination (TTV) among pregnant women in Italy.
- There is a need to create vaccine centres within hospitals to improve opportunities for direct, face-to-face communication between healthcare professionals and patients, while providing practical, ongoing training for medical staff.
- Building and sustaining public trust requires clear, evidence-based, and empathetic communication, combined with efforts to equip future generations of healthcare professionals with the skills and confidence needed to promote vaccine uptake effectively.

Understanding the complexity of vaccine hesitancy

Greta Hendrickx is a Senior Project Coordinator at the Centre for the Evaluation of Vaccination (VAXINFECTIO), University of Antwerp, where she has worked since 2007. She leads the CONFIVAX team, overseeing national and international projects focused on vaccine confidence, communication, and education, and supports the activities of the Viral Hepatitis Prevention Board and Adult Immunization Board. Greta Hendrickx holds a degree in Biomedical Engineering from Leuven (1986) and a postgraduate certificate in Biotechnology and Biomedical Sciences from the University of Louvain. She spent 18 years at INNOGENETICS, a pioneering biotech company in Ghent, where she worked in research, development, and product management, specialising in diagnostics for infectious diseases and genetic disorders.

Greta Hendrickx



"Vaccines do not save lives, vaccination does,"

Vaccine hesitancy is multifactorial and exists on a continuum. She presented findings from a collaborative project with the Vaccine Confidence Project, called for strengthening the communication skills of healthcare professionals and developing social media strategies to combat misinformation.

"Many who vaccinate still harbour doubts, hesitancy exists even among the compliant."

Key takeaways

- Vaccine hesitancy is a highly complex issue, which cannot be attributed to a small minority often labelled as "anti-vaxxers."
- Vaccine attitudes are shaped by a wide range of factors, including religious convictions, peer and community influence, levels of trust in public institutions, and the prevailing political climate.
- Findings from a collaborative research initiative with the London School of Hygiene & Tropical Medicine (LSHTM) and the Vaccine Confidence Project were presented, which examined the significant role of digital misinformation in fuelling vaccine hesitancy across various population groups.
- Implementation of evidence-based strategies is needed, combined with proactive and responsible social media engagement, to counteract the widespread dissemination of misinformation and reverse the post-pandemic decline in uptake of key vaccines, particularly human papillomavirus (HPV) and seasonal influenza vaccines.
- In closing, she emphasising the success of immunisation programmes depends not solely on the availability of vaccines, but on ensuring public willingness to be vaccinated through sustained trust-building and communication efforts.

Panel discussion highlights

Eloise Todd Pandemic Advocacy Network (PAN)

Expertise: Health equity, global health advocacy, and civil society mobilization

Question: Given your experience mobilizing public and political momentum during pandemics, how can the EU better involve civil society to co-create communication strategies that speak directly to communities affected by vaccine misinformation?

Response: Todd emphasized that civil society must be better funded and trained to support vaccine communication, particularly after public attention wanes post-pandemic. During COVID-19, CSOs played a critical role in bridging access gaps and responding to public concerns. She called for sustained investment in networks and social media-based strategies, citing China's successful HPV vaccine campaign as an example of effective engagement.



Dr. Alberto Cagigi International Vaccine Institute (IVI)

Expertise: Global immunization strategy, research and multilateral coordination

Question: Considering IVI's role in vaccine development and access, what best practices can be transferred from international efforts to increase vaccine acceptance, especially in low-trust environments, that might help strengthen confidence in vaccination within certain EU regions?

Response: Cagigi emphasized that access alone is not enough, trust is essential. Global campaigns must actively involve CSOs, HCPs, and even vaccine skeptics to understand their perspectives and build genuine dialogue. He stressed that even the most effective vaccines are useless without acceptance. He also drew a parallel to how Tony Fauci engaged with AIDS activists, suggesting the importance of listening to and building relationships with vaccine-hesitant individuals.



Willo Brock Coalition for Epidemic Preparedness Innovations (CEPI)

Expertise: Epidemic preparedness, vaccine innovation and rollout

Question: CEPI has emphasized rapid vaccine development in times of crisis. In your view, how can we balance speed and safety in vaccine rollout while maintaining public trust, especially in light of misinformation that often targets these very concerns?

Response: Brock discussed CEPI's "100 Days Mission," aiming to develop vaccines within 100 days of a new public health threat being identified. He stressed the importance of communicating vaccine safety and the extensive process behind vaccine development, including rigorous testing and scientific expertise. Personal storytelling and allowing influencers to tour vaccine facilities can help humanize science. He also noted that many people, particularly those with chronic conditions, often don't understand how vaccines interact with their health, which points to the need for clearer, more accessible communication.



Malcolm Taylor Coalition for Life Course Immunisation (CLCI)

Expertise: Epidemic preparedness and vaccine innovation

Question: Life-course immunisation requires a shift from viewing vaccines as a childhood intervention to seeing them as a lifelong public health investment. What policy or structural changes do you believe are most urgently needed at the EU level to embed this mindset across national health systems and make adult immunisation as routine and normalized as childhood vaccination?

Response: CLCI advocates that everyone, regardless of age, should be protected against vaccine-preventable diseases. When it comes to adult vaccination, our role is to convince, and cannot force them. He questioned the role of mandatory immunization for healthcare professionals and suggested that EU-level actions could facilitate national policy implementation. Adults are often left out of immunisation strategies, and CSOs and patient groups should be empowered to demand vaccine access. He noted that many people cannot be swayed by logic alone, emotional engagement is equally important.



Prof. Vytautas Usonis University of Vilnius and Coalition for Life- Course Immunisation (CLCI)

Expertise: Professor of Paediatrics

Question: As both a paediatrician and a leading advocate for life-course immunisation, how can we better support vaccine confidence starting in childhood and sustaining it across the lifespan? What practical steps should EU strategies take to address early parental hesitancy and ensure continuity of trust into adolescence and adulthood?

Response: Prof. Usonis noted that while the childhood vaccination program is well-structured, adult immunisation often relies on recommendations that HCPs struggle to implement due to time constraints. He proposed adopting systems like those in the US that integrate vaccination into overall health documentation. Vaccination, he stressed, is a tool, not the end goal, it must be embedded in broader health strategies.



Darija Kuruc Poje International Pharmaceutical Federation (FIP) AMR Commission

Expertise: Pharmacy, AMR, community health

Question: Pharmacists are often the most accessible health professionals in local communities. What role can they play in tackling vaccine hesitancy on the ground, and what policy support is needed to empower them as trusted vaccine communicators?

Response: Poje highlighted pharmacists as trusted, accessible health professionals who can be crucial in promoting vaccines, especially because no appointment is needed. However, they need better training and support to confidently respond to questions and manage drug interactions. She pointed out that while many pharmacists are willing to educate, they may not always feel competent or utilized beyond dispensing medications. In Ireland, for example, pharmacists administered 30% of vaccines. She emphasized that pharmacists must be recognized as essential public health providers.



Samuel Olagoke European Medical Students' Association (EMSA)

Expertise: Medical students' representative

Question: Young people are key agents of change, especially in digital spaces where vaccine misinformation spreads rapidly. From your perspective at EMSA, how can we better engage medical students and young health professionals in EU-wide efforts to promote vaccine confidence, both as future practitioners and as peer influencers within their communities?

Response: EMSA's representative emphasized the need to move beyond traditional methods to engage young people in promoting vaccine confidence, for example Immunization Week to increase public awareness. He noted the rapid spread of misinformation, particularly from public figures, and the challenges of containing it. The representative suggested multi-level educational efforts, starting from schools, and targeted campaigns for specific age groups, while also acknowledging the importance of free speech. He also emphasized the importance of using pediatricians and scientists to create accessible digital materials and the need for coordinated, multi-level action.



Gary Finnegan Vaccines Today

Expertise: Science journalism, public engagement, digital health communication

Question: As a journalist working on vaccine education, how can EU institutions better support media outlets and communicators in navigating the fine line between countering misinformation and avoiding amplification of false claims?

Response: He shared that journalists generally want to do a good job but often need better access to reliable experts and data information, especially outside of crisis periods. He called for EU-level infrastructure to support sustained health journalism and provide ongoing briefings on scientific topics. He emphasized the importance of consistent messaging, networking, evidence-based communication, and making information easily accessible to both the public and healthcare professionals. Post-crisis, media attention fades, allowing misinformation to fill the void. He highlighted Ireland's drop in HPV vaccine uptake as a cautionary tale about the risk of misinformation, as well as an inspiring example of how stakeholders can come together to speak with one voice.



Event takeaways

- Vaccine hesitancy is a longstanding issue that has become increasingly complex and pervasive in the digital age.
- While anti-vaccine activists represent a minority, the majority of hesitant individuals remain uncertain and require respectful, evidence-based engagement.
- Trust in health systems, healthcare professionals, pharmaceutical companies, and governments is fundamental to addressing hesitancy.
- Young people are especially vulnerable to misinformation, necessitating targeted communication strategies.
- Healthcare professionals are critical messengers; however, many face challenges due to insufficient training and limited time to engage effectively.
- The involvement of civil society, journalists, and influencers is essential and must be adequately supported and resourced.
- European Union policy should integrate life-course immunisation into healthcare systems as standard practice rather than mere recommendations.
- Enhanced and systematic monitoring and evaluation of vaccine confidence and uptake across member states is urgently required.
- Member states should be urged to continue providing comprehensive data on vaccine hesitancy, while the European Centre for Disease Prevention and Control (ECDC) should maintain and expand Europe-wide data collection efforts.
- The European Commission should be requested to strengthen the capacity of the ECDC to monitor vaccine hesitancy effectively.
- Sustained and continuous EU-wide funding must be allocated to civil society organisations dedicated to promoting quality information on immunisation.
- "Vaccine does not save lives, vaccination does."

Call to Action

Combating Vaccine Hesitancy in the EU Through Public Education and Misinformation Countermeasures

Vaccine hesitancy, driven by widespread misinformation, is a growing threat to public health in the EU. This proposal presents a coordinated response: a Europe-wide strategy focused on rebuilding vaccine trust through public education and misinformation countermeasures. Anchored in Europe's Beating Cancer Plan and the EU4Health Programme, the strategy promotes prevention, combats health "fake news," and supports evidence-based communication. By acting now, we can reverse misinformation trends, improve vaccine confidence, and protect citizens from vaccine-preventable diseases. This plan strengthens existing efforts like #UnitedInProtection with a robust evidence base and a renewed commitment to public trust.



Launch a Coordinated EU-Wide Vaccine Education Campaign

Create a multilingual, culturally tailored campaign to promote accurate vaccine info and counter myths with positive messaging. Use digital media and align with EU health events like Immunization Week.



Counter Misinformation on Digital Platforms

Enhance cooperation with social media to detect false narratives, boost trusted voices (e.g., ECDC, WHO), and increase moderation. Expand fact-checking tools and use timely, evidence-based debunking (e.g., infographics, expert videos).



Engage Trusted Messengers and Community Networks

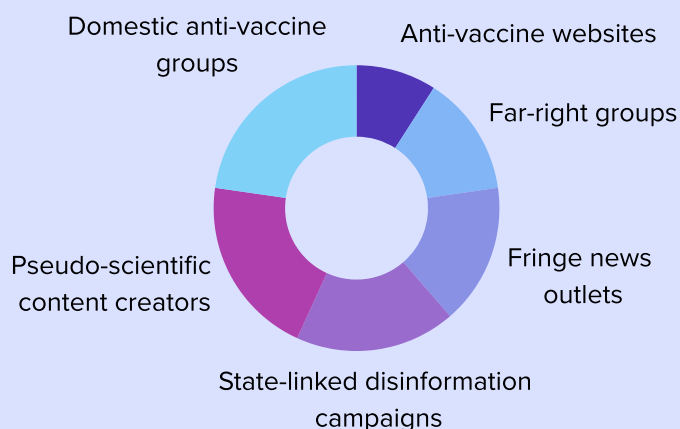
Work with healthcare professionals, educators, faith leaders, and influencers to share pro-vaccine messages. Train "vaccine champions" via platforms like the Coalition for Vaccination and support NGOs in grassroots outreach.



Integrate Vaccine Literacy and Critical Thinking in Education Systems

Integrate vaccine and media literacy into school and adult education. Teach how vaccines work and how to spot misinformation, supported by workshops or online modules under the EU Digital Education Action Plan.

Sources of misinformation



Provide Training and Support for Healthcare Workers and NGOs

Offer EU-supported training on vaccine hesitancy for healthcare providers and community workers, covering motivational interviewing, myth-busting, and empathetic listening. Provide toolkits with FAQs and communication guides to ensure effective messaging.



Strengthen Monitoring, Evaluation, and Knowledge-Sharing

Create an EU framework to track misinformation trends and assess interventions. Support Member States with analytics and surveys to measure trust, knowledge, and vaccine uptake. Promote best practice sharing and hold regular forums to update strategies.

Conclusion and call for continued engagement

The Infectious Diseases Alliance (IDA) extends its sincere gratitude to all participants, speakers, and panelists who contributed to this important dialogue on vaccine hesitancy. Your thoughtful interventions highlighted the complexity of this challenge and reinforced the need for coordinated, evidence-based responses to strengthen public trust in vaccination.

This event has shown that addressing vaccine hesitancy requires not only scientific excellence but also the active collaboration of healthcare professionals, policymakers, civil society, and the broader public. As part of our commitment to sustaining this momentum, IDA invites all participants to engage further through the following opportunities:

- **Endorse the Call to Action:** We encourage your organisation to formally support our Call to Action by adding its logo. This endorsement will demonstrate a united front in promoting reliable health information and tackling vaccine hesitancy. Click in the link below to sign the call to action.
- **Share and view the event recording:** The full video recording will be published within one week. We invite you to watch, share, and use this resource in your advocacy and educational work.
- **Contribute to IDA publications:** IDA is preparing publications, including the Vaccine Confidence Booklet, our contribution to the Nature Commission, and related reports. We welcome expressions of interest from speakers, panellists, and participants wishing to collaborate.

Together, we can transform dialogue into action and advance our shared goal of restoring confidence in vaccination as a foundation of public health. IDA looks forward to continued collaboration in this vital endeavour.

[Click here to sign the call to action](#)



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