7th Vaccine Acceptance Meeting

Evidence based policy for vaccines - Update on current state of behavioural & social determinants of vaccination

Organized by the Mérieux Foundation

Les Pensières Center for Global Health

Veyrier-du-Lac - France

September 23rd to 25th, 2019

Steering Committee:

- Katie Attwell
- Cornelia Betsch
- Eve Dubé
- Arnaud Gagneur
- Saad Omer
- Valentina Picot
- Jonas Sivelä
- L. Suzanne Suggs
- Angus Thomson

- Cindy Grasso , Event Coordinator

des racines pour la vie • roots for life

Welcome letter

Dear Participant,

It is our pleasure to welcome you to the symposium:

« 7th Vaccine Acceptance Meeting:
Evidence based policy for vaccines - Update on current state of behaviourial & social determinants of vaccination »

In the Mérieux Foundation Conference Center, Les Pensières Center for Global Health.
We hope you will enjoy this meeting, which brings together some of the world's foremost experts.

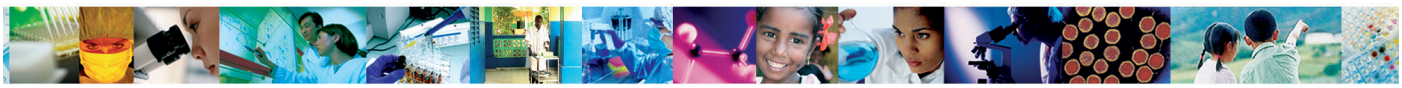
The format of the discussion is intended to generate discussion and interaction among participants and to foster the dissemination of new information on this topic. The conference will provide an opportunity for specialists to exchange their knowledge and experience through collaboration with researchers from around the world.

Over the next three days, the team at Les Pensières will be on hand to help you with any questions you may have and to make your stay and conference as comfortable and valuable as possible.

Yours sincerely,

Hubert Endtz

Scientific Director
Fondation Mérieux



Background

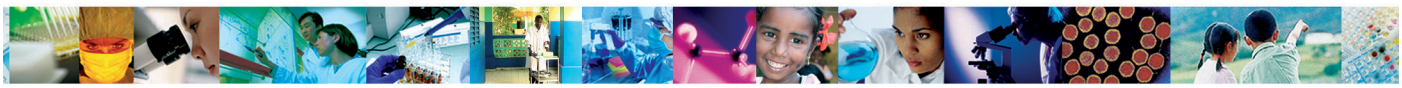
Early in 2019, the World Health Organization labelled reluctance to receive recommended vaccines - despite the availability of vaccination services – as one of the 10 most important threats to global health. At the same time, global headlines reported a 300% increase in measles cases worldwide, with many outbreaks directly linked to vaccine acceptance.

Misinformation on the Internet and social media and the "anti-vaccine" movement are often blamed for vaccination programmes losing momentum. While public health organizations struggle with providing interventions to effectively promote vaccination at the population-level, many countries are considering implementing or tightening mandatory policies. Meanwhile, front-line vaccination providers need more support to address the vaccination concerns of patients in their practices.

There is an undeniable need for effective strategies to enhance vaccine acceptance and uptake in low, middle, and high-income settings. However, interventions must tackle the many drivers of vaccine acceptance and uptake, ranging from logistics (access to and awareness of affordable vaccines), to complex psychological, social, political and cultural factors. Fortunately, the field of research that is rigorously developing, implementing and evaluating interventions to address challenges around vaccine acceptance is growing rapidly.

Different initiatives are ongoing at the global level. The World Health Organization and UNICEF, along with other partners such as GAVI and the Gates Foundation, are creating a "hub for vaccine acceptance and demand" to better coordinate global efforts in the field. The new Vaccination Acceptance Research Network (VARN) is launching a global network of multi-disciplinary researchers and immunization program managers to address immunization program challenges and improve vaccination acceptance. Another initiative is this annual Vaccine Acceptance meeting in Annecy, France. Its success is highlighted by the creation of an informal community of practice that facilitates mutual learning and sharing of knowledge. Many initiatives and research projects have directly resulted from this meeting (see the special issue in Vaccine on outputs at https://www.sciencedirect.com/journal/vaccine/vol/36/issue/44) .

This 7th meeting will once again bring people from diverse sectors together to discuss emergent vaccine acceptance challenges and evidence-informed ways to address them.
The sessions will present different perspectives on strategies to enhance vaccine acceptance, ranging from training on vaccine acceptance, to policy interventions and vaccine mandates, to telling compelling stories about the importance of vaccination and efficacy.



Scientific programme

Monday, September 23rd, 2019		
17:30 - 18:15	Registration	
18:15 - 18:40	Welcome addresses	Fondation Mérieux
18:40 - 19:30	Keynote address: shots heard round the world tour 2019	Todd Wolynn
19:30	Welcome Dinner	

Tuesday, September 24th 2019

Session 1

RAPID FIRE TALKS Chair: Jonas Sivela		
8:30-8:35	Introduction, rules of the game	Jonas Sivela
8:35- 8:45	Understanding measles vaccine hesitancy in Sudan	Majdi Sabahelzain
8:45-8:50	Discussion	
8:50-9:00	Using the COM-B model for mixed-methods research to understand barriers to influenza vaccination of children	Samantha Carlson
9:00-9:05	Discussion	
9:05-9:15	A scoping review examining the availability of dialogue-based resources to support healthcare providers engagement with vaccine hesitant individuals	Holly Seale
9:15-9:20	Discussion	
9:20-9:30	Vaccine clinical trials in low-resource settings: perspectives from Uganda, Tanzania and Kenya	Machteld Van den Berg
9:30-9:35	Discussion	
9:35-9:45	Swedish government initiative to improve child protection against communicable diseases	Madelene Danielsson

Scientific programme

9:50 - 10:00	Text message interventions	Abdul Momin Kazi
10:00-10:05	Discussion	
10:05-10:15	Vaccine acceptance in parents in Diape (Côte d'Ivoire)	Harvey Toure
10:15-10:20	Discussion	
10:20-10:25	Update on the vaccine safety net developments	Cherstyn Hurley
10:25-10:30	Discussion	
10:30-10:50	Coffee Break	

Session 2

VACCINE MANDATES Chair: Katie Attwell		
10:50 - 11:10	Mandatory vaccination 5Ss: Scope, Sanctions, Severity, Selectivity and Salience	Katie Attwell
11:10 - 11:20	Discussion	
11:20 - 11:40	Firing a shot: California and America's new vaccine wars	Mark Navin
11:40 - 11:50	Discussion	
11:50 - 12:10	The politics, policy and epidemiology of mandates in the US and Europe	Saad Omer
12:10 - 12:20	Discussion	
12:20 - 14:00	Group picture and lunch	

Scientific programme

Session 3

DIVERSE PERSPECTIVES ON VACCINE ACCEPTANCE Chair: L. Suzanne Suggs		
14:00 - 14:20	Humans over herds': complementary and alternative medicine (CAM) providers' individualized approaches to vaccination in Switzerland	Michael Deml
14:20 - 14:30	Discussion	
14:30 - 14:50	Increasing demand for vaccination: kids as 'change agents'	Ian Roe
14:50 - 15:00	Discussion	
15:00 - 15:20	Increasing vaccination: lessons from behavioural science	Hugo Harper
15:20 - 15:30	Discussion	
15:30 - 16:00	Coffee Break	
16:00 - 16:20	Lessons learned from the implementation of the EMMIE (Entretien motivationnel en maternité pour l'immunisation des enfants) program. A governmental program to increase vaccine acceptance in maternity wards	Arnaud Gagneur
16:20 - 16:30	Discussion	
16:30 - 16:50	Design and evaluation of a branded narrative story-based intervention to promote HPV vaccination in Rwanda	W. Doug Evans
16:50 - 17:00	Discussion	
17:00 - 17:05	Update from the WHO working group on measuring Behavioural and Social Drivers (BeSD) of vaccination	Julie Leask Lisa Menning
17:05 - 17:10	Discussion	
17:10 - 17:15	Update on the work of the Vaccine Acceptance Research Network (VARN)	Dorothy Peprah
17:15 - 17:20	Discussion	
19:30	Dinner	

Scientific programme

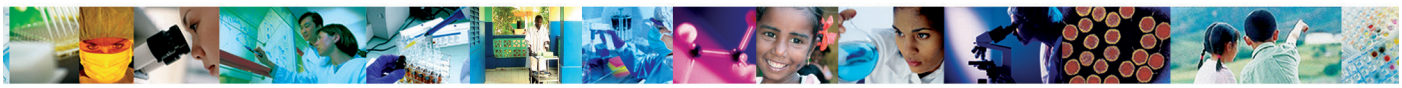
Wednesday, September 25th, 2019

Session 4

VACCINATION SYSTEMS RESILIENCE & DEMAND Chairs: Eve Dubé & Angus Thomson		
8:30 - 8:50	Exploring pathways for building trust in vaccination and strengthening health system resilience	Sachiko Ozawa
08:50 - 09:00	Discussion	
09:00 - 09:20	National level: experience with the Danish HPV safety crisis. Addressing HPV vaccine hesitancy in Denmark.	Bolette Søborg
09:20 - 09:30	Discussion	
09:30 - 09:50	High-impact, resilient and equitable: an update on vaccination demand strategies from WHO headquarters, Geneva	Lisa Menning
09:50 - 10:00	Discussion	
10:00 - 10:20	Vaccines for a resilient immunization system – an industry perspective	Imraan Munshi
10:20 -10:30	Discussion	
10:30 - 11:00	Coffee Break	

Session 5

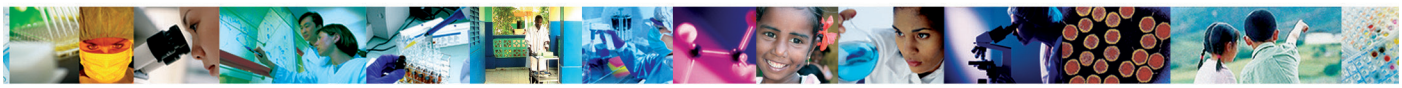
TRAINING IN VACCINE ACCEPTANCE Chair: Arnaud Gagneur		
11:00 - 11:05	Introduction	Arnaud Gagneur
11:05 - 11:25	Implementation of announcement approach training for US providers	Noel Brewer
11:25 - 11:35	Discussion	
11:35 - 11:55	P3-MumBubVax: development of a multi-component antenatal intervention to promote maternal and childhood vaccine uptake in Australia	Jessica Kaufman Margie Danchin
11:55 - 12:05	Discussion	
12:05 - 12:25	Vaccine trust masters training program: the international pediatrics association	Naveen Thacker
12:25 - 12:35	Discussion	
12:35 - 14:00	Lunch	



Scientific programme

Session 6

WORKSHOPS: TELLING COMPELLING STORIES & RESILIENCE INDEX Chair: Cornelia Betsch		
14:00 - 16:00	Workshop 1: telling compelling stories: changes health behaviour	Facilitator: Suzanne Tesselaar
	Workshop 2: frameworks for resilience in immunization programs	Facilitator: Julie Leask
16:00 - 16:30	Summing up and closing of the meeting	SC Members



Speakers & Chairs

Harvey Attoh Touré is currently a Medical Doctor at the National Institute of Public Hygiene and Professor at Felix Houphouët Boigny University of Abidjan. He works in the field of Public Health- Health Promotion. He is responsible for a Research and Training department and an Immunization Safety Committee. He published many scientific articles on immunization and infectious diseases:

1) ITiembre, J Benie, H Attoh-Touré and al. Discontinuation of postexposure prophylaxis at the anti-rabies Center of Abidjan, Côte d'Ivoire. Bull. Soc. Pathol. Exot. (2013) 106 :272-277l

2) IK Kouadio, AK Koffi, H Attoh- Touré, T Kamigaki and H Oshitan. Outbreak of measles and rubella in refugee transit camps. Epidemiol. Infect. (2009), 137,1593-1601

3) I Tiembre, JBV Benie, P Kouassi, H Attoh-Touré and al. Knowledge, attitudes and practices (KAP) of household heads in relation to rabies in the Abobo district (Abidjan, Côte d'Ivoire) in 2008. Santé Publique, 2014, 26 (4) : 547-553.

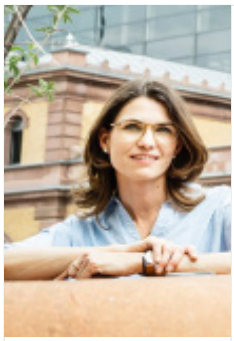
4) A Douba, LBN Aka, H Attoh-Touré and al. An Analysis of Risk Factors for Incomplete Immunization for Children in Côte d'Ivoire : Examination of 1998- 1999 and 2011-2012 Demographic and Health Survey. Health Sci. Dis : Vol 17 (1) January-February-March 2016.

5) H Attoh- Touré, S Baron, MK Soumahoro, JBV Bénié, E Rush, L Guillon-Grammatico . Assessment of Ivorian health professionals training in immunization prevention project Prevac Plus. Revue Bio-Africa – N° 14 – 2015, pp.è-17

6)Mahamat Nadjib A, Attoh Toure H, Abdel-Mahamoud A et coll. On the way to eradicating poliomyelitis in deloping countries. Revue Scientifique du Tchad-sérieB-décembre 2017.

Katie Attwell is an Australian Research Council Discovery Early Career Researcher Award laureate. Her three-year research intensive fellowship (funded by the Australian Government) explores mandatory vaccination in Australia, Italy, France and California. Dr Attwell's substantive position is Senior Lecturer in the School of Social Sciences, University of Western Australia. She is also an Honorary Research Fellow of Telethon Kids Institute. A political scientist, Dr Attwell is interested in the intersection of policy, identity, attitudes and behaviour as they pertain to health consumers, healthcare providers and governance. In 2014 Dr Attwell researched, designed, delivered and evaluated the internationally-recognised public health campaign, "I Immunise". She has also researched the values and attitudes of midwives towards immunisation and the discourses they use around the topic.

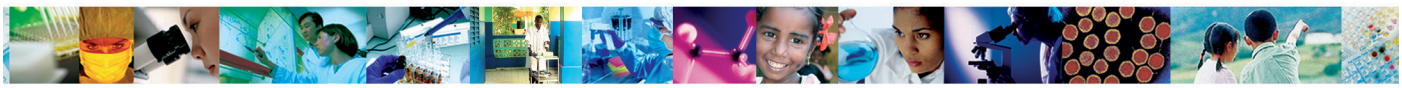
Speakers & Chairs



Cornelia Betsch a trained psychologist and professor of health communication. Her work aims at understanding principles of health behavior by applying a judgment and decision-making and strategic-interaction perspective to infectious disease control – especially with regard to the vaccination decision and prudent use of antibiotics. Her interests are in explaining vaccination behavior on an individual level, e.g. by having developed a measure that assesses psychological antecedents of vaccination. Her credo is that research should aim at high understanding of the issue and, at the same time, high usability of the results. Therefore, she works with national and international health organizations to transfer research into practice and to foster evidence-based, behavioural insights-related decisions.

Noel T. Brewer is Professor of Health Behavior at the Gillings School of Global Public Health at the University of North Carolina. He has published over 265 papers on vaccination and other health behaviors that prevent cancer. Dr. Brewer's current work focuses on increasing HPV vaccination, improving warnings about smoking and vaping. He chairs the US National HPV Vaccination Roundtable.

Samantha Carlson is a final year public health PhD student based at The University of Sydney. Her research focuses on understanding parents' attitudes about and access to influenza vaccination. Samantha also works at the Australian National Centre for Immunisation Research and Surveillance in program evaluation, social research, and health communication.



Speakers & Chairs

Margie Danchin is consultant paediatrician within the Department of General Medicine, Royal Childrens Hospital, and an Associate Professor and David Bickart Clinician Scientist Fellow,
within the Department of Paediatrics, University of Melbourne and Murdoch Childrens Research Institute (MCRI). She is Team leader, Vaccine acceptance, Uptake and Policy, at MCRI, and is an immunisation expert with over ten years of experience in vaccine research and clinical work, both in Australia and in resource poor settings. She has expertise in vaccine clinical trials, vaccine safety, program evaluation, health system strengthening and implementation research in low resource settings, social science and vaccine policy. Her research program is focused on improving vaccine confidence, demand and uptake of licensed vaccines in different settings and populations. This is achieved by developing, trialing and translating effective, multi-component interventions in pregnancy and early childhood, in at risk populations and in low resource settings. She is also developing a new tool to enable diagnosis of the causes of under-vaccination in different populations to ensure cost-effective, targeted interventions to improve vaccine uptake in children under 5 years. She is at the forefront of understanding vaccine confidence nationally and internationally and has strong collaborations with leaders in the field. She is the current chair of the Collaboration on Social Science in Immunisation (COSSI) Group, an initiative of the National Centre for Immunisation Research and Surveillance (NCIRS), a member of Sabin's Vaccine and Acceptance Research Network (VARN) steering group and is engaged as a WHO consultant to address the rise in measles cases and vaccine confidence issues in the Philippines.

Madelene Danielsson is working as an analyst for national vaccination programme, with a background in strategic communication within the area of communicable disease prevention and control. Particular area of interest: the power of interdisciplinary work using behavioural science insights. Currently coordinating a project based on a government assignment to improve child protection against communicable diseases. The project focuses on supporting child health and school health with initiatives that can impact knowledge, attitudes and behaviour, thereby increasing the resilience of the national vaccination programme. Former areas of work; outbreak, risk- and crisis communication and preparedness, antimicrobial resistence.

Speakers & Chairs

Michael Deml is in his final year as a PhD candidate in public health and epidemiology at the Swiss Tropical and Public Health Institute and the University of Basel. Trained as a sociologist, Mike's research interests revolve around the social elements of medicalized forms of prevention and people's health decision-making behaviours. His PhD research focuses on vaccine hesitancy and underimmunization in Switzerland in the context of the National Research Program 74 (NRP74*) «Smarter Health Care,» which is funded by the Swiss National Science Foundation.
*For more information, see: http://www.nfp74.ch/en/projects/out-patient-care/project-tarr

Eve Dubé is a medical anthropologist working at Quebec National Institute of Public Health. She is also a researcher at the Research Center of the CHU-Québec and an invited professor in the Anthropology Department at Laval University. Her research focuses on the socio-cultural field surrounding immunization. She is leading the Social Sciences and Humanities Network of the Canadian Immunization Research Network. She is interested in how to address vaccine hesitancy and doing various projects around this issue.

William Doug Evans is currently a Professor at the Milken Institute School of Public Health, George Washington University. Dr. Evans does research on Social and Behavior Change Communication, Social Marketing, Digital Health, Branding, and Applied Experimental Research Methods. He has ongoing projects funded by the National Institutes of Health and major foundations, and he works both in the United States and in Low and Middle Income Countries worldwide. He has published over 160 peer-reviewed journal articles, books, and chapters on behavior change methodologies including social marketing and health communication. He has ongoing studies and projects in sub-Saharan Africa and South Asia, including programs that apply marketing communication and branding strategies to change social norms related to multiple behaviors. Dr. Evans has current and recent projects focused on eliminating female genital mutilation and cutting, promoting modern cookstove adoption and use, promote vaccination, and consistent use of modern family planning and contraceptive methods.

Speakers & Chairs

Arnaud Gagneur is a full-professor of Pediatrics at University of Sherbrooke and neonatalogist in the CHU of Sherbrooke. He obtained his medical degree at Lille University and completed his Pediatric Residency and his Neonatology training at the University Health Center in Brest. He was recruited as Clinician-Scientist at University of Sherbrooke in 2008. He is a clinician investigator and holds a salary award from the Fonds de recherche du Québec - Santé (FRQS). His main research interests focus on children's immunization, mother-child immunity and strategies to tackle vaccination hesitancy and increase vaccine uptake. He is a member of the Canadian Immunization Research Network and of the Country support through training in vaccine acceptance expert group of the European Control of Diseases center. He has developed an educational intervention using motivational interviewing techniques in maternity wards to promote vaccination and increase vaccination coverage. He collaborates with the Quebec Health ministry to implement this strategy into a provincial program and develops training of motivational interviewing applied to the immunization context for health care workers.
Key words: Motivational interviewing, vaccine hesitancy, vaccination promotion strategies, education

Hugo Harper leads our work on Health in the UK. He has been with the team for the last 6 years running projects with the Department of Health and Social Care, NHS England, Public Health England and Cabinet Office. He has worked on applying behavioural insights to a large range of implementation and policy issues, but has a particular interest in obesity. He has spent time in both Singapore and Australia developing the adoption of a more behavioural approach to policy implementation, including several projects for the Singaporean Prime Minister's Office. Hugo holds an MSc, with distinction, in Behavioural and Economic Sciences from the University of Warwick, as well as a BA in Psychology and Physiology from Oxford University. Before joining the team Hugo worked for Q5 Consultants.

Speakers & Chairs

Cherstyn Hurley is the Immunisation publications manager for the Immunisation and counter measures department of Public Health England. She is particularly interested in how we enable digital health literacy and how we communicate with the digitally disenfranchised. Her background is communications, teaching and design and this informs how we design vaccine programme materials. What this means in a digital age for our global and local healthcare practioners. She is a member of the Vaccine Safety Network advisory committee and she is very proud to represent the VSN here at this conference.

Jessica Kaufman is a Research Fellow at the Murdoch Children's Research Institute in the Vaccine Acceptance, Uptake and Policy team. Her current research includes developing and evaluating interventions and policies to improve vaccine uptake in pregnant women, children with neurodevelopmental disorders, and people of refugee background. She is also involved in mapping, summarising and developing instruments that measure barriers to vaccine uptake and psychosocial factors related to under-vaccination.

Abdul Momin Kazi isAssistant Professor Research, at the Aga Khan University Hospital. He is a physician (M.B.B.S in Dow Medical College, Pakistan), an epidemiologist (MSc. Vanderbilt University, TN USA) and is currently completing his PhD from the University of British Columbia, BC, Canada. Momin Kazi main research focus is digital/mobile health (mhealth) and health surveillance system measures in vaccine preventable diseases.

Julie Leask is a social scientist and professor in the Susan Wakil School of Nursing and Midwifery, University of Sydney. Her research focuses on vaccination uptake, programs and policy, and health communication and she has 125 publications in the field. Julie is chair of the WHO Working Group on Measuring Behavioural and Social Drivers of Vaccination and sits on the WHO Immunization and Vaccines related Implementation Research advisory committee. Julie was named on the Australian Financial Review's 100 Women of Influence list in 2019. Her team received the University of Sydney Vice-Chancellor's Award for Research Engagement and Innovation for the Sharing Knowledge About Immunisation communication package.

Speakers & Chairs

Lisa Menning brings almost 20 years of progressive experience in global health communications, behaviour change, community engagement, and advocacy, covering the non-profit, public and private sectors. Her work has spanned a range of health topics including immunization and vaccines, HIV/AIDS and cancer in resource-poor settings.Lisa is currently a Technical Officer at the World Health Organization, Geneva, in the Department of Immunization, Vaccines, and Biologicals (IVB). Lisa manages IVB's portfolio of work that is focused on generating acceptance and demand for vaccination, and addressing hesitancy. She also serves as the lead for policy communications. In this role, her focus is on providing technical support to regions, countries and partners, and on developing normative guidance and supporting materials that draw on the latest evidence from the social and behavioural sciences. Prior to joining WHO, Lisa worked at PATH in Geneva, where she was an embedded partner within the Gavi Secretariat, developing strategies and communications to inform national decision-making, planning and implementation of new vaccines, including uptake. Lisa holds a MSc in social psychology and health from the London School of Economics and Social Sciences, and a BSc in pharmacology and biochemistry from the University of Sydney. She is passionate about health equity, and positive and lasting social change.

Imraan Munshi is Executive Director and Global Communications Lead for Vaccines at MSD, where he leads the development and implementation of global communications strategies and programs in support of the Company's vaccine brands, portfolios and investigational vaccines. Munshi develops and conducts vaccine confidence and social media workshops across stakeholder networks for the company and serves as counselor, leader and key resource to senior executives, regions and subsidiaries for product and executive communications.

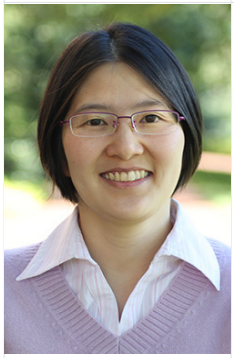
Before joining MSD in 2012, Munshi was senior director of Pfizer's Policy, External Affairs and Communications group and communications lead for the Emerging Markets Business Unit. He relocated from Johannesburg, South Africa to New York, where he was appointed senior director in Worldwide Communications and supported businesses in Japan/Asia, Canada, Latin America, Africa and the Middle East.

In his previous role as public affairs director for Pfizer Southern Africa, Munshi led government relations, external affairs, drug/medicines access, corporate citizenship, internal communications and media affairs for the region. He has also served as a radio and television sports anchor on International Cricket for the national broadcasting service in South Africa.

Speakers & Chairs

Mark Navin is Professor of Philosophy at Oakland University and Lecturer in Foundational Medical Studies at Oakland University William Beaumont School of Medicine. He writes about ethics in public health and clinical practice. His book, Values and Vaccine Refusal, was published by Routledge in 2016.

Saad B. Omer is the inaugural Director of the Yale Institute for Global Health, and a Professor of Medicine and Epidemiology at Yale University, Schools of Medicine and Public Health. He has conducted studies in the United States, Guatemala, Kenya, Uganda, Ethiopia, India, Pakistan, Bangladesh, and South Africa. Dr Omer's research portfolio includes clinical trials to estimate efficacy and safety of maternal and/or infant influenza, pertussis, polio, measles and pneumococcal vaccines and trials to evaluate drug regimens to reduce mother-to-child transmission of HIV. He has published over 250 papers in peer reviewed journals and has mentored over 100 junior faculty, clinical, and research post-doctoral fellows and PhD and other graduate students.

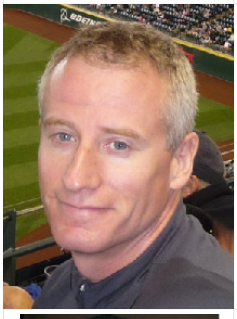


Sachiko Ozawa is an Associate Professor at UNC Eshelman School of Pharmacy and an Adjunct Associate Professor in Maternal and Child Health at UNC Gillings School of Global Public Health. She is a health economist whose work focuses on generating evidence to improve access to vaccines and quality-assured medicines. She is interested in the interface between pharmacy and public health, conducting research on the value of vaccines, the economic impact of substandard and falsified medicines, and antimicrobial resistance. Her research on the return on investment from childhood immunizations have been used by the Bill and Melinda Gates Foundation, World Health Organization (WHO) and Gavi (the Vaccine Alliance) to advocate for vaccinations in low- and middle-income countries. For example, her work have been tweeted by Bill Gates, was instrumental in securing the funding replenishment for Gavi of $7.5 billion for 2016-2020, and contributed to Addis declaration at the Ministerial Conference on Immunization in Africa. She recently published a review on definitions of hard-to-reach populations for vaccination in Vaccine.

Speakers & Chairs

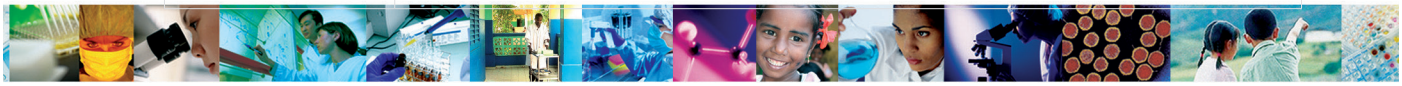
Dorothy Peprah joined Sabin Vaccine Institute as the Director of Vaccine Acceptance after serving as USAID's Global Health Security Agenda Advisor in Sierra Leone. Dorothy has extensive experience as a global health researcher and program implementer with a background in Anthropology and Epidemiology. Her areas of expertise/interest are social and behavioral change interventions; vaccination; WASH, community-based prevention and response to infectious disease outbreaks and emerging infectious diseases, health in humanitarian crises and health systems strengthening in contexts of political transition and fragile states. Prior to joining USAID in Sierra Leone, she completed a doctorate at the London School of Hygiene & Tropical Medicine (LSHTM) on perceptions driving acceptance and refusal of oral cholera vaccination (OCV) among internally displaced persons and the socio-political implications of vaccination campaigns in the context of humanitarian crises in South Sudan.

Valentina Picot is a Doctor in Veterinarian Medicine specialized in applied research management & conduct. She joined Fondation Mérieux in 2006 holding various positions as a Scientific & Research Advisor / Clinical Research Manager, conducting numerous international applied research studies with focus on infectious diseases primary in developing and emerging countries. Amongst the research topics: multicenter pneumonia aetiology study carried in 10 countries, Chagas surveillance, HPV surveillance/diagnostics, Influenza surveillance, fever syndrome, typhoid diagnostic/vaccine trials, Ebola diagnostics, Respiratory aetiology surveillance in Syrian and Bangladesh refugee settings, amongst other. She is also implicated in the conception of scientific agendas and in the management of public health initiatives on Rabies and Cholera for capacity building. Her past work included positions within the Regulatory Affairs and R&D departments in the biotechnology industry in the USA. Amongst her duties she carried to implementation clinical trials and FDA regulatory product related submissions.



Ian Roe is a Content Strategist with the British Columbia Centre for Disease Control in Vancouver, BC and National Manager for two Canadian digitial learning platforms about immunization called I Boost Immunity and Kids Boost Immunity. Ian's background is in social marketing, and communications and he holds degrees in Business, Communications as well as a Masters in Innovation and Entrepreneurship. Ian is here today to tell you more about a new health literacy initiaitve called Kids Boost Immunity that combines local learning with global giving.

Majdi Sabahelzain is researcher and lecturer of public health in School of health sciences at Ahfad University for Women in Sudan. Currently, he is pursuing his PhD at Care and Public Health Research Institute (CAPHRI) in Maastricht University in Netherlands; he is investigating measles vaccine hesitancy in Sudan. His research area focus on behavioural and social determinants of health especially vaccine preventable diseases as well as immunization programs.

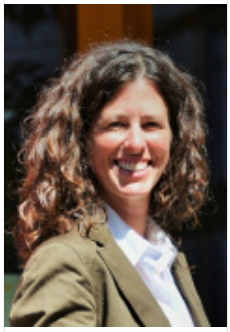


Speakers & Chairs

Holly Seale leads a program of research that is focused on the attitudes and behaviours of the community and health providers and how they impact on engagement with public health and health service strategies. She has an interest in improving acceptance of immunisation with a particular focus on special at-risk groups including children and adults with medical conditions, Aboriginal and Torres Strait Islanders and refugees and migrants (travellers). Her work has focused on Australia, China, Vietnam and Indonesia to date.

Jonas Sivelä is a senior researcher at the Unit for Infectious Disease Control and Vaccinations at the Finnish Institute for Health and Welfare (THL). At the moment, he is engaged with the EU Joint Action on Vaccination as a leader for the work package on vaccine hesitancy. He conducted his ethnographic PhD about AIDS-related myths and misconceptions in South Africa, and he also has a professional background in communications, journalism and marketing.

Bolette Søborg completed her M.D. degree from the University of Copenhagen in 1999, followed by a PhD in infectious disease epidemology from University of Copenhagen in 2010 . She is an alumi of the ECDC fellowship programme in field epidemiology training, EPIET. She has a specialization in public health medicine. Bolette is currently employed as a senior consultant at the Danish Health Authority which promote public health and establish a good framework for the health service in Denmark. The Authority offers advice to the Danish Ministry of Health and other governmental, regional and municipal authorities in the area of health and elderly care. Bolette is currently working with communicable diseases and as programme manager for the Danish childhood vaccination programme.

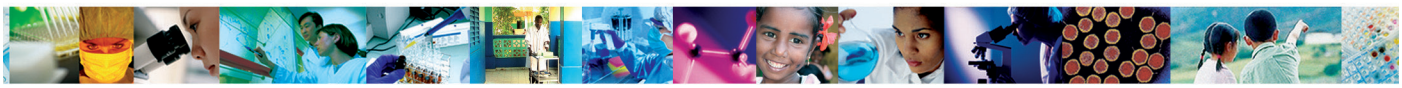


L. Suzanne Suggs is Full Professor of Social Marketing and Head of BeCHANGE Research Group at the University of Lugano in Switzerland. She is also the Vice-President of the Board of the Swiss School of Public Health (SSPH+) and a Visiting Reader in the Institute for Global Health Innovation at Imperial College London. She is Chair of the European Social Marketing Association, Founding Steering Committee Member of the Society for Health Communication. Her research focuses on health behaviour determinants and behaviour change strategies. She works in many countries and on a variety of health issues but mainly focuses on eating, vaccination, physical activity, and water use behaviours.

Speakers & Chairs

Stories kill, stories change and stories cure…
While we narrate we make sense, give meaning, exchange lived experiences, knowledge and create realities. And yet, few people are aware of how we can make stories work for vaccine acceptance and uptake. Debunking rumors, fueling misinformation with facts, introducing science to myths, proves to have little, sustainable, effect on vaccine acceptance. Suzanne Tesselaar developed narrative interventions that help worried parents persuade themselves to vaccinate their children and give them a healthy life.
All her working life have been a storytelling pioneer. She is passionate about the role of stories in influencing (health) behaviour. She works as a practitioner, researcher and lecturer using stories as narrative interactive intervention for scientists, health workers, communication advisors, leaders and in M&E. She authored several articles, chapters and books, i.e.: Storytelling Handbook (2008), Storytelling Atlas, landscaping story & change (2016) and Narrative Evaluation, the Guide (2017).
Her theory is based on epidemiology, because stories are like communicable disease. They are infectious, contagious, go viral and cause epidemics, while they travel through social networks. We use these dynamics to, successfully, change the narrative and influence health behaviour.

Dr. Naveenkumar Thacker is a well-known Pediatrician of Gandhidham is the Director of Deep Children Hospital & Research Centre at Gandhidham-Kutch, Gujarat, India and an Adjunct Professor of Pediatrics at Pramukhswami Medical College, Karamsad Anand, Gujarat, India. He is an Executive Director of the International Pediatric Association (IPA) for the year 2019-2021 and Secretary of Child Health Foundation. He is a former President of Asia Pacific Pediatric Association (APPA) for the year 2016-18 and the National President of Indian Academy of Pediatrics in 2007. He served as a CSO representative on Gavi Board for 4 years. He is also currently member of Pneumococcal Expert group of Ministry of Health and Family Welfare, Government of India and Indian Expert Advisory Group on Measles and Rubella. His current interest is in the area of Vaccine Hesitancy and he is leading the IPA Vaccine Trust project. He is a Steering Committee Member of Immunization Partners of Asia Pacific (IPAP) for the year 2017-2019. He is listed amongst the top influencer for the fight against Polio released by UNICEF on World Polio Day 2017 and has been awarded some prestigious awards i.e. Outstanding Asian Pediatrician Award 2012, Rotary International Regional Award for Polio-free World 2010, Rotary Ratna Award District 3050, 2010, prestigious FIAP award, etc.

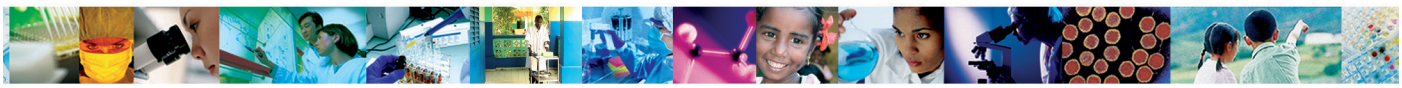


Speakers & Chairs

Dr. Angus Thomson is Head, Vaccination Confidence & Coverage, in Global Public Affairs at Sanofi Pasteur in Lyon, France. He is also Adjunct Assistant Professor in the Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, and Adjunct Clinical Professor, Department of Communication Studies & Global Health Communication Center, Indiana University School of Liberal Arts at IUPUI, USA.
In a nutshell, Angus is focused on fostering resilient public trust in public health. He has developed a global program of research, development and implementation into adherence to vaccination and public engagement. Through collaborations with experts in the social, behavioural and communication sciences, the team has developed a suite of instruments to understand & measure attitudes to vaccination, and has developed the Vaccine Confidence Initiative for Healthcare Professionals, a mixed-learning behavior-centered IPC training program. He proposed a new framework for vaccination advocacy which identified the need for more interdisciplinary collaboration, more evidence, and engagement in the public conversation, and he is now trying to put this into evidence-based practice. Having developed the 5As taxonomy of determinants of vaccination uptake, Angus has run national multi-stakeholder projects in Europe, Africa and Latin America that aim to improve vaccination uptake. He has published over 15 peer-reviewed opinion pieces, research papers, and book chapters on vaccine confidence and coverage, and recently co-edited an 18-paper Special Issue on Vaccine Confidence in Vaccine[7]. A regular reviewer for peer-reviewed journals such as the BMJ, Science Translational Medicine, Plos One, PIDJ and Vaccine, he also lectures on Vaccination Perception at the Institute Pasteur, Paris, and the VaxinLive Masters Program in Lyon.

Dr. Machteld van den Berg is currently a postdoctoral researcher at the Swiss Tropical and Public Health Institute. She completed her PhD in Biomedical Ethics and Law at the University of Zurich. Her PhD project focused on malaria vaccine development in East Africa, a topic that sparked her interest while she was working for Gavi, The Vaccine Alliance in Geneva. Machteld has an undergraduate degree in Immunology, a master's degree in Infectious Disease and Vaccinology, and is now working on vaccine uptake on the national level together with the Swiss Federal Office of Public Health.

Dr. Wolynn is a Pediatrician, Lactation Consultant, and CEO of Kids Plus Pediatrics & the Breastfeeding Center of Pittsburgh, in Pittsburgh Pennsylvania.
Dr. Wolynn received his Medical Degree from the University of Pittsburgh School of Medicine in Pennsylvania and earned a Master of Medical Management from Carnegie Mellon University, Pittsburgh, Pennsylvania. He led clinical vaccine research at Kids Plus for 14 years, including 40+ studies as both a sub-investigator and a principal investigator.



Shots heard round the world tour 2019

Todd Wolynn

Kids Plus Pediatrics, Pittsburgh Pennsylvania, United States

Over the past decade, vaccines and the people who advocate for them have been the target of sophisticated, increasingly organized and well-funded attacks that have eroded vaccine confidence. Recent highly publicized "fixes" are not addressing the full problem. In 2017, one of the victims of these attacks decided to take a stand, and used science and communication, to fight back.

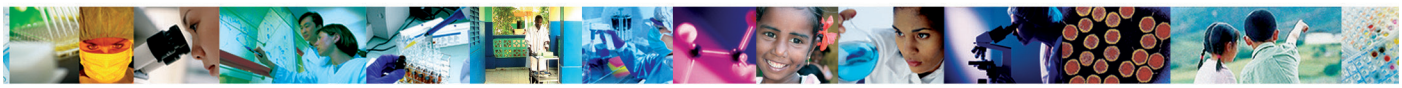
Social media has effectively channeled the bulk of highly influential modern connectivity into precious few platform-pipelines. These pipelines, hosted by Facebook, Google, YouTube, and others, allowed manipulation of their searches to produce anti-vaccine information when "immunization" was queried. The rise of global vaccine-preventable disease outbreaks shifted political and media pressure onto these mega-platforms to fix the sensational, pseudoscientific click-bait offerings in place of fact-based results. By mid-2019, these "fixes" were in full swing, but they failed to resolve an emerging anti-vaccine strategy.

Health care providers and trusted health professionals enjoy some of the greatest profession respect in the world. But coordinated, global anti-vaccine attacks targeting these individuals have unleashed waves of attacks intended to bully, threaten, and harm pro-vaccine advocates. In October 2017, two large anti-vaccine groups directed one of these massive worldwide social media attacks on Kids Plus Pediatrics. But, as the headline of a news article on the attack put it, "They picked on the wrong group."

Now almost exactly two years later, that group, Kids Plus Pediatrics is orchestrating a powerful, science-based, four-pronged international counter-response. Our goal is to communicate and innovate, to embolden and empower vaccine advocates to improve their vaccine communication and develop their social media voices to optimize their trusted, longitudinal relationships with families to stand up for science and successfully vaccinate.

Session 1

Rapid fire talks



Understanding measles vaccine hesitancy in Sudan

Majdi Sabahelzain
Lecturer, School of Health Sciences, Ahfad University for Women, Sudan
PhD Candidate, Care and Public Health Research Institute (CAPHRI), Maastricht University, The Netherlands

Background

Vaccine hesitancy is one of the contributors to low vaccination coverage in both developed and developing countries. Sudan is one of the countries that suffers from low measles vaccine coverage and from measles outbreaks. In order to facilitate the future development of interventions, this study aimed at exploring the opinions of Expanded Program on Immunization officers at ministries of health, WHO, UNICEF and vaccine care providers at Khartoum-based primary healthcare centers.

Methods

Qualitative data were collected using semi-structured interviews during the period January-March 2018. Data (i.e. quotes) were matched to the categories and the sub categories of a framework that was developed by the WHO-SAGE Working Group called "Determinants of Vaccine Hesitancy Matrix".

Findings

The interviews were conducted with 14 participants. The majority of participants confirmed the existence of measles vaccine hesitancy in Khartoum state. They further identified various determinants that were grouped into three domains including contextual, groups and vaccination influences. The main contextual determinant as reported is the presence of people who can be qualified as «anti-vaccination». They mostly belong to particular religious and ethnic groups. Parents' beliefs about prevention and treatment from measles are the main determinants of the group influences. Attitude of the vaccine providers, measles vaccine schedule and its mode of delivery were the main vaccine related determinants.

Conclusion

Measles vaccine hesitancy in Sudan appears complex and highly specific to local circumstances. To better understand the magnitude and the context-specific causes of measles vaccine hesitancy and to develop adapted strategies to address them, there is clearly a further need to investigate measles vaccine hesitancy among parents.

Using the COM-B model for mixed-methods research to understand barriers to influenza vaccination of children

Samantha Carlson
University of Sydney, Australia

Background: More children are hospitalised in Australia due to influenza than any other vaccine preventable disease. Most of these children have no history of influenza vaccination. The objective of this body of research is to understand attitudes about and access to influenza vaccination, experienced by those most affected by the disease.

Method: The Paediatric Active Enhanced Disease Surveillance (PAEDS) network identifies children who are hospitalised in tertiary paediatric hospitals in Australia for acute respiratory infection and either test positive or negative to influenza. In 2017, the parents of 27 children who tested positive to influenza and enrolled into PAEDS surveillance were interviewed; parent's knowledge, attitudes, values, practices and intentions regarding influenza vaccination were explored. Transcripts were thematically analysed, and themes were categorised as per the Capability, Opportunity, Motivation, Behaviour (COM-B) theoretical model. The major themes from these interviews, as well as published surveys on vaccine acceptance and access, were used to develop a survey. Survey items measured parents' capability, opportunity and motivation to vaccinate. Items were tested with public health experts and parents, and then piloted on 75 parents of children hospitalised for influenza in 2018. The survey was refined for 2019 and is currently being distributed until October 2019 to parents of children hospitalised for acute respiratory infection and either test positive or negative to influenza.

Results: The themes regarding barriers to influenza vaccination were: (1) Limited Capability - misinterpretations and knowledge gaps, (2) Lack of Opportunity - inconvenient vaccination pathway, missing recommendations, absence of promotion to all, and the social norm, and (3) Missing Motivation - hierarchy of perceived seriousness, safety concerns, a preference for 'natural' ways. Preliminary analysis of 2019 data highlights that a combination of limited capability, lack of opportunity, and missing motivation are interactive barriers to influenza vaccination of children.

Conclusion: The complexity of reasons for not vaccinating against influenza affirms that multifactorial approaches are needed. Improving access, awareness, recommendations and opportunities for children to be vaccinated is essential to improve coverage.

A scoping review examining the availability of dialogue-based resources to support healthcare providers engagement with vaccine hesitant individuals

Holly Seale
School of Public Health and Community Medicine, University of New South Wales, Australia

There is growing attention around the need to improve the confidence and skills of healthcare providers to assist them in completing the complex task of communicating to vaccine hesitant parents and other individuals. While interventions have been developed and evaluated in a research setting, there is uncertainty regarding the public availability. This study aimed to examine the current landscape regarding the availability of online dialogue- based resources which aim to support vaccination conversations.

A scoping review was undertaken to identify and appraise the availability and accessibility of dialogue-based interventions. A dialogue-based intervention was defined as a strategy aiming to improve an individual's confidence and communication skills to engage with and respond to vaccine hesitant individuals. Two approaches were utilised to identify relevant interventions and resources. Firstly, the European Centre for Disease Prevention and Control Catalogue of Interventions was assessed to identify interventions that met the definition. Secondarily, a Google search (in English only) was conducted using key words, that reflected the strategy that healthcare providers may use to identify resources. We identified a total of 31 dialogue-based interventions, of which 29 were reviewed. The interventions reviewed were all text based and instructional in nature. Twenty-two were suitable for non-healthcare providers as well as healthcare providers to use. Of issue, was that in many instances it was common to find the resource located on the fifth to tenth page of search entries, and usually disguised under seemingly non-descript and nonspecific titles. Lastly, not all resources were available for free or downloadable.

Healthcare providers need to be able to access relevant and credible resources that can support effective communication and assist providers to adopt approaches that address hesitancy, while also maintaining time efficiency during the clinical consultation. There needs to be emphasis placed on translating immunisation resources and interventions (that are found to be effective), developed in the research setting, into publicly and freely available resources. There needs to be a push towards having a central repository that includes links to the evaluated interventions and resources available in English and other languages.

Vaccine clinical trials in low-resource settings: perspectives from Uganda, Tanzania and Kenya

Machteld Van den Berg
University of Zurich, Swiss Tropical and Public Health Institute , Switzerland

Vaccine clinical trials conducted in low-resource settings have unique challenges associated with their conduct. This is mainly attributed to the power and resource discrepancy between actors in the clinical trial. Here I present an in-depth look at clinical trials in low-resource settings and the effects of resource discrepancy on the actors. This study provides insight into what the ethical challenges are when conducting vaccine research in low-resource settings and the subsequent implications for research design. It focuses on capturing both the experience of caregivers of pediatric participants and the frontline researchers in a malaria vaccine clinical trial, through the conduct of 78 in-depth interviews with caregivers and 11 in-depth interviews with researchers. Through exploring these two stories and bridging the relational with the formal, it emphasizes the importance of different stories in vaccine research. This approach employs the lens of complexity theory to evaluate the merging of the human social system and clinical trial system.

Swedish government initiative to improve child protection against communicable diseases

Madelene Danielsson
Public Health Agency of Sweden, Sweden

In order to build demand and strengthen long term program resilience, the Public Health Agency of Sweden is currently working on a government initiative to systematically develop and implement initiatives in support of child health and school health in the areas of knowledge, attitudes and behavour. Since Sweden has a very high level of vaccination coverage, the focus is to systematically build support for health care personnel to meet a variety of current and future communication needs as well as stimulating engagement in sectors outside healthcare, to work together in support of vaccination.

The presentation describes ongoing work, starting with a situation/baseline analysis and activities based on what was known at the beginning of the government initiative. I will then describe how we have adapted a "global demand hub framework" to a high resource setting, and used this as a tool to systematically prioritise activities in 5 areas, and give some examples of the activities. Finally, I will talk about how we will measure and report on the impact of these activities.

Text message interventions

Abdul Momin Kazi
Aga Khan University, Pakistan

Mobile phones offer a new medium to provide education and advocate families or caregivers to enable behavior change so as to improve immunization uptake. Mobile reminders in the form of phone calls have also proven to be a feasible method of improving vaccine uptake in resource-limited settings with wide cellphone coverage. Automated calls are also found to be cost-effective in increasing immunization rates. Studies suggests that mobile phones have wide spread abilities to improve health outcomes in low and middle-income countries (LMICs) by targeting larger populations in a cost-effective manner. Furthermore, SMS-based reminders along with small financial incentives could possibly help in improving RI timelines. Text reminders have also proved to reduce vaccine dropout rate and improve parents' compliance to immunization-scheduled visits.

There are limited data specially from LMICs set up on the role of SMS-based interventions for improvement of RI coverage, and mostly conventional 1-way reminder SMS text messages are used by most of the studies as the intervention. Overall, very few studies compared reminders, educational, and interactive SMS messages related to childhood vaccination uptake. Although some of the studies have shown some behavior change for improvement in vaccination coverage, more rigorous application of health behavior change model needs to be applied on behavior change related to improvement in RI coverage. Further, data regarding the role of automated calls in improving vaccine coverage are limited.

Using a mix-method strategy we are conducting a study focusing on mobile phone based personalized messages to improve routine immunization (RI) coverage among Pakistani children. Different types of messages were developed to meet the possible RI barriers identified. Overall conclusion, in PP analysis there was 26% improvement in 14-week vaccination coverage among child who received interactive voice message. Major limitation is to explore reason for not receiving message.

Vaccine acceptance in parents in Diape (Côte d'Ivoire)

Harvey Nick Attoh Toure, Roland Oussou
National Institute of Public Hygiene, Ivory Coast

Introduction

According to WHO, the only way to reduce infant-juvenile mortality due to vaccine-preventable diseases is to increase the immunization coverage through the Expanded Program on Immunization (EPI). Despite considerable efforts in recent years, a significant proportion of children is unimmunized. In the Diape health area, immunization coverage never reached 90% the last three years. This study aimed to identify the factors associated with the immunization of children aged from 12 to 23 months.

Methods

We conducted a cross-sectional survey from the 15th to the 27th August 2017 in the villages of the Diape health area. Our survey population consisted of children aged from 12 to 23 months and their mothers selected using a random WHO cluster sample (30 clusters of 7 children). The data were collected using a standardized questionnaire administered face-to-face in households.

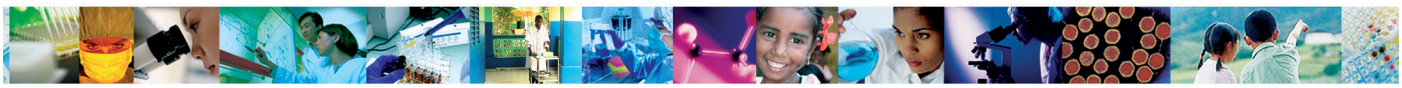
Results

A total of 210 mothers were included in the survey. Mothers' average age was 26 years ± 2.3 years and 32.4% had no educational level. Immunization coverage of all EPI antigens in children aged from 12 to 23 months was 71%. Vaccine acceptance was 100%. The main reasons of incomplete immunization (29%) were the long waiting at health center (19%), the omission (14%) or the ignorance of immunization schedule (14%). The bi-varied analyzes showed that low immunization coverage was associated with the animism religion of the mothers (OR = 5.8, 95% CI [2.2-14.9]), the low knowledge of EPI target diseases (OR = 6.1, 95% CI [1.8-20.8]), the ignorance of the age for the last immunization (OR = 12.8, 95% CI [5.2-31.7]) and the poor quality of services (OR = 7.2, 95% CI [3.7-13.9]).

Conclusion

There is a need to strengthen maternal awareness-raising activities on diseases, immunization schedule and the benefits of immunization with the commitment of the whole community.

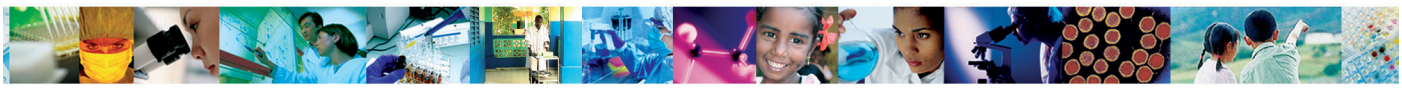
Key words: Vaccine coverage, Children, Expanded Program on Immunization, Diape



Update on the Vaccine Safety Net developments

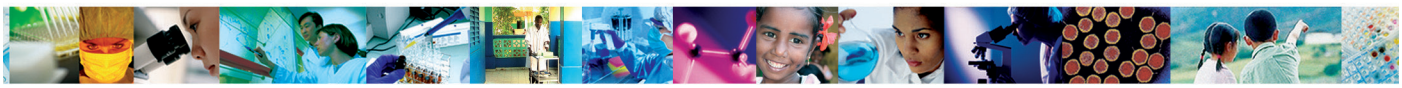
Cherstyn Hurley
Public Health England, UK

Not provided



Session 2

Vaccine mandates



Mandatory vaccination 5Ss: Scope, Sanctions, Severity, Selectivity and Salience

Katie Attwell (co-authored with Mark Navin)
University of Western Autralia, Australia

In response to outbreaks of vaccine preventable disease, some political communities have recently implemented coercive childhood immunization programs, or they have made existing childhood immunization programs more coercive (eg. Australia, France, Italy and California). Many other political communities currently possess coercive vaccination policies, and others are considering developing them. Scholars and policymakers generally refer to coercive immunization policies as 'vaccine mandates'.

However, mandatory vaccination is not a unitary concept. Rather, coercive childhood immunization policies construct and deploy complex, context-specific instruments that operate through diverse fields including school education, childcare, social welfare and criminal justice. Their legally and morally significant features often differ, and they are imposed by political communities in varying circumstances and upon diverse populations, sometimes only addressing the behaviour of particular sub-populations. Making sense of mandatory vaccination in any given context involves making sense of how these policies address behaviour, and how and why individuals would (or would not) comply with them.

This presentation introduces a taxonomy for classifying real-world and theoretical mandatory childhood vaccination policies, according to their scope (which vaccines to require?), sanctions & severity (which kind of penalty to impose on vaccine refusers, how that penalty operates to change behaviour, and how much of it to impose?) and selectivity (how to enforce or exempt people from vaccine mandates?). A full understanding of the operation of a vaccine mandate policy (real or potential) requires attention to the separate components of that policy. However, we can synthesize information about a policy's scope, sanctions, severity and selectivity to identify a further attribute—salience—which identifies the magnitude of the burdens the state imposes on those who are not vaccinated.

Our taxonomy provides a framework for forensic examination of current and potential mandatory vaccination policies, by focusing attention on those features of vaccine mandates that are most relevant for comparative judgments, including to analyse changes in single jurisdictions over time.

Firing a shot: California and America's new vaccine wars

Mark Navin (with Katie Attwell)
Oakland University, USA

California was the first US state to eliminate nonmedical exemptions and to limit the authority of doctors to provide medical exemptions. These efforts have kick-started immunization rates, but have also ignited polarizing debates about liberty, democracy, and power. Other US states and countries are following in California's footsteps. We explore what these developments mean for parents, doctors, and the politics of public health.

After the 2014-15 outbreak of measles at Disneyland, California's government forged new weapons to fight vaccine refusal. We examine California's ongoing efforts to protect the community from infectious disease, and the impact of these efforts on education, medical authority, and political polarization.

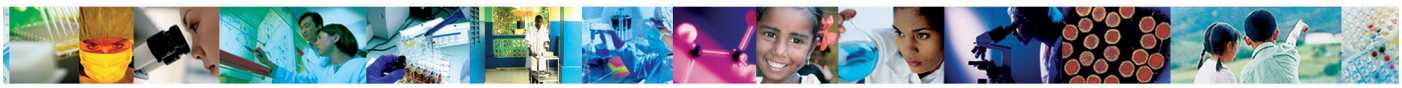
We use new interviews with key politicians and activists to recount recent transformations in California's immunization laws. The heroic efforts of these community leaders bring to mind other famous public health innovations, from John Snow's identification of the cause of a cholera outbreak, to Jonas Salk's development of the polio vaccine. But, like all hero stories, popular narratives about California's immunization laws leave pressing questions unexamined: How much power should doctors have? When should the state override parents' bad decisions? Who should protect children's rights? And what do we owe other members of our community?

We consider why governments have not been able to persuade people to vaccinate, and we question the role of doctors in the vaccination debate – as advocates, deviants, and political activists. We explore the other relevant voices in vaccination policies: citizens, celebrities, social media owners and Big Pharma. We consider whether harking back to a golden age of community solidarity is helpful, and examine the values that underpin debates about whether governments like California's should "make people vaccinate." Throughout, we use primary documents and our interviews with key players to connect California's recent experiences to broader debates and conflicts.

The politics, policy and epidemiology of mandates in the US and Europe

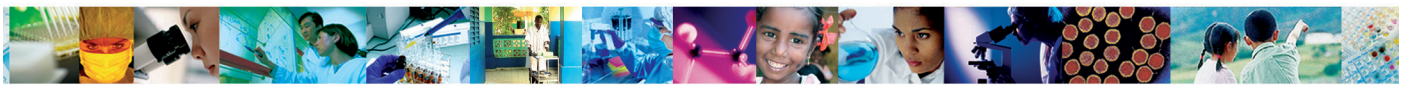
Saad Omer
Yale University, USA

Not provided



Session 3

Diverse perspectives on vaccine acceptance



Humans over herds': complementary and alternative medicine (CAM) providers' individualized approaches to vaccination in Switzerland

Michael Deml

Swiss Tropical and Public Health Institute & University of Basel, Switzerland

Research has shown an association between complementary and alternative (CAM) use, alternative and 'natural' approaches to health and well-being, and vaccine hesitancy. CAM use is prevalent and popular in Switzerland, with 25-50% of the Swiss population using CAM services and expressing favourable opinions towards the option of CAM being offered as a complement or alternative to biomedicine. CAM is also integrated into the healthcare system and reimbursed through mandatory basic health insurance when provided by biomedically trained medical doctors with additional CAM training (phytotherapy, anthroposophic medicine, homeopathy, Traditional Chinese Medicine (TCM), and acupuncture). Particular to the Swiss setting is the fact that CAM is often provided by medical doctors who have undergone such additional CAM training.

In the context of our National Research Program (NRP74*) on vaccine hesitancy in Switzerland, we conducted qualitative interviews with both biomedical and CAM providers, with parents consulting these providers, and observed vaccination consultations with these providers and some of their patients. This presentation will focus on the results emanating from interviews with CAM providers (N=17) and observations of their vaccination consultations (N=18 observations, 5 providers). The use of these complementary qualitative methods allowed us to triangulate data in order to compare CAM providers' discourses and descriptions of their experiences (i.e. what they said) to their practices (i.e. what they did).

Our findings show that the CAM providers in our sample framed parental vaccination decisions as individual and family level choices as opposed to focusing on public health benefits and consequences. Their perspectives on parental vaccination communication and decision-making were expressed in terms of their personal clinical experiences and parents' wishes, concerns, and contexts. This qualitative evidence calls into question recurring narratives that portray CAM providers as categorically anti-vaccine and provides suggestions for alternative communication and relational approaches in clinical practice that may appeal to patients who are more inclined towards CAM service use. These approaches include taking the time to understand patients' desires, involving them in vaccine decision-making, and taking their concerns seriously.

*For more information, see: http://www.nfp74.ch/en/projects/out-patient-care/project-

Increasing demand for vaccination: kids as 'change patents'

Ian Roe
Institution Public Health Association of British Columbia

Kids Boost Immunity (KBI) is the first of its kind digital learning platform designed to inoculate children against misinformation spread on social media and the internet. Through a series of articles, videos and on-line quizzes linked to school curriculum in various disciplines such as science, health and social studies, KBI encourages 'Generation Z' students from grades 4-12 to think about education and immunization in a global context by earning lifesaving vaccines for children around the world through UNICEF.

KBI was developed in Canada as a digital health initiative based on the holistic idea that children can be effective 'change agents' to raise literacy and demand for about immunization at the local level. At the same time, KBI reinforces positive social norms through altruistic motivational 'nudges' that empower children to support one another (i.e. kids helping kids). Kids Boost Immunity combines peer-to-peer advocacy, altruistic intentions and gamification to raise awareness and incite action around vaccination.

KBI's unique approach that blends local learning with a global social impact is attracting national and international partners with shared interests in global health, vaccination, science/humanitarian education and innovative uses of technology for social change.

Increasing vaccination: lessons from behavioural science

Hugo Harper
The Behavioural Insights Team , UK

The Behavioural Insights Team (BIT) began as a small team of behavioural scientists at the heart of the UK government with a mission to generate and apply behavioural insights to inform policy, improve public services and deliver results for citizens and society. The team is now a global social purpose company and has delivered more than 750 projects to date, including 400 randomised controlled trials in dozens of countries.

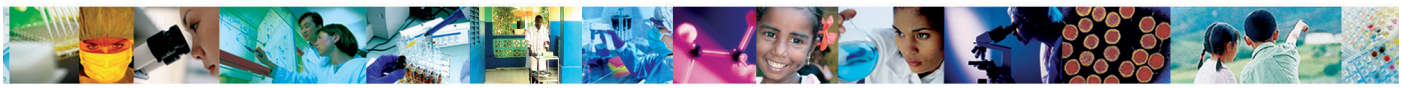
This session will draw on BIT's experience to consider how lessons from behavioural science can be applied to the challenge of increasing vaccine uptake. The talk will focus on how to move from an understanding of the barriers to vaccination, to the design of effective interventions that encourage vaccine uptake. Following BIT's 'EAST' Framework, Hugo will discuss how to bring about desired behaviours by making them Easy, Attractive, Social and Timely. Examples will be drawn both from the vaccine literature and more broadly from research in public health.

Lessons learned from the implementation of the EMMIE (Entretien motivationnel en maternité pour l'immunisation des enfants) program. A governmental program to increase vaccine acceptance in maternity wards.

Arnaud Gagneur

University of Sherbrooke, Canada

Background
Many countries are dealing with growing numbers of individuals who are delaying or refusing recommended vaccinations for themselves or their children. However, few effective approaches and strategies to address vaccine hesitancy exist. The PromoVac strategy is a brief education session using motivational interviewing (MI) techniques delivered in maternity wards. The efficacy of this strategy was established in previous studies and a program based on this strategy, named EMMIE, is now implemented in Quebec. An evaluation was conducted to assess the process of implementation of the strategy in real care setting and its effectiveness to enhance vaccination intention, reduce vaccine hesitancy in parents and increase vaccine coverage (VC) in infants.
Methodology
This implementation evaluation study used a prospective quantitative qualitative mixed design. A transversal descriptive study was conducted from January 2018 to March 2019 to assess implementation of the EMMIE program using 2 theoretical frameworks: the RE-AIM model (Reach, Effectiveness, Adoption, Implementation, Maintenance) and the Consolidated Framework for Implementation Research (CFIR). For assessing effectiveness outcomes of the program, a pre-test/post-test design was conducted among a sample of parents using self-administered questionnaires to assess their vaccine hesitancy score and intention to vaccinate their infant. Finally, a difference-in-differences design was used to compare evolution of VC from 2017 to 2018 between infants living in regions where the program was implemented and infants living in others regions of the Province of Quebec.
Results
Reach: During the implementation period (January 2019-March 2019), 73.1% of parents of newborns in the 13 facilities benefited from the program (n= 36,082, range 50.4-92.8%). Considering only days where vaccination counselors were working, 94.2% of parents were approached of which 96.8% received the MI intervention.
Effectiveness: Impact of the intervention was assessed on a random sample of 6,330 parents. The mean vaccine hesitancy score significantly decreased at each facilities after the intervention (mean reduction of 28.5%, $p<0.0001$), while the proportion of parents with a certainly intention to vaccinate increased by 10.4% (76.9%-87.3%). Comparison of the change in VC at 3 months of age from pre- to post-implementation showed that children living in the 6 regions where the program was implemented had significant more chance to have a complete vaccine status at 3 months compared to children from other Quebec regions (OR [95%CI]=1.23 [1.14-1.33].
Adoption: All maternity wards implemented the program between January and April 2018.
Implementation: The major facilitators were a strong governmental support with a local politics of information diffusion about the program in each facility. The majority of staff perceived the benefit for the population and the vaccination counselors were well integrated into daily care practice. Training of vaccination counselors allowed them to practice MI and a virtual community of practice was established to reinforce their sense of belonging and experience sharing. Barriers were the difficulties to meet the specific population of parents in neonatology unit, to coordinate the recruitment process of counselors and adapt the training accordingly and the replacement of lacking counselors.
Maintenance
Solutions to put in place for the implementation of the program in all maternity wards of the province: developing an e-learning MI training and maintaining the virtual community of practice of vaccination counselors. 94.9% of parents appreciated participating to the EMMIE program and 96.2% recommended that the MI intervention be offered to other parents.
Conclusion
The implementation evaluation of the EMMIE program confirmed the ability of the PromoVac strategy to be implemented as a standard of care in maternity wards. It confirms the effectiveness of an information intervention based on MI techniques delivered at birth to increase parental vaccine acceptance.



Design and evaluation of a branded narrative story-based intervention to promote HPV vaccination in Rwanda

W. Doug Evans
The George Washington University, USA

Background: In Rwanda, Girl Effect has created a branded media platform called Ni Nyampinga (NN) aimed at empowering and promoting agency in girls living in poverty and the communities around them. Girl Effect, GAVI (the Vaccine Alliance), and The George Washington University have entered a partnership to use the power of branded NN social communication to increase Human Papilloma Virus (HPV) vaccination uptake in Rwanda.

Methods: The team developed and tested branded communication material on HPV vaccinations. We conducted prototype testing to develop 3 radio messages to promote HPV vaccination among girls age 9-15 who had not yet been vaccinated. We then conducted a randomized trial to evaluate message effects on HPV vaccination outcomes. We randomized 726 girls into 3 conditions: 1) NN story telling style (NN branding included), 2) unbranded story telling style (without NN brand), and 3) a control condition (public service announcement). We conducted a pre-test survey, exposed girls to the radio spots in their condition, and then conducted a follow-up. We gave each girl an MP3 player with their condition's radio spots and asked them to listen to them for 2 weeks. We then re-interviewed girls 2 weeks later to assess outcomes.

Results: We collected in-depth data on HPV vaccination knowledge, beliefs, descriptive and injunctive norms about HPV vaccination, health care, and vaccination intentions. We also collected data on prior NN awareness as a moderator. At post-test, we assessed receptivity to messages and study condition effects on outcomes. We found a clear preference and HPV knowledge effects for the branded NN story telling messages.

Conclusions: This project informs practice for delivering persuasive HPV vaccination messages in a low resource global setting using a branded narrative story telling approach. Next steps are to evaluate this approach at scale in other low resource countries.

Update from the WHO working group on measuring Behavioural and Social Drivers (BeSD) of vaccination

Julie Leask[(1)], Lisa Menning [(2)]

[1]University of Sydney, Australia

[2]WHO, Switzerland

A range of factors influence vaccination acceptance and uptake. To date, countries have lacked standardized means of collecting data on the full range of behavioural and social drivers of vaccination. To support countries in their systematic assessment of these factors, the World Health Organization established the Measuring Behavioural and Social Drivers of Vaccination (BeSD) working group in November 2018. This is a workstream under the larger multi-partner Demand Hub and in consultation with UNICEF, the US Centers for Disease Control and Prevention (CDC), Gavi, the Vaccine Alliance, and the Bill and Melinda Gates Foundation.

BeSD is developing a set of tools to support programmes and partners to measure and address drivers of vaccination, and track consistent and comparable data over time. The tools include quantitative caregiver surveys, qualitative interview guides, and related user guidance.

The working group has reviewed the literature on drivers of vaccination, previous tools that have been used to measure these factors, and refined a model that guides the development of constructs and items. The group has also conducted in-depth interviews with anticipated users of the tools in diverse regions and countries. A bank of items and qualitative interview guides is being developed for field testing in a range of low- and middle-income countries. The finalised set of tools will be designed for use within existing data collection mechanisms or new standalone studies with the primary aim to support program planning by countries.

Update on the work of the Vaccine Acceptance Research Network (VARN)

Dorothy Peprah

Sabin Vaccine Institute, United States

The Vaccination Acceptance Research Network (VARN) is building a multi-disciplinary, global network to foster social and behavioral science research collaborations with immunisation programs and advocates to address challenges vaccination acceptance and demand. VARN Principles: 1) Help immunization programs and researchers access, use, and build upon the existing evidence base; 2) Find and identify timely, evidence-based, practical solutions for addressing vaccination acceptance challenges; 3) Challenge assumptions and seek innovation in vaccination acceptance and demand research; 4) Build and expand partnerships with research and professional networks, international organizations, and policy makers to address vaccination acceptance challenges; 5) Impact – dedicated to measuring and achieving success. VARN's accomplishments over the past six months include:

• Formation of VARN's 11-member Steering Committee and 8-member Research Committee of leading vaccination researchers and immunization program implementers.

• Creation and launch of the VARN website: https://vaccineacceptance.org/

• Supporting the "Romania Health worker-patient insight study": VARN partnered with WHO Euro, the Romanian Ministry of Health and the National Institute of Public Health to conduct a study to better understand interactions between family physicians and caregivers during vaccination consultations.

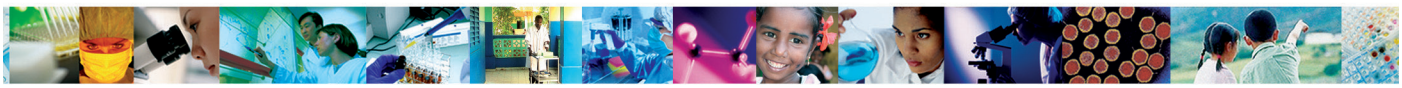
• VARN's Research Committee has initiated a study examining the current landscape around vaccine acceptability and uptake and the needs of immunization program managers and health agencies

• VARN initiated new partnerships with entities with crosscutting missions such as the European Joint Action on Vaccination (EU-JAV) and SONAR-Global.

VARN is currently completing a strategy to frame its work over the next two years. In addition to the above, we are exploring avenues to incorporate other initiative such as the small grants for pilot studies in LMICs and research opportunities in relation to social media.

Session 4

Vaccination systems resilience & demand



Exploring pathways for building trust in vaccination and strengthening health system resilience

Sachiko Ozawa
University of North-Chapel Hill, United States

Background: Trust is critical to generate and maintain demand for vaccines in low and middle income countries. However, there is little documentation on how health system insufficiencies affect trust in vaccination and the process of re-building trust once it has been compromised. We reflect on how disruptions to immunizations systems can affect trust in vaccination and can compromise vaccine utilization. We then explore key pathways for overcoming system vulnerabilities in order to restore trust, to strengthen the resilience of health systems and communities, and to promote vaccine utilization.

Methods: Utilizing secondary data and a review of the literature, we developed a causal loop diagram (CLD) to map the determinants of building trust in immunizations. Using the CLD, we devised three scenarios to illustrate common vulnerabilities that compromise trust and pathways to strengthen trust and utilization of vaccines, specifically looking at weak health systems, harmful communication channels, and role of social capital. Spill-over effects, interactions and other dynamics in the CLD were then examined to assess leverage points to counter these vulnerabilities.

Results: Trust in vaccination arises from the interactions among experiences with the health system, the various forms of communication and social capital – both external and internal to communities. When experiencing system-wide shocks such as the case in Ebola-affected countries, distrust is reinforced by feedback between the health and immunization systems where distrust often lingers even after systems are restored and spills over beyond vaccination in the broader health system. Vaccine myths or anti-vaccine movements reinforce distrust. Social capital – the collective value of social networks of community members – plays a central role in increasing levels of trust.

Conclusions: Trust is important, yet underexplored, in the context of vaccine utilization. Using a CLD to illustrate various scenarios helped to explore how common health and vaccine vulnerabilities can reinforce and spill over distrust through vicious, reinforcing feedback. Restoring trust requires a careful balance between eliminating vulnerabilities and strengthening social capital and interactions among communication channels.

National level: experience with the Danish HPV safety crisis. Addressing HPV vaccine hesitancy in Denmark.

Bolette Söborg
Danish Health Autority, Denmark

Human papillomavirus (HPV) vaccination has been offered to 12-year-old girls as part of the Danish childhood vaccination programme since 2009. Vaccination is free until girls reach 18 and it usually takes place in medical practices. After implementation, the programme quickly reached a 90% coverage.
However, from 2013, the Danish Medicines Agency received an increasingly high number of reported suspected severe adverse events to the vaccine. The suspected severe adverse events were often non-specific symptoms like dizziness, fatigue, and headache – a majority of which remain medically unexplained and without a documented link to HPV vaccination.

The increased number of reported suspected severe adverse events raised public concerns towards HPV vaccination in Denmark and sparked an extensive media coverage. As a result, HPV vaccination coverage dropped significantly.
In order to regain trust in HPV vaccination, the Danish Health Authority launched an initiative to revert the situation and in May 2017, a national campaign "Stop HPV – stop cervical cancer" was launched in cooperation with the Danish Cancer Society and the Danish Medical Association.

The campaign has activities on the web, social media platforms, with the press and providing training for health care workers. One of the main elements is the social media strategy including a Facebook (FB) page "Stop HPV – Get vaccinated".
The communication strategy used for the campaign is "heart-brain" with a strategy of communicating "brain" facts about the safety and effectiveness of the vaccine while on the other hand telling narrative "heart" stories, such as personal stories of women with cervical cancer.

Communicating on FB regarding the Childhood vaccination programme has not been used by the Danish Authorities before and there has been a keen interest to learn from the campaign initiative.

The presentation will give a quick overview of the initial decrease in the HPV vaccination coverage in Denmark, the campaign initiatives and the current situation in Denmark in regards to HPV vaccination coverage.

High-impact, resilient and equitable: an update on vaccination demand strategies from WHO headquarters, Geneva

Lisa Menning
WHO, Switzerland

The twenty-first century global health and immunization landscape requires effective global action in the face of globalization of information, rights, ideas, travel, trade, and disease. The new vaccination era is facing ever greater challenges in closing gaps and sustaining successes, and the increasing plurality of actors requires more coordination of effort, priorities and investments. The World Health Organization (WHO) plays an essential role in the global governance of health and disease, due to its core functions of providing leadership, shaping the research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support, and monitoring the health situation and assessing trends.

In immunization, several trends are apparent in the context in which WHO operates; increasing urbanisation, more unvaccinated children living in insecure and conflict-affected settings, and technological and political developments that are transforming programming. At the same time, more new vaccines are being introduced, and a shift to life-course vaccination including childhood and adolescence, is stretching capacities in many places. Integrated approaches and multi-stakeholder engagement, including involvement of sectors beyond health and with non-traditional partners, is increasingly important.

The strategies that led to the achievement of 86 per cent global immunization coverage will not be the same strategies that have been historically applied. In this context, WHO will be placing greater emphasis on the behavioural and social dimensions of vaccination that contribute to building and sustaining high levels of uptake. For WHO, addressing low vaccination requires an adequate understanding of the determinants of the problem, tailored evidence-based strategies to improve uptake, and monitoring and evaluation to determine the impact and sustainability of the interventions.

Efforts to increase equitable use of vaccines rely on close collaboration with communities to listen and to build trust and acceptance, as part of a broader commitment to universal health coverage. Vaccine preventable diseases remain a threat to all people, and the most inclusive, effective, and efficient approach to ensuring that every person can benefit from life-saving vaccines will be through strong primary health care.

Vaccines for a resilient immunization system – an industry perspective

Imraan Munshi
MSD, USA

The value of vaccines is unquestionable. Without vaccines, the world would have lost more sons, daughters, moms and grandpas – more future researchers, doctors and inventors – more people than a country three times the population of Japan.

MSD recognizes that a resilient system is critical to the success of any vaccination program. What is resilience? It's an ability to withstand major shocks and disruptions, quickly adapt to changing circumstances and maintain high vaccine uptake and acceptance over time. More than the sum of individuals' own resilience, it encompasses communities and broader social networks, healthcare providers and health systems, governments and political systems, and industry.

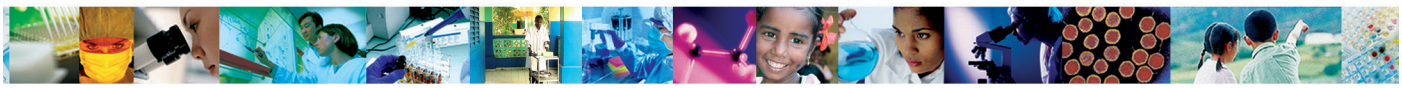
Building and maintaining vaccine confidence and creating resilient immunization systems requires a multi-pronged approach and a focus on predicting and planning for shocks and disruptions. There is no silver bullet. With rapid advances in technology and scientific knowledge, an evolving policy environment, increasing regulatory pressures, continuing vaccine hesitancy, and the rapid spread of information and misinformation on social media, what constitutes a resilient system is different today than it was in the past, and it will inevitably look different again tomorrow.

This session will address how MSD views the role of resilience throughout the life cycle of vaccines, whether the focus is to improve uptake of an existing vaccine (e.g., MMR and HPV) or to develop new vaccines to address unmet or emerging public health needs (e.g., Ebola and CMV).

Immunization systems will continue to evolve and face unexpected challenges; therefore, it is critical for us to remain vigilant and learn from the vaccines of today to help plan for the vaccines for tomorrow. We all have an important role to play in building and sustaining resilient immunization systems that can withstand threats to hesitancy and preserve confidence in vaccines and vaccination.

Session 5

Training in vaccine acceptance



Implementation of announcement approach training for US providers

Noel T. Brewer[1,2], Christopher B. Noronha[1], Melissa B. Gilkey[1,2], William A. Calo[3,4], Amy Liu[5], Karen Todd[6], Susan Alton Dailey[1]

[1]Department of Health Behavior, Gillings School of Global Public Health, University of North Carolina

[2]Lineberger Comprehensive Cancer Center, University of North Carolina

[3]Department of Public Health Sciences, Penn State College of Medicine

[4]Penn State Cancer Institute

[5]Department of Pediatrics, School of Medicine, University of North Carolina

[6]WakeMed Physician Practices, Pediatrics

Background. Providers announcing that children are due for HPV vaccine is a best practice, supported by multiple research studies including a randomized controlled trial. We sought to examine the potential for national implementation of a provider HPV vaccine communication training on making announcements and addressing parent concerns.

Methods. We partnered with state American Academy of Pediatrics chapters and other US organizations in 2018 to identify local physicians. Applying a "train-the-trainer" model, we taught physicians to deliver Announcement Approach trainings using a newly developed online, live 2-hour orientation. These physician educators then conducted in-person 1-hour CME-eligible trainings, using a standard slide set and script (available at hpvIQ.org). These Announcement Approach materials reflected enhancements to include more memorable steps (Announce, and if needed, Connect, Clarify and Counsel) and research tested messages for hesitant parents.

Results. After completing our orientation, educators delivered ten trainings to providers in Alaska, Florida, Iowa, Maryland, North Carolina, Washington, Wyoming and Utah. Participants were 292 primary care physicians, nurses, other providers and staff, and medical students. Attending the training was associated with increased provider intentions to routinely recommend HPV vaccine when patients turn 11 or 12 (mean 4.39 (SD=.82) vs. 4.59 (SD=.71, $p<.05$). Attendance was also associated with greater provider self-efficacy to address parent vaccine concerns ($p<.05$). Satisfaction was high (>90%) for Announcement Approach trainings and physician educator orientations.

Conclusion. The trainings worked, as intended, to increase self-efficacy and intentions. National implementation of an HPV vaccine communication training is feasible and likely to increase vaccine recommendation and delivery.

P3-MumBubVax: development of a multi-component antenatal intervention to promote maternal and childhood vaccine uptake in Australia

Margie Danchin, Jessica Kaufman
Murdoch Children's Research Institute, Australia
University of Melbourne, Australia

Coverage of both influenza and pertussis vaccines in pregnancy remains suboptimal in Australia, and pockets of low childhood vaccine coverage exist in every State and Territory. Pregnancy is a critical time to recommend and discuss vaccines with expectant parents, and in Australian public antenatal settings, midwives are highly accessed and trusted sources of vaccine information. However, there are no evidence-based interventions incorporating communication strategies and resources for midwives to prompt and optimise discussions and promote acceptance of maternal and childhood vaccines.

Therefore, we reviewed relevant theoretical models, gathered qualitative data from Australian midwives, and adapted vaccine communication tools from the US and Australia to develop the multi-component P3-MumBubVax intervention. We applied the theory-based P3 intervention model, developed at Emory University, to inform the design of intervention components targeting the practice, provider and patient levels. Through 12 interviews at two Australian hospitals, we explored midwives' vaccination attitudes and values, perceived role in vaccine advocacy and delivery, and barriers and enablers to intervention implementation. We then gathered feedback on prototype intervention features through two focus groups, before pilot testing the intervention to assess feasibility and acceptability.

The P3-MumBubVax intervention includes practice-level prompts and identification of a vaccine champion. The provider-level components are an online vaccine and communication training module and a short learning exercise, hosted on the provider portal of the MumBubVax website. The site also features data on vaccine safety and effectiveness, disease severity, and printable fact sheets. Parent-level intervention components include text message reminders to receive influenza and pertussis vaccines in pregnancy, as well as parent-focused information and infographics on the parent portal of the MumBubVax website.

The pilot study is currently underway, with promising preliminary data on feasibility of implementation and acceptability to both parents and midwives. A cluster randomised controlled trial is planned for 2020.

Vaccine trust masters training program: the international pediatrics association

Naveen Thacker
International Pediatric Association, India

One determinant of vaccine acceptance that is consistently shown to correlate with vaccination behavior is a recommendation from a health care professional (HCP), who are always the most trusted voice on vaccines. [1] Consistent with a large body of research, the WHO confirmed the important role of HCP as the cornerstone of public acceptance of vaccination. [2] And, perhaps most importantly, the foundation of vaccination acceptance is public trust, trust in vaccine and vaccine producers in the HCPs and the health authorities and government. [3]

International Pediatrics Association (IPA) launched the Vaccine Trust Project with a goal to raise resilient public trust in vaccination in countries around the world by establishing pool of master trainers who will return to their respective countries to train other HCPs. IPA will be conducting regional training of trainers (ToTs) workshops with aid of 5 training modules i.e.

1. Behavioral Science Behind Vaccine Acceptance Interventions
2. Interpersonal Communication for HCPs
3. Building Vaccine Value – Advocacy and messaging to effect change
4. Social Media Engagement
5. Main Stream Media Engagement

Pilot workshops in Delhi and Panama trained over 100 pediatricians from 35 countries. A pre and post evaluation results showed that more than 80% of the participants believed that the skills obtained from the course would be helpful in improving vaccine uptake in their practice and almost 90% of attendees agreed that the training would be beneficial to their daily practice. IPA envisages creating a community of practice which will be a key pillar of the IPA trust project, where a global vaccine trust leadership forum will be formed.

References:

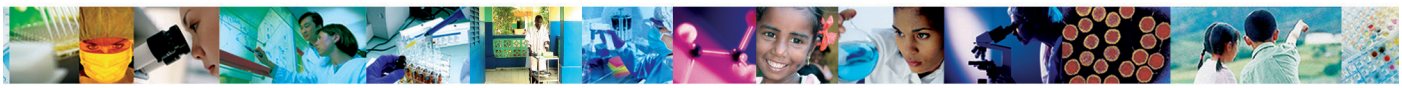
1. Official DF. Assessing the state of vaccine confidence in the United States: recommendations from the National Vaccine Advisory Committee. Public Health Reports. 2015 Nov;130:573.

2. World Health Organization. Report of the SAGE working group on vaccine hesitancy, October,2014 https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf 3. Thomson A, Watson M. Vaccine hesitancy: a vade mecum v1. 0. Vaccine. 2016 Apr 12;34(17):1989-92.

3. Thomson A, Watson M. Vaccine hesitancy: a vade mecum v1. 0. Vaccine. 2016 Apr 12;34(17):1989-92.

Session 6

Workshops: telling compelling stories & frameworks for resilience in immunization programs



Telling compelling stories: changes health behaviour

Suzanne Tesselaar
Stories of Change/Utrecht University , The Netherlands

Vaccination levels drop to dangerous levels. Insecurity, rumors and misinformation make parents worried. By listening to their stories you can understand, engage and cocreate a story of change. This story helps parents persuade themselves to vaccinate their children and give them a healthy life.

Last year, I presented exciting results of a pilot with storytelling intervention with Médecins Sans Frontières (MSF) in a medical, humanitarian setting in rural Nigeria. MSF is now introducing the intervention to other projects and countries. We are only one step away from scaling the intervention to vaccine projects for governments, corporations and NGO's.

This year, this community informs me that excellent research and insight into health behaviour is not easily implemented in real life projects. I was asked to develop a storytelling workshop, for our last day, to translate your findings into practical projects and prove its effect on increased vaccine acceptance and uptake.

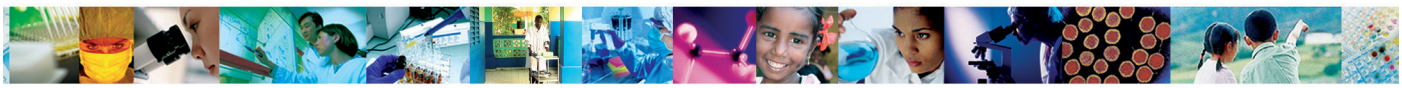
We touch on the power of different narratives in consultancy, training, M&E, in presentations and reporting. You will create a short story with other participants, for research from presenters at this conference.

In this workshop you will become story sensitive and understand that the dynamics of listening and sharing lived stories is your missing link in storytelling. That means listening on a different level and bridging lived experiences with formal stories in cocreation with your audience. This process mobilizes, engages and influences health behaviour. With that knowledge and experience you can tell compelling stories that cause sustainable change.

Frameworks for resilience in immunization programs

Julie Leask
University of Sydney, Australia

Immunization programs can be vulnerable to a number of threats. The concept of resilience has been helpful in considering the factors that are needed in protecting programs from these threats. Kruk et al (Lancet 2015; 385: 1910–12) define health system resilience as:
"the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it."
This interactive workshop will explore the concept of resilience as it relates to immunization systems. It will consider what a resilient immunization system looks like through group brainstorming and case studies from Ireland, the Philippines and Australia. It will then consider the value of developing a framework and way to measure resilience that is specific to vaccination.



This meeting was made possible through unrestricted grants from MSD and Sanofi Pasteur.

des racines pour la vie • roots for life