

AIDE-MEMOIRE: ADDRESSING VACCINE HESITANCY

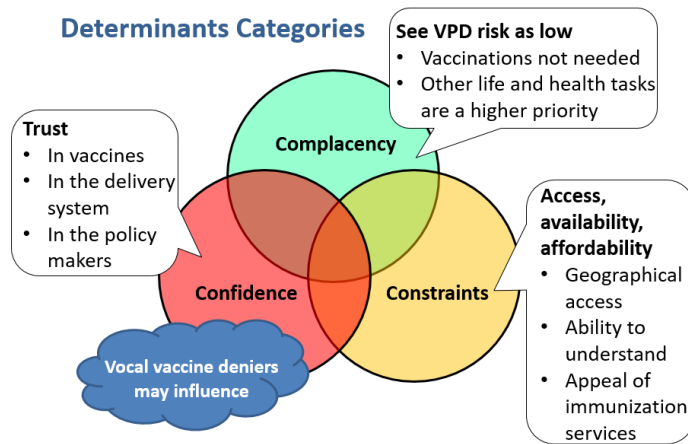
An Easy Reference Guide for Immunization Program Managers

Definition of Vaccine Hesitancy:

Vaccine hesitancy is the delay in acceptance or refusal of vaccines **despite the availability of vaccine services**. It is **complex and context specific**, varying across **time, place and vaccine**. It is *influenced* by factors such as **complacency, constraints and confidence**.

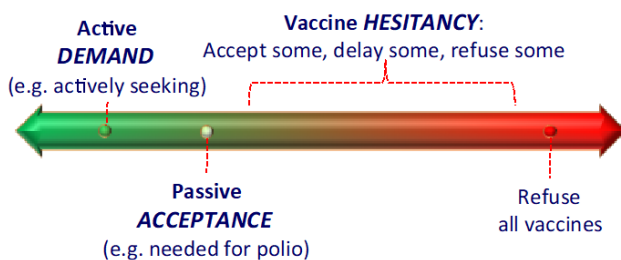
3Cs Model

Determinants Categories



Vaccine Hesitancy and Demand:

Demand is more than just acceptance



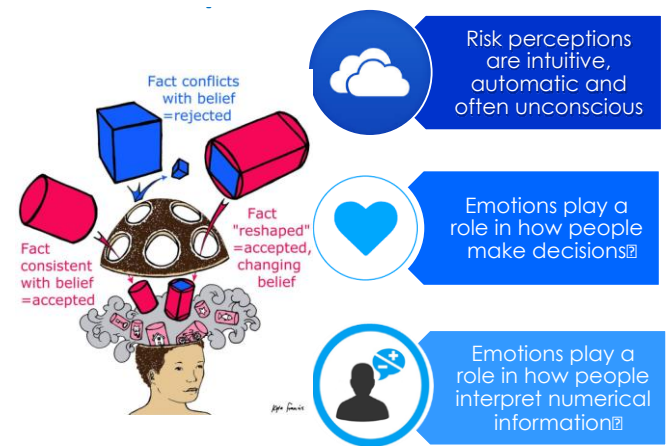
Definition of Vaccine Demand:

Demand is the actions of individuals and communities to **seek, support, and/or advocate for vaccines and vaccination services**. Demand is **dynamic and varies by context, vaccine, vaccination services provided, time, and place**. Demand is fostered by governments, immunization program managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities.

HCW can help Foster Demand, Grow Resiliency

Impact of Beliefs:

All decisions individuals make are shaped by many factors, including beliefs.



Vaccine Hesitancy is influenced by many social, cultural, demographic and socio-psychological factors:

- We are all strongly influenced by what we think others around us are doing or expecting us to do.
- We often see causation in coincidences.
- We see what we believe, rather than believing what we see.
- We prefer anecdote and stories to data and evidence.

Social Contagion:

- Ideas and sentiments – just like infectious diseases – can be contagious.
- Social networks influence vaccine decisions.
- Those who are vaccine hesitant are clustered socially.
- Hesitancy can be amplified by anti-vaccine statements on social media.

With Web2.0

“Everyone, anyone is an expert” now has a big audience for “fringe” views.

Individual parents/patients can be influenced by friends, family and social media but especially by what HCWs say about immunization and what they do.

Strategies to Address Hesitancy:

At the Program Level

1. Foster trust and build Resilience

- Many elements can undermine trust, including safety concerns.
- **To build and maintain trust**
 - a) Establish a communication coordination group.
 - b) Strengthen and tailor the routine immunization communication program.
 - c) Build relations with potential partners and stakeholders.
 - d) Build population resilience; do not focus only on the hesitant.
- **When responding to an event/crisis that may erode trust**
 - a) Gather the inner circle of the communication team.
 - b) Understand the problem.
 - c) Liaise with key stakeholders.
 - d) Communicate – externally tailor to fit (see #5).
http://www.euro.who.int/_data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF
- **Develop effective communication plans**
 - a) Be proactive, not just reactive.
 - b) Communication is a two-way process – listening is important.
 - c) Recognize that information is NOT enough to change behaviour.
 - d) Target and tailor the messages.
 - e) Emphasize scientific consensus – inoculate against misinformation.
 - f) Understand the importance of framing, clarity of language to fit the target audience.
 - g) Evaluate the impact of targeted messages.

2. Ensure best immunization practices are used by health care workers

- HCWs must be competent (knowledgeable about vaccines, vaccine-preventable diseases, etc.) and caring to build vaccine trust with patients/parents.
- The program needs to ensure quality HCW immunization education.
- How HCWs discuss vaccines influences parent/patient vaccine acceptance (training is needed).
- What HCWs do about their own vaccination behaviour influences the behaviour of others – thus it is important to address HCW hesitancy.

3. Use effective discussion techniques to introduce immunization and to address concerns

Utilize strategies that increase vaccine uptake:

- a) Targeting subgroups that are under-immunized.
See TIP program:
<http://www.euro.who.int/en/health-topics/communicable-diseases/poliomyelitis/publications/2013/guide-to-tailoring-immunization-programmes>
- b) Engage religious and community leaders.
Almost all major religions of the world support vaccination.
- c) Improve convenience and access to vaccination (clinic times, locations, school programs, pharmacies).
- d) Employ appointment reminders and follow-ups.
- e) Mandate vaccinations/sanctions for non-vaccination and financial incentives. Take caution with this strategy as this is not simple and may backfire.
- f) Multi-pronged, NOT single intervention strategies.
Multi-pronged is more effective in increasing the uptake of vaccines (e.g. a communication campaign along with HCW training and increased access to services).

4. Shape beliefs

- Historically, children are not systematically educated in schools about vaccines.
 - This can lead to parents/adults with doubts about vaccines and immunization programs.
- Shape children/adolescents' beliefs about the importance and value of vaccines, risks of vaccine-preventable diseases, and benefit and safety of vaccines.

5. Work collaboratively and develop partnerships (e.g. communities, religious leaders, civil society organizations, NGOs, HCW societies, academia, and global organizations)

- Quality collaboration can:
 - Save time and resources,
 - Add to the voices emphasizing the importance of vaccines.
- Set up regular meetings, share communications, and work collaboratively to support immunization.