



Vaccine Hesitancy, a public health threat to be tackled through multi-stakeholder collaboration

Vaccination is one of the most successful and cost-effective interventions to improve health outcomes. While it is true that no vaccine is 100% effective, high uptake rates have allowed to eliminate, and in some cases eradicate, a number of diseases. And yet, the last decade has been characterized by outbreaks of resurgence of measles, mumps, or polio in some countries where those diseases had previously been controlled. If vaccines work at both individual and community level, the reluctance to be immunized also negatively affects both levels and constitutes therefore an unneglectable threat to public health.

Safety concerns are often associated with the willingness to be immunized. However, safety is but only one driver of vaccine hesitancy. The WHO working group on vaccine hesitancy speaks about 3 C's: Complacency –the belief that risks of vaccine-preventable diseases are low, Confidence – trust in the safety of vaccines or of the system in charge of administrating them, and Convenience - the accessibility in terms of vaccines in official programmes but also to the ability to understand vaccine-related information”.

Of course, there is a myriad of potential underlying determinants behind those three Cs: contextual influences including media, politics and the very image

of the pharmaceutical industry; individual and group influences: personal or family experiences, people's knowledge and experience with healthcare systems as a whole and with providers in particular, social norms; and of course vaccine-specific issues, the mode of administration, the strength of recommendations and the attitude of healthcare professionals, the reliability on the vaccination equipment, or the costs of vaccines. Tackling this public health challenge will thus require a multi-stakeholder collaboration, as no single intervention strategy can address all instances of vaccine hesitancy. Solutions must be locally tailored and multicomponent approaches are necessary.



“ Governments, EU institutions, doctors, parents, industry, healthcare mutuals... we all here have a role to play. We are all working on this important issue, but, We could do much better. I am convinced that it is only by working together that we will achieve better results. ”

Pedro Bleck da Silva, AIM Vice- President

Patient-centred immunization communication strategies and effective strategies against hesitancy based on representative data; well-resourced vaccine programmes; better health literacy on the importance of vaccination for a shared decision-making between health professional and patient; safe and accessible vaccines and modes of administration... those are challenges that can only be achieved by involving all sectors and stakeholders, a collaboration AIM aims to continue promoting and implementing in the future. The seminar which took place today was only one first step in that direction.

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AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 64 members from 31 countries, AIM provides health coverage to 240 million people in the world and 209 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.



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