



AIM Recommendations to tackle Vaccine Hesitancy in the EU

1 Provide citizens with tailored and comprehensive information which describes the risk-benefits balance to enable them to make well-informed decisions and to avoid unreasonable fear of side effects.

When communicating about immunization, scientific data is important but will not make people act. Communication campaigns should include all relevant arguments in their narrative.

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3 Involve all stakeholders in the development of communication strategies and campaigns about vaccination. The pharmaceutical industry should not be engaged in communicating to the public.

Guidance on the requirements for healthcare professionals in charge of immunization and on their specific role in addressing vaccine hesitancy needs to be provided.

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5 The availability of vaccines should be expanded beyond clinical settings under the condition that vaccines are administered by continuously trained professionals and vaccines are properly registered.

Stakeholders should engage on social media in a dialogue with the public in order to refute anti-vaccine groups' allegations and increase trust around immunization.

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7 Vaccination programmes need to be harmonized across the EU in order to help recover trust on immunization.

The exchange of comparable data between Member States on vaccine hesitancy, interventions and prevention should be encouraged and facilitated. Member States should share information on communication plans at European level in order to coordinate activities but also to align communication of public health authorities.

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1. Introduction

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. Safety concerns are often associated with the willingness to be immunized. However, safety is but only one driver of vaccine hesitancy.

WHO report published by the WHO working group on vaccine hesitancy, explains the issue using the 3 C's model, and highlighting "Complacency, Convenience and Confidence" as main causes.¹ A myriad of potential underlying determinants condition 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, such as the balance between risks and benefits, 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. Such an extensive list explains in itself the need for context-specific and tailored solutions, which involve all stakeholders.

Understanding the importance of the issue, the European Commission has decided to adopt by mid-2018, a proposal for a Council Recommendation on Strengthened Cooperation against Vaccine Preventable Diseases. In order to collect the views and input of citizens, administrations, associations and other relevant organisations, it launched, at the end of 2017, a public consultation. The following paragraphs in this paper present AIM recommendations to the European Commission, other EU institutions, Member States, and relevant stakeholders and our vision on how to tackle this threatening scourge.

2. Recommendations

Hesitancy can partly be tackled by an improvement of **health literacy** of the general population and particularly of parents and children (future generations). A general lack of knowledge about the severity of vaccine-preventable diseases and misconceptions about potential adverse effect have negatively influenced immunization coverage. In order to improve health literacy, one must question the way information on immunization is conveyed. Three questions need here to be answered: What message is to be conveyed? How? And who should communicate?

First of all, the content and nature of the message conveyed by public authorities and engaged stakeholders must be thoroughly thought. Educational campaigns and practitioners' advice should provide complete information about all aspects of vaccination and describe the **risk-benefits balance** to enable parents to make well-informed decisions and avoid unreasonable fear of side effects. Making vaccination compulsory is not necessarily a solution as it can have the adverse effect than the one expected.²

1. Complacency exists when vaccination is not deemed necessary and populations consider the risks of vaccine-preventable diseases to be low.

Confidence is linked to the issue of trust, trust in the effectiveness and the safety of vaccines or of the system in charge of administering them. The issue of confidence also goes hand in hand with doubts as to the reasons behind the motivation of policy-makers to include vaccines in official programmes. The third C stands for convenience which refers to the question of the accessibility in terms of vaccines in official programmes. Availability and affordability, but also to the ability to understand vaccine-related information.

2. eg. In Australia, there was no anti-vaccine lobby before vaccination was made compulsory.

Current information often focuses on science and data but fails to give the **narrative** the attention it deserves. And yet, “reason leads to conclusions, while emotion leads to actions”.³ Behavioural change is complex and related to cultural factors, to personal experiences, to social norms, etc. Furthermore, the emotional link to personal health (especially when talking about children) cannot be neglected if media frenzy is to be avoided and openness, transparency and comprehensibility ensured.

Apart from the narrative, the information provided, unlike complex medical literature, should be tailored to the populations it targets. Efforts should be put in “vulgarising” or “popularizing” information on immunization. **Transparency**, on the other hand, is equally vital to maintain public trust. Public authorities need to engage on media and start a dialogue with the general population. Quite logically, communication around vaccination is less likely to be trusted if it is suspected to


be driven by commercial interests. If the pharmaceutical industry has a role to play and is definitely an important stakeholder in improving immunization rates, it should not be involved in communication campaigns. All other stakeholders should be engaged, from target groups (who should take part in discussions on strategies) to healthcare payers and professionals. Depending on the context and on the audience, one actor or the other will take the lead in efficiently communicating around vaccination.

Healthcare professionals, who are often the first contact of parents with healthcare systems, are currently insufficiently involved. Yet, they are essential in the promotion of vaccination and as main channels of communication to the public, they have to be convinced and trained. Guidance needs to be provided when it comes to their specific role and to the requirements for healthcare professionals in charge of immunization (not only GPs but also nurses and pharmacists). An expansion of the availability of vaccines beyond clinical **settings** would be beneficial under the conditions that vaccines are properly registered and life-long learning and continuous training is ensured for professionals in charge of vaccinating. Such trainings should include courses on how to communi-

cate on immunization.

Doctors and healthcare providers are indeed often the most trusted source of health information. However, nowadays, the emphasis on patient empowerment and an easy access to information on the Internet and on social media asks for an enhancement of patients’ skills and capacity to decide. With people relying more and more on **mass and social media**, the challenge is to maintain the idea that routine immunization is safe and effective and to avoid paranoia. Therefore, media should be targeted as an un-neglectable ally. A relationship of trust should be built with journalists and bloggers in order to ensure an effective working relationship also in times of crisis. Non-specialised press should also be targeted as they are the ones covering health issues in times of crisis. When it comes to social media, stakeholders should engage in a dialogue with the public in order to refute anti-vaccine groups’ allegations and increase trust around immunization.

3. Donald Brian Calne, Canadian neurologist, leading Parkinson’s disease researcher



This trust often highly depends on the image projected by the pharmaceutical industry and sometimes by healthcare authorities themselves. The latter is further undermined by a lack of **harmonisation in vaccination programmes** across and within countries. Consistency and homogeneity would help build trust. Such a homogenisation will of course need to be based on solid data. Therefore, it is vital that Member States monitor vaccine hesitancy, interventions and prevention, in order to get a better understanding of the issue and make recommendations on best practices. Member States should share information on communication plans at European level in order to coordinate activities but also to align communication of public health authorities. Communication strategies should be integrated into shared vaccination programmes. The improvement of EU e-health networks and the increase of the interoperability of information systems would also help better monitor hesitancy and vaccination rates in general and would allow to better respond in times of crisis.

AIM is the umbrella organisation of health mutuels 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 about 200 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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More information: www.aim-mutual.org -Twitter: @AIM_healthcare

Contact: Jessica Carreño Louro • jessica.carreno@aim-mutual.org