Building towards vaccine acceptance Community Co-DESIGN FRAMEWORK

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"Better health, better futures"

Definition and impact

- Reducing vaccine hesitancy, optimising uptake & coverage are vital to minimising death from vaccine preventable diseases
- Global vaccine coverage fallen since 2019
- 25 million children missed out out in 2021
- >100 countries affected
- Hesitancy is reluctance/delay in receiving vaccination
- Symptoms of a wider issue
- Service access & adequacy defined by others

What we did

- Reviewed literature in English & French for models & interventions to address vaccine hesistancy
- Searched PubMed, Science Direct, Goggle scholar Themes: COVID-19, Vaccine Hesitancy
- Sought feedback from expert groups (via ASPHER, HPSC Ireland, NIO, WCPH, EPH, ICOPH, CoMH)
- Developed a system model for testing & evaluation

What we found

- Hesitancy is a continuum not a one-off yes/no
- Individuals seen as problematic, not system
- Existing evidence of how to optimise acceptance & uptake not implemented reliably
- Limited attention to equity & determinants of vaccine hesitancy

Additional learning from francophone literature

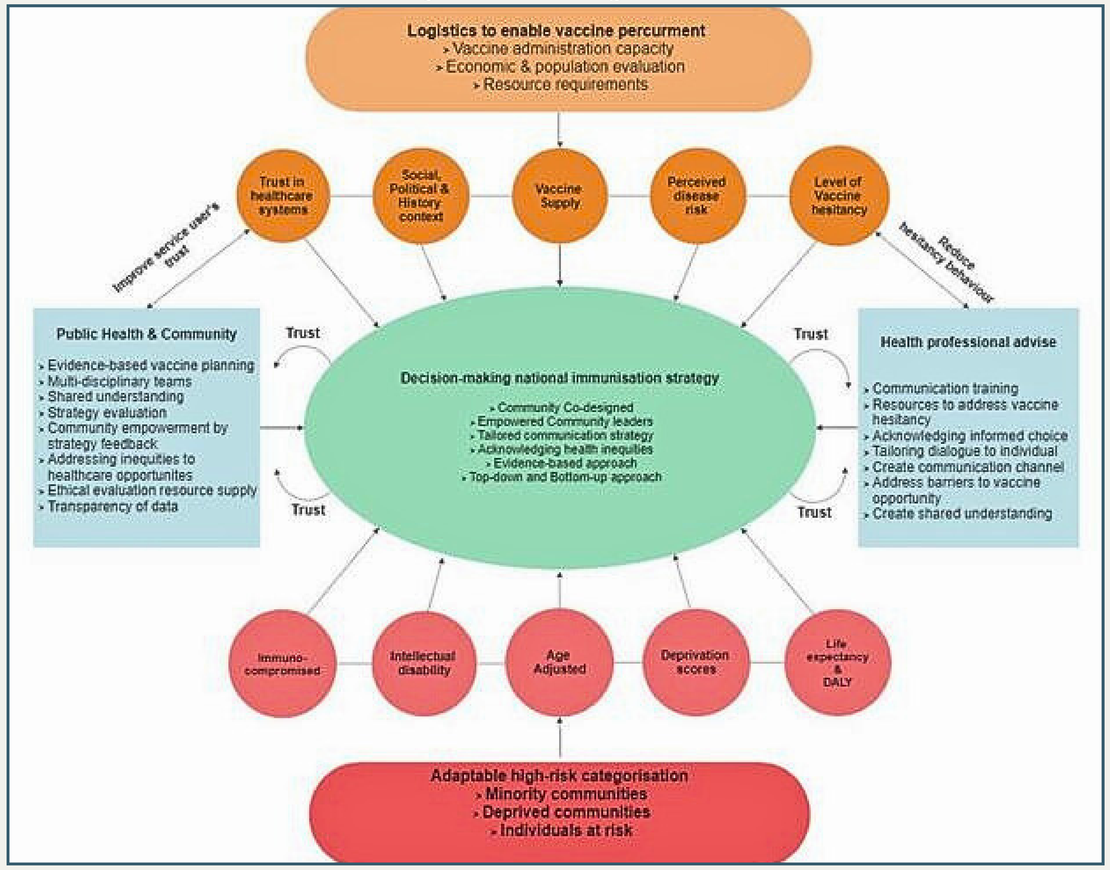
- Vaccination seen as an answer to infectious diseases but govts. are not using their power to take preventive action
- Mass vaccination programmes limit contact with trusted professionals, reducing depth of consent
- Lack of transparency about conflicts of interest (e.g role of drug & tech companies)

Current approaches to addressing vaccine hesitancy are siloed & implemented separately. Individual level interventions are emphasised with limited attention to addressing inequities & determinants

Effective interventions are rarely scaled up & embedded in practice

An integrated model of addressing vaccine hesitancy that has community co-design at its heart is essential. This is a complex intervention that future interventions will test and evaluate

Community Co-design Framework



Gaps at individual level

- Focus on herd immunity crowding out discussion of personal benefit, community protection & collective right to health
- Lack of tailored & equitable communication
- Limited attention to barriers to vaccine acceptance
- Limited action to address reasons for lack of trust

Gaps at service level

- Inadequate supply and delivery to communities
- Efforts to address individual vaccine hesitancy not integrated with wider quality improvement
- Lack of capacity & flexibility to address concerns
- Evidence of good practise not scaled up (e.g engagement & co-design)

Gaps at organisational level

- Limited attention to implementing interventions likely to reduce vaccine hesitancy
- Inconsistent attention to health literacy
- Reluctance to embed policies to minimise vaccine hesitancy during pandemic in many countries
- Limited support for professionals to address concerns & increase capacity to support vaccine hesitant people
- Lack of action to address loss of trust in authorities

What it means

- Detailed diagnosis of reasons for hesitancy provide basis for discussion and development of shared understanding
- Communication must be tailored to meet different needs
- Programme design that recognises & responds to culture can increase trust between authorities, professionals & public
- Attention to equity and determinants of vaccine hesitancy is essential
- Community feedback is essential to improve programme design

Evidence from the Irish case study

- Understanding of continuum of vaccine hesitancy
- Tailor communicaiton in response to level of hesitancy expressed
- Community members can become peer educatons, leaders and champions (Irish prisoners programme with Red Cross)
- Recognising & responding to needs & concerns improved trust with Roma and Traveller communties