Vaccine Acceptance in the Age of Mandates

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Vaccine Mandates in the news:

California 2015
Australia 2016
Italy 2017
France 2017 (2018)
What do mandates seek to govern?

ACCESS

ACCEPTANCE
What does mandatory mean?

- Voluntary
  - eg. U.K.
  - Financial incentives with exemptions
  - eg. Australia pre 2016

- Requirements linked to public goods with exemptions
  - eg. most U.S. states, 3 Canadian provinces

- Financial incentives with exemptions
  - eg. Australia post 2016

- Requirements linked to public goods; medical exemptions
  - eg. California, Italy, position of American Academy of Pediatrics

- Financial incentives; medical exemptions
  - eg. Australia post 2016

- Fines
  - Imprisonment
  - eg. Slovenia, Italy, Belgium for polio.

- NO COMPULSION FOR COMPLACENT / REJECTERS
  - State cues for complacency; rejecters access with effort

- PENALTIES MOTIVATE COMPLACENT; TARGET REJECTERS
  - State cues for complacency; rejecters excluded / denied
Is it really “mandatory”?  

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 ⇔ Policy enforcement
Rationales for Mandates

**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

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

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

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


