

# Vaccine Acceptance in the Age of Mandates

DR KATIE ATTWELL, SENIOR LECTURER



THE UNIVERSITY OF  
**WESTERN**  
**AUSTRALIA**

# Vaccine Mandates in the news:

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California 2015

Australia 2016

Italy 2017

France 2017 (2018)

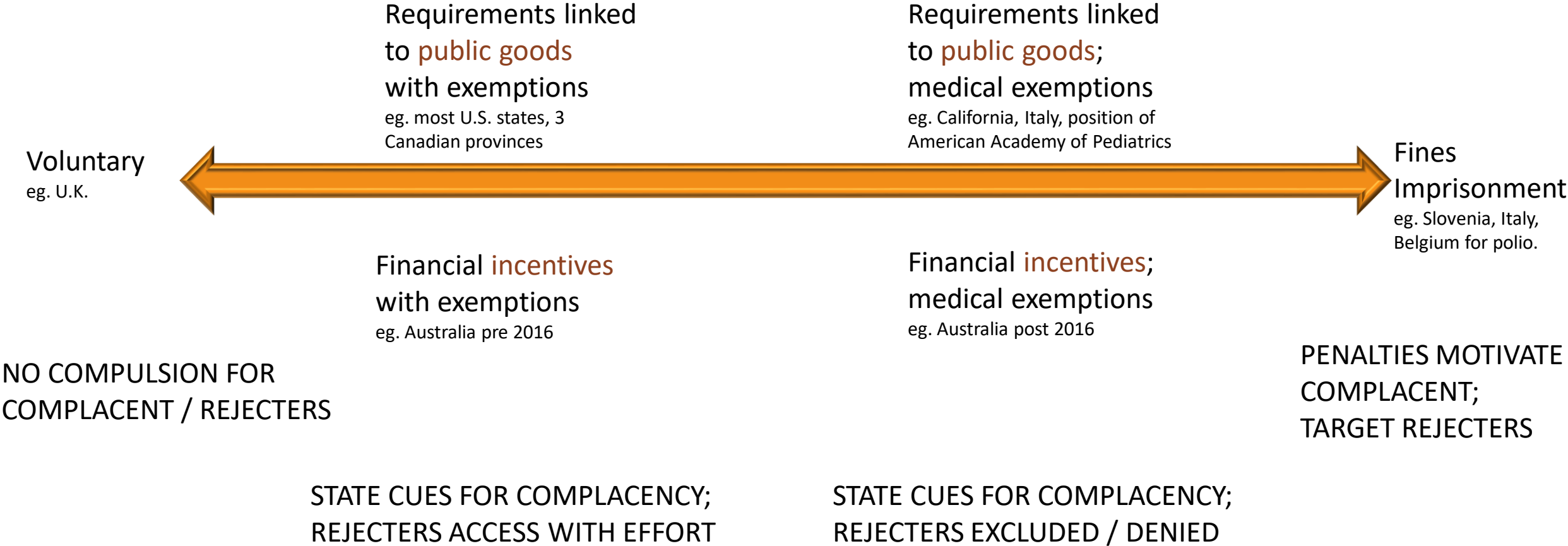
What do mandates seek to govern?

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~~ACCESS~~

ACCEPTANCE

# What does mandatory mean?



# Is it *really* “mandatory”?

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Are exemptions easy or difficult to get? How often? (some US states have criminal consq *but exemptions*; Washington ‘flight’ to medical exemptions once Dr visit required)

Are requirements enforced? By whom? How often? For whom?

What are the consequences of non-compliance?

(How) do they bite? **Who** do they bite?

Policy existence  $\neq$  Policy enforcement

# Rationales for Mandates

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**MORAL** :“Mutual obligation” – Australia (jobseekers, welfare on drugs etc - finance)

Protection linked to **public good** (access affects entitlements of other users)

**CRISIS**: Unfolding, impending or manufactured? (what do the numbers tell us?)

**EFFECTIVE** Targets the intended population.

Change behaviour (not beliefs) – so does it? – empirical question.

**AFFECTIVE**: “Sending sanctions” may do more for sender(s) (Jones 2015).

**POLICY “TRICK”**: The appearance of change meeting political demand; devil may lie in the detail (enforcement)

# Tools to Govern Acceptance Behaviours

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**HIERARCHY:** (Re)distribution, punishment (government). **MANDATES**

**PERSUASION:** campaigns, social marketing, communication strategies (government and partners incl researchers, practitioners).

**NUDGE:** orient towards uncritical acceptance (government, HCPs) eg. Recall / reminders, presumptive physicians (Opel, Heritage et al. 2013)

**Persuasion** and **Nudge** remain open to policy and practice actors in societies with mandates and can also be structured by the state.

These “modes of governance” may be applied *alongside* mandates (smart governments will) – all promote **norm**

# Acceptance in the Age of Mandates

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Our role **THEN**: persuade governments to fund our research, or fund and implement research-led practice. *We show how to convince people to vaccinate at community and practice level.*

Our role **NOW**: has the target of our energies changed?

- ❖ Evaluate impact of mandates including negative / unintended consequences, to promote tweaks?
- ❖ Put attention into access to support social justice (esp. when mandates applied in haste)?
- ❖ **Persuade governments to still fund acceptance: moral; multiple modes more successful; “can’t stop”.**



# Acceptance in the Age of Mandates

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Has the **content** of our work changed?

- ❖ As resistance takes language of libertarianism, does the contest become one of political ideals, or is this a front for the same beliefs and values that always underscored vaccine refusal?
- ❖ Does persuasion work need to challenge libertarianism with communitarianism; legitimise state power as agent of community?

Some vaccines or all? Consequences of privileging some? Place for acceptance work here....

# References

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