

Update on vaccine confidence

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Objectives

- Describe the spectrum of vaccine hesitancy/acceptance/anti-vaccine sentiments
- How to measure vaccine hesitancy and for what?
- Describe the determinants of vaccine hesitancy
- Describe the individual and collective solutions trying to address vaccine hesitancy

Defining vaccine hesitancy



HIC:
usu < 1.5 % vaccine
deniers



Vaccine Hesitancy

Varies by country & setting 10 to 30 %

Delay in acceptance or refusal of vaccines **despite availability of vaccination services**;
-**complex and context specific** varying across **time, place and vaccine**
-**influenced** by such factors as **convenience, complacency and confidence (3C's)**

Understanding Vaccine Hesitancy

May:

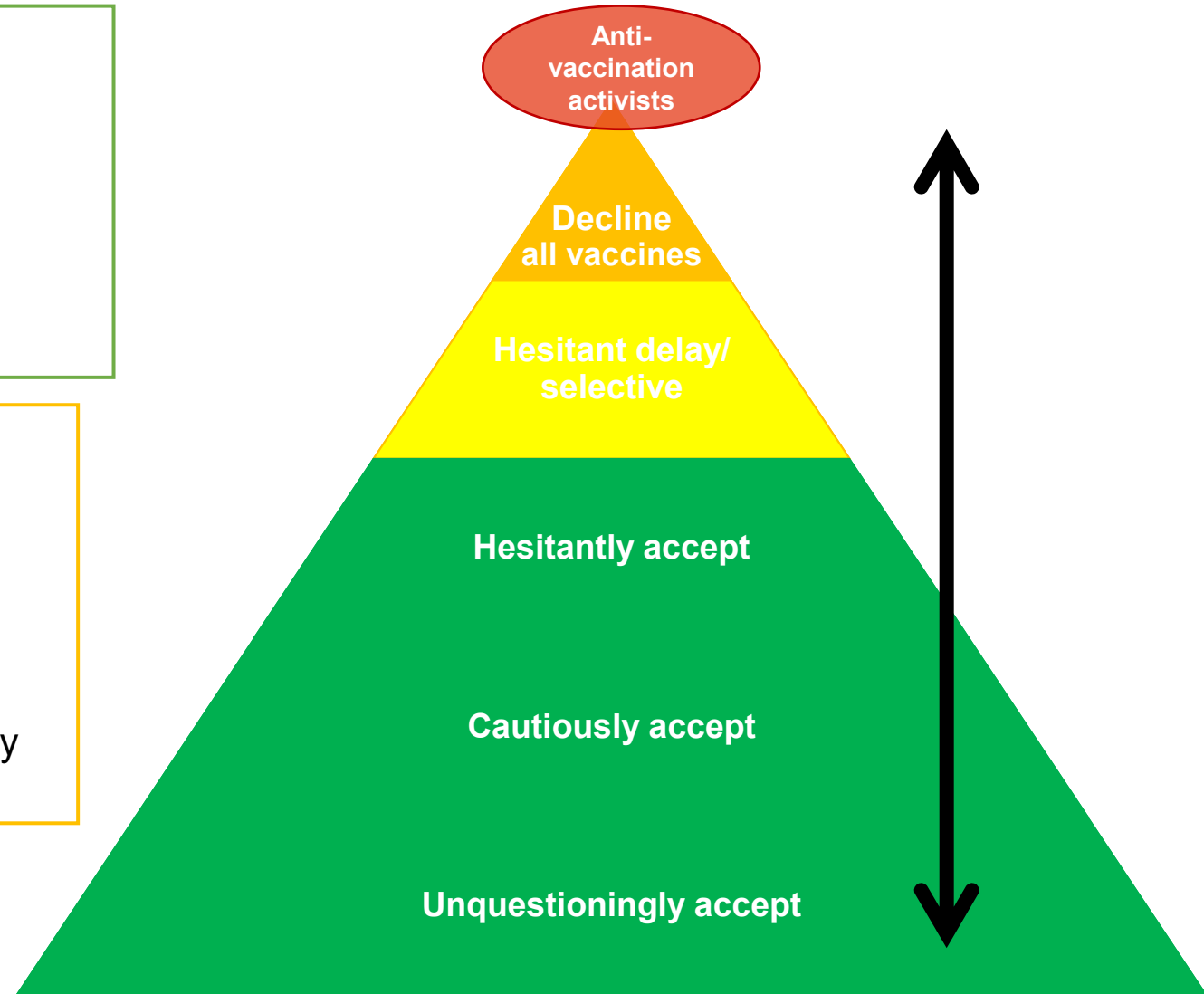
- Not want to discuss vaccination at all
- Have had a bad past experience
- See vaccines as unsafe and/or diseases as benign
- Be confident in ability to stay healthy/keep child healthy
- Believe in conspiracy theories

May:

- Have many concerns (primarily safety)
- Have had a bad past experience
- Feel a responsibility to make 'right decision'
- Want to be treated as an individual
- Not intend to decline vaccination altogether, however may plan to delay or partially vaccinate

May:

- Still want chance to ask questions
- Have preferences about brand or type of vaccine



Common Structural Barriers



- **Cost**

- Country: political decisions
- Individual

- **Ease of Access including Physical Barriers**

- Location of the facility/ clinics
- Operation hours
- Distance/travel
- Homebound individuals



Poor infrastructure

- Inadequate data of zero dose, missed children
- Undertrained healthcare professional
- Health system barriers – Eg: vaccine stockouts



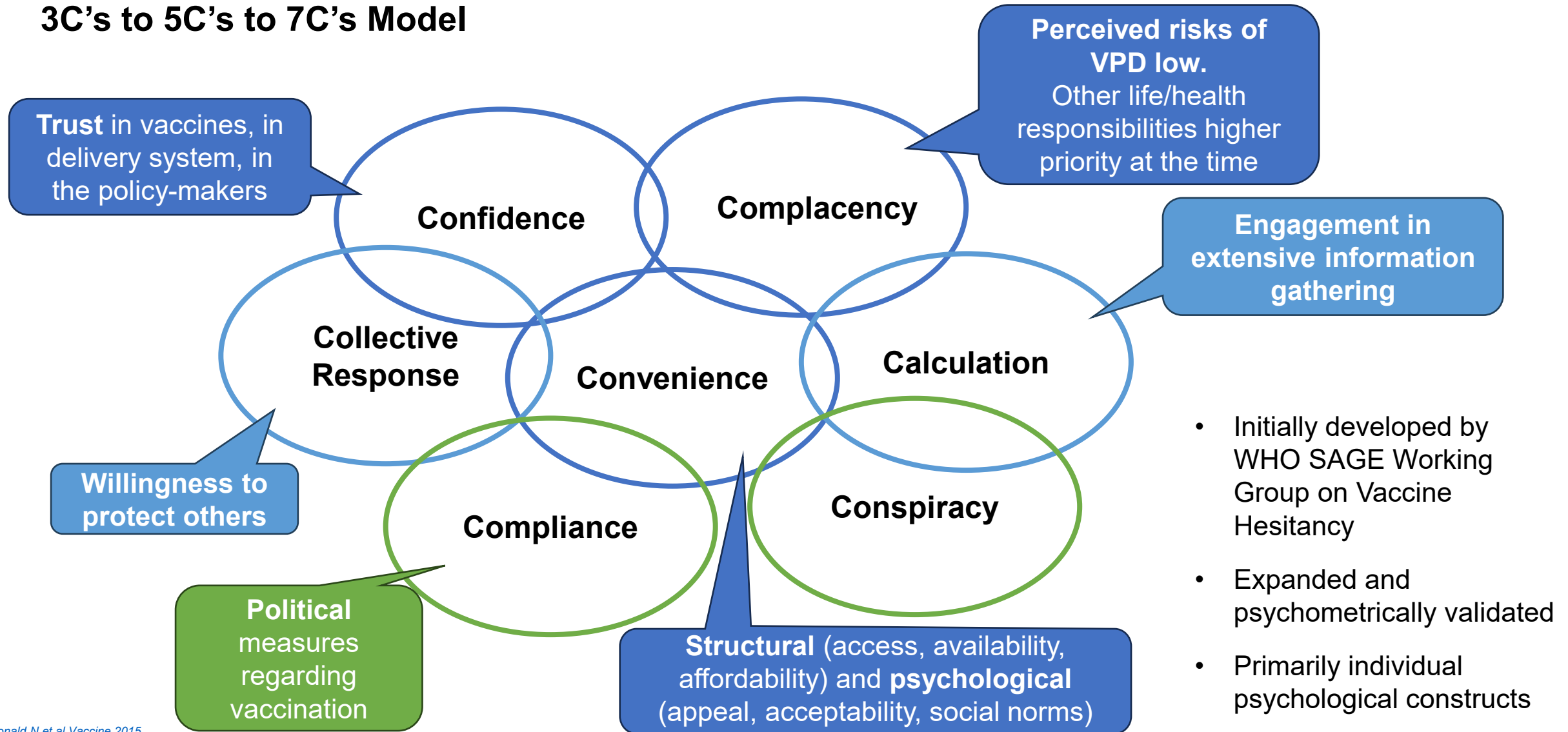
Common Behavioral Barriers

- **Social norms:** *religious, cultural, political*
- **Lack of trust**
- **Lack of determination**
- **Lack attention to AEFI concerns**
- **Lack of attention to Pain Mitigation, ISRR prevention**



Models of Vaccination Behaviour

3C's to 5C's to 7C's Model



Models of Vaccination Behaviour

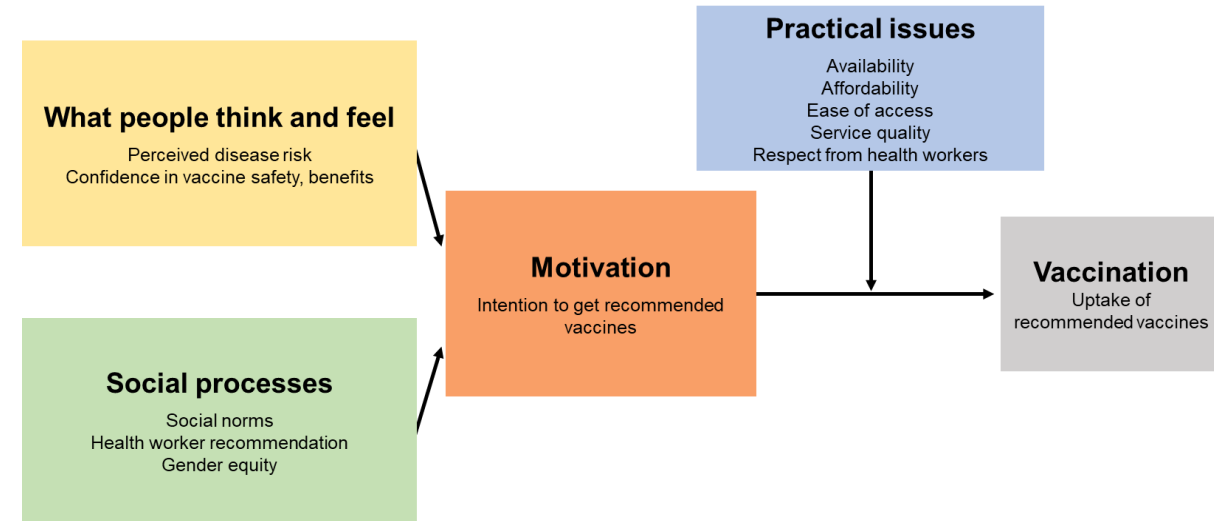
5 A's Model

Access	The ability of individuals to be reached by, or to reach, recommended vaccines
Affordability	The ability of individuals to afford vaccination, both in terms of financial and non-financial costs (e.g., time)
Awareness	The degree to which individuals have knowledge of the need for, and availability of, recommended vaccines and their objective benefits and risks
Acceptance	The degree to which individuals accept, question or refuse vaccination
Activation	The degree to which individuals are nudged towards vaccination uptake

[Thompson A et al Vaccine 2016](#)

- Based on a literature review of non-socio-demographic determinants of coverage
- Developed to facilitate intervention development and targeting

Behavioural and Social Drivers (BeSD) of vaccination



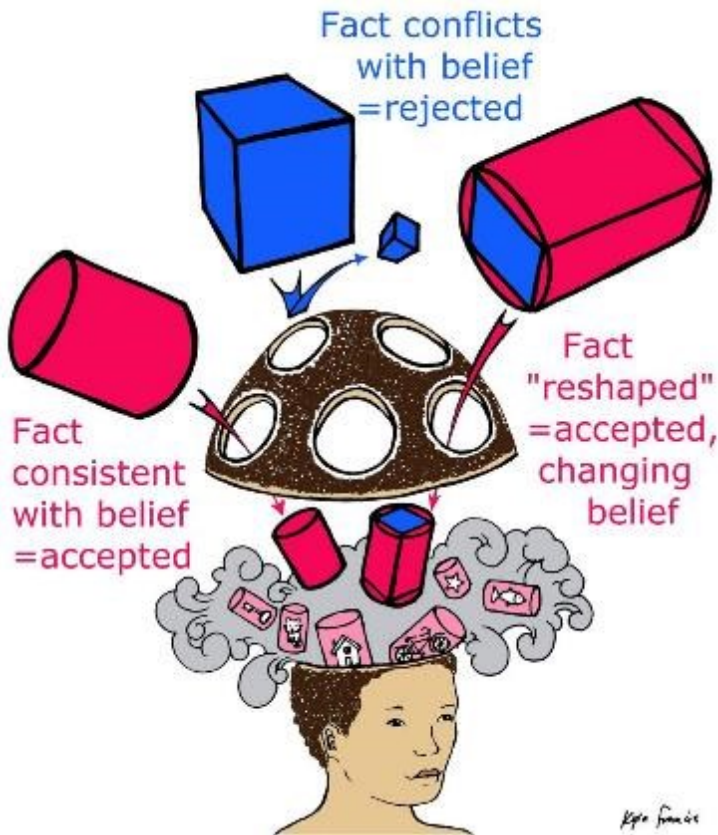
[BeSD Model \(WHO 2022\), based on Brewer et al. 2017](#)

- Developed by WHO Working Group
- Framework of drivers of under-vaccination that are measurable and modifiable
- Includes psychological and practical constructs

Vaccine acceptance decision-making is complex

Influenced by:

- Lived experiences, including past and present discrimination
- What we think others around us are doing or expecting us to do (social networks)
- Our existing beliefs and values (we see what we believe, rather than believing what we see)
- Whether we perceive the disease as a threat



And access itself may be difficult or may be seen as difficult

Decision-making shortcuts and biases

Humans think we make decisions logically, but we really rely on mental shortcuts like:



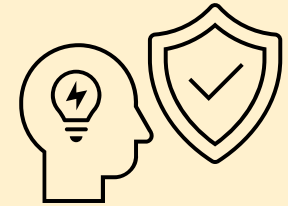
Guided by emotion and narrative over facts

affect heuristic



Focus on potential dangers/loss more than benefits/gain

loss aversion



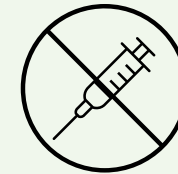
Prefer/trust information that supports what we already believe

confirmation bias
moral values



Recent or familiar events seem more likely to occur

availability bias



Prefer doing nothing to taking action that might cause harm

omission bias

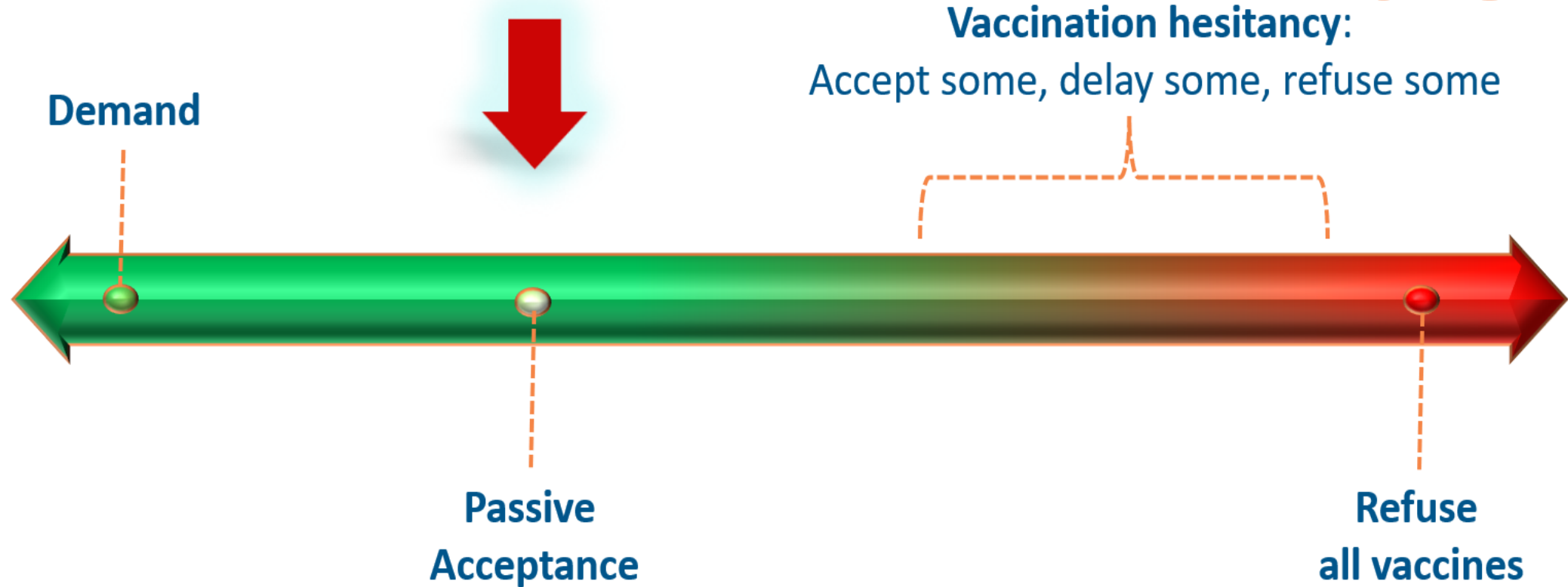
Common Information Barriers

- Mis/disinformation
- Lack of adequate information to direct to quality vaccine information sites
- Language & cultural issues
- Complexity of information tailored to fit
- Data tells but stories sell
- Contradictory advice (NITAGs vs Manufacturer/Regulator)



A Parent's Guide
to *Vaccination*

Vaccination acceptance and social copying



Shifting from passive acceptors to a culture of demand

1. Build resilient communities: **educate the next generation of parents**
2. Optimizing the opportunity **health workers** have to influence health-seeking behaviour – vaccinology and communication training
3. Equip media/ press to build trust and spread correct information



IPA Vaccine Trust Course

English | Spanish | Turkish | Russian
French | Portuguese | Arabic



1 Module on Infodemiology

2 Module on Behavioral Science behind Vaccine Acceptance Interventions

3 Module on Interpersonal Communication

4 Module on Social Media Engagement

5 Module on Dealing with Vocal Vaccine Deniers

6 Module on Interacting with Media

7 Module on Building Vaccine Value- Advocacy & Messaging to Effect change

For more details: Visit [IPA Vaccine Trust Project](#)

Click here to register:
[Vaccine Trust Course](#)

Course statistics as of 15th May 2024

Approved Registration- **7456**

Country- **150**

Course completed: **2305**

Ongoing: **1859**