

PANDEMIC Research News

Opinions about vaccination from 5 European countries during the COVID-19 Pandemic.

This summary comes from COME-HERE (COVID-19, Mental Health, Resilience and Self-regulation) data, designed to examine life in five European Union countries, France, Germany, Italy, Spain and Sweden during the COVID-19 pandemic.

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Question

If there were not enough vaccines for everyone in your country, who should take priority?

- Those who took more care in avoiding infection, with those who took no care last in the queue.
- The most clinically vulnerable and front-line workers, with the least clinically vulnerable last in the queue.
- The most clinically vulnerable and the front-line workers, then the second-most clinically vulnerable, and so on, with those who took no care last in the queue, irrespective of their vulnerability.
- Everyone has the same right to the vaccine, so I would run a lottery.

The COME-HERE survey is nationally representative and follows the same pool of individuals over time. The four rounds of survey were respectively conducted in April/May 2020 (8,063 respondents), June 2020 (4,788 participants), August 2020 (5,565 respondents), November/December 2020 (5,594 respondents), and March 2021 (4,950 respondents). Below descriptive evidence from March 2021 is presented to show opinions about vaccination priorities and distribution of vaccines among countries.

Priority for getting vaccinated: Vulnerable and front-line workers, and individual responsibility

Respondents from the five countries in COME-HERE were asked **who should have priority for the Coronavirus vaccine**, choosing between four options. In our survey, most people choose the second and third options: those **who are clinically vulnerable and front-line workers** are considered to have priority for vaccination. As such, most people agree with the priorities established in the current vaccination programmes in Europe, but with a substantial percentage thinking that **individual responsibility should be a factor** in access to vaccines.

This pattern of preferences holds whether we consider these countries separately or altogether. Further analysis suggests that this view is held a little more strongly by older members of society (aged 50+) than the younger. This vaccine preference is remarkably stable across different levels of respondent income, and men and women also provide very similar responses.

Who should have priority in getting the vaccine?	Freq.	%		
		Total	50 plus	Under 50
Everyone has the same right, run lottery	394	8.0	9.9	6.4
Vulnerable/front-line workers	2196	44.4	40.7	47.3
Vulnerable/front-line, but if careful	1925	38.9	37.8	39.8
Those who took more care in avoiding infection	435	8.8	11.6	6.5
Observations	4950	4950	2209	2741

Distribution of vaccines within the European Union: Vulnerable and total population

Survey respondents were also asked how the EU should distribute vaccines if there are not enough for every EU citizen. Again, there are four options from which individuals indicated their favoured policy.

In the graphs below are respondents' preferences over the distribution of vaccines within the EU, as a percentage, in each of the five countries separately. Both overall and within each country separately, the vulnerability of the population was deemed an important consideration, as was the country's population. The third most-frequent option selected was distribution based upon the stringency of the member state's policies. The contribution of each country to the EU's budget was the least important factor for vaccine distribution.

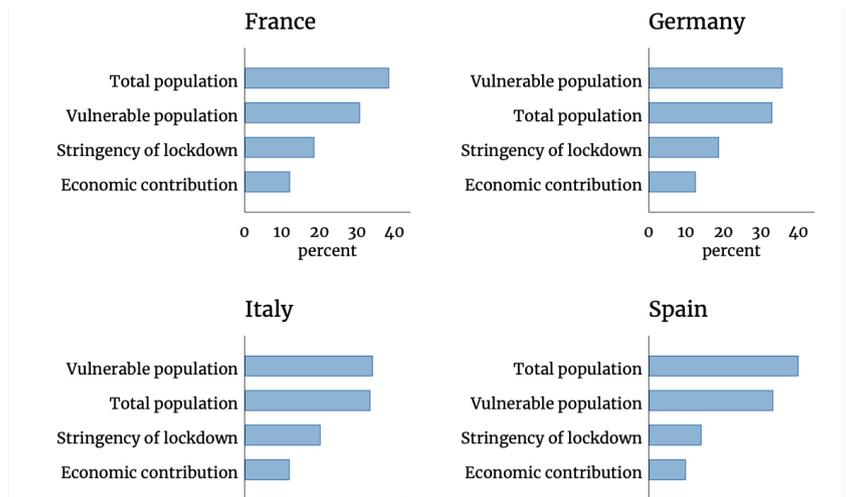
Question

A country's infection rate depends on the policies it follows, for example lockdowns, and its share of clinically-vulnerable individuals. How should the European Union distribute vaccines across its Member States, if there are not enough for everyone?

- Proportional to the Member State's population, irrespective of the country's lockdown measures.
- Proportional to the Member State's clinically vulnerable population, irrespective of the country's lockdown measures.
- Proportional to the Member State's economic contribution to the European Union budget, irrespective of the country's lockdown measures.
- Proportional to the Member State's stringency of lockdown measures enforced.

Less than half of respondents then agree with the current EU policy of vaccine distribution by country population; at least as many think that there should be a role for either the vulnerability of the population, or the lockdown policies that the country introduced.

Considering all five countries together, there are no noteworthy differences in these vaccine opinions by household income. There are however some small differences with respect to age. Older people are more likely than younger people to say the member state's population is top priority; the younger consider the member state's economic contribution to the budget, and lockdown stringency, as more important than do the older. As with vaccination priorities, the responses of females and males are strikingly similar.



Question

From 0 to 10 how attached do you feel to the following geographic groups?

- Locality or town where you live
- Region or county where you live
- Your country as a whole
- Europe
- The world as a whole

Finally, the COME-HERE data also asks people how attached they feel to various geographic entities. We here look at feeling more attached to their country as opposed to feeling more attached to Europe.

This geographic identification turns out to make little difference to the way in which respondents think the EU should distribute the vaccine. This is shown in the chart below. That the sample sizes here are smaller than those above simply reflects the focus of people who are strongly attached to their country and not at all attached to Europe and vice versa.

Those in the COME-HERE data set who feel attached to both their country and Europe are not included. Given this, the similarities shown in the table are striking. Two groups of people with very different views of belonging then seem to be of one mind regarding priorities for the EU's vaccine distribution.

	Attached to Country		Attached to Europe	
	N	%	N	%
Vulnerable population	74	35.4	62	35.8
Economic contribution	28	13.4	21	12.1
Total population	76	36.3	66	38.2
Stringency of lockdown	31	14.8	24	13.9
Total	209	100	173	100

Research sponsors



The COME-HERE dataset contains a great deal of information on people's lives during the pandemic, and many projects are ongoing.

More information is available at: pandemic.uni.lu.