

# Re-invigorating Immunisation Policy Implementation and Success: From Parent to Partner and from Broadcast to Engagement

Fondation Mérieux Conference Centre  
“Les Pensières”  
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## Steering Committee:

- Catherine DUTEL
- Jacques LOUIS
- Angus THOMSON
- Michael WATSON



# Background

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## **Re-invigorating Immunisation Policy Implementation and Success: From Parent to Partner and from Broadcast to Engagement.**

The last few years have been bright ones for vaccines but sometimes frustrating ones for immunization. On the bright side we have seen the arrival of new innovative vaccines such as combination infant vaccines, pneumococcal conjugate, rotavirus vaccines, HPV vaccines, and a vaccine against zoster/shingles. On the frustrating side the introduction of these new vaccines and the maintenance of high coverage rates of existing vaccines has not been as uniformly positive as it could be. Some of the heterogeneity in the time taken to recommend a new vaccine and the time taken to reach high coverage rates is due to the process of data generation needed to justify a new vaccination program. Some of the heterogeneity also comes from the time needed to justify, to the finance ministry or private individuals that the cost is worth the benefit and some of the delay is simply related to finding the financing that is needed for a successful immunization program. However a significant part of the frustration has come from the increased levels of vaccinescepticism and in some cases frank anti-vaccine sentiment.

Scepticism and rejection of vaccines has been around ever since the first vaccines. However today's consumer lives in an on-line, interactive, alternative, consumer driven, green world, where more and more people have, and expect, the luxury of choice. This includes parents who want reassurance about the true need for a vaccine and about the long and short term safety of a new or indeed existing vaccine. Health care professionals want and need to be better informed when they advise their patients or choose for themselves, or their own children. There is also a dizzying mix of print, broadcast, internet and social media that is fighting for viewers and readers and attracted by a vaccination debate which includes life and death, children and governments, mercury and miracles, and money and power.

This increased questioning, choice and self-empowerment is, of course, to be applauded. However, it presents an immense challenge to the purveyors of Public Health. Immunisation is especially vulnerable as its success relies, almost universally on policies being broadly and highly accepted and implemented. It is only through such high acceptance and coverage that the immense positive impact of vaccination can be maximised. However, infection, immunology, vaccination, and public health are intrinsically complex. The result of this complexity is that, in the past, the acceptance of immunization relied heavily on a combination of habit, public health paternalism and legislation.

Today's health consumers are less and less accepting of blind faith and trust, and more and more demanding to be part of the decision making process. For some, not being involved in the decision taking can result in a loss of support. For others the uncertainty arising from the vaccine debate is seen as an opportunity to bring attention to other unrelated causes such as autism and multiple sclerosis. These groups can be highly organized and vocal in their efforts to persuade parents as well as policy-makers that vaccines are unsafe, not needed, or infringing on individual rights.

Policy makers and implementers have been aware of this situation for some time and have gallantly done their best to provide more and more information to the consumers at all levels. As a result there is certainly more information out there. However experiences such as MMR and the recent H1N1 vaccine have forced us to ask ourselves whether information alone is sufficient. By recognizing that the two groups that know the most about immunization are the policy makers on the one hand and the anti-vaccination lobby on the other, we see that information alone can be polarizing, rather than simply driving positive opinion.

The field of behavioural economics has led the way in recognizing that individual and personal decision-making is not driven by facts, figures and objective cost-effectiveness alone. Behavioural economists have started to define the mix of economic analysis, values, emotion, peer advice, expert advice, and the innate and learnt biases and heuristics that drives decision making. It is clear from this work that there is more to just fact sharing in achieving high vaccination levels. If facts and information were the only solution then nobody would smoke anymore. If all our decisions were rational we probably wouldn't buy increasing quantities of bottled water, and if studies were 3 all that were needed to re-instate confidence in a vaccine, we would not be experiencing outbreaks of measles and mumps across Europe.

This meeting is intended to look beyond the fact and information based tools used for immunization program promotion. It will explore the characteristics of human behaviour and decision making that make us predictably unpredictable and looks at how this understanding might be used to rebuild trust in immunization, thereby helping is to Re-invigorate immunisation policy implementation and success and allowing us to change parent to partners and from a culture of information broadcast to one of broad engagement.



# Scientific Programme

Monday 21 November 2011

17.30 - 18.30	Registration	
18.30 - 18.40	Welcome Address	Fondation Mérieux
18.40 - 19.25	Keynote lecture: <b>MMR-Money, Media and Retrospection. What drove the MMR crisis and what lessons should we learn for the future?</b>	Brian DEER
19.30	<i>Welcome dinner</i>	

Tuesday 22 November 2011

**Session 1**      **The challenge - Lessons learnt from recent fact-based defence of vaccines**  
09.00-14.00      Chaired by Cornelia Betsch

09.00 - 09.20	<b>Communicating risk around vaccination</b>	Cornelia BETSCH
09.20 - 09.40	Discussion	
09.40 - 10.00	<b>Polio vaccine in Nigeria</b>	Heidi LARSON
10.00 - 10.20	Discussion	
10.20 - 10.50	<i>Coffee break</i>	
10.50 - 11.10	<b>H1N1 acceptance</b>	Michaël SCHWARZINGER
11.10 - 11.30	Discussion	
11.30 - 11.50	<b>Public perception of vaccination</b>	Michelle BASKET
11.50 - 12.10	Discussion	
12.10 - 14.00	<i>Lunch</i>	





