

# Canadian Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand and Acceptance

## Section 8. Strategies to support Vaccination Demand and Grow Resiliency

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### *Building Resilient Pro-Vaccine Communities*



## Building the capacity to improve vaccine acceptance and uptake

The Canadian Vaccination Evidence Resource and Exchange Centre (CANVax) is an online database of curated resources to support immunization program planning and promotional activities to improve vaccine acceptance and uptake in Canada. As an online resource centre, CANVax aims to increase access to evidence-based products, resources, and tools to inform public health professionals in immunization program planning and promotion.

CANVax has been developed by the Canadian Public Health Association. Production of CANVax has been made possible through funding from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the view of the Public Health Agency of Canada.

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# PREFACE

This document was adapted from the **Western Pacific Regional Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand** document, drafted in 2017 in response to the recommendation at the meeting of the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region (WPR), in July 2016.

## Purpose and Specific Objectives of the Guidance as per WPR

The main purpose of the regional guideline on vaccine hesitancy is to help Member States to:

1. Identify the extent of vaccine hesitancy in the country.
2. Identify vaccine-hesitant population subgroups.
3. Diagnose the demand- and supply-side immunization barriers and enablers.
4. Design evidence-informed strategies to address hesitancy appropriate for the subgroup setting, context and vaccine.
5. Receive and provide support for regional coordination to successfully address vaccine hesitancy in the country.

The initial WPR draft, including the two Aide Memoires, was written by Noni E MacDonald, Dalhousie University, Halifax Canada, with input from Eve Dubé, Institut national de santé publique du Québec, Québec, Canada, Lisa Menning and Melanie Marti, Immunization, Vaccines and Biologicals, World Health Organization (WHO), Geneva, Switzerland and Sarah Long, Dalhousie University.

## Canadian Guidance

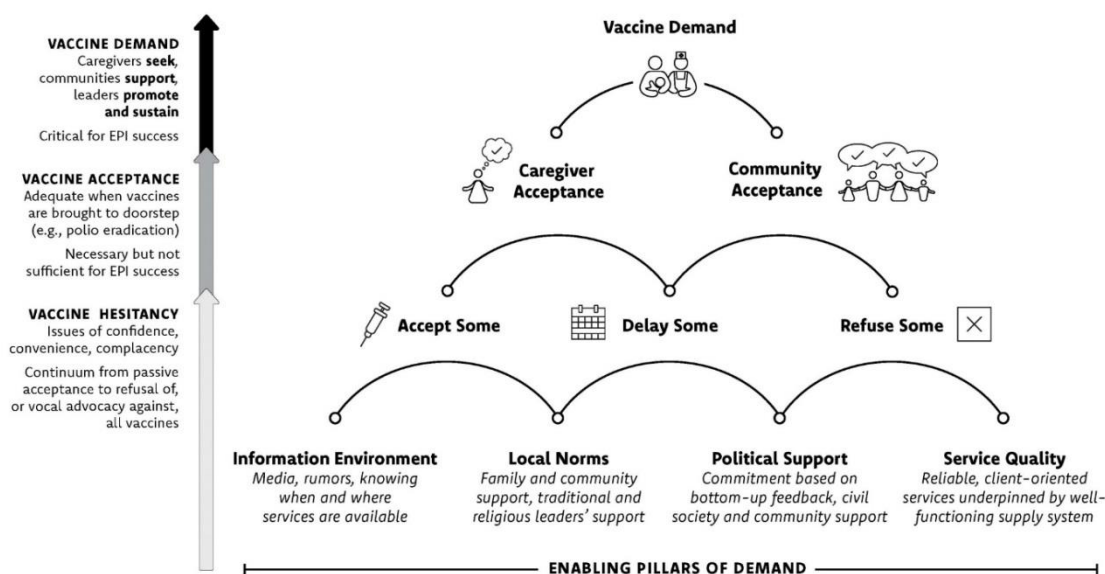
The WPR document was then re-crafted by Noni E MacDonald and Eve Dubé to address the Canadian context, and sections were updated.

**Each section has been written to integrate with the other sections but also to be able to stand alone. The main emphasis is on the diagnosis of hesitancy and focuses on interventions that can increase vaccine uptake at the program and individual levels.**

*For the full report of the Canadian Guidance on Addressing Vaccine Hesitancy to Help Foster Vaccine Demand and Acceptance, please visit <https://canvax.ca/canadian-guidance-addressing-vaccine-hesitancy-help-foster-vaccine-demand-and-acceptance-full>.*

Strategic Objective 2 – the concept of demand – in the Global Vaccine Action Plan [GVAP]<sup>1</sup> (approved by all countries at the World Health Assembly in 2012), pushes immunization program managers and partners to think beyond a continuum of hesitancy that ends with passive acceptance, towards a more comprehensive concept that includes the actions of individuals and communities to seek, support, and/or advocate for vaccination services. While addressing hesitancy can help increase vaccine uptake and acceptance, it does not necessarily lead to increased demand – see Figure 8.1.<sup>2</sup>

**Figure 8.1 Vaccine Hesitancy and Vaccine Demand**



### Definition of Demand: SAGE Decade of Vaccines Working Group

*Demand is the actions of individuals and communities to seek, support, and/or advocate for vaccines and immunization services. Demand is dynamic and varies by context, vaccine, immunization services provided, time, and place. Demand is fostered by governments, immunization program managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities.*

Demand has not had the same research attention over the past decade as vaccine hesitancy and is even more complex than hesitancy. In GVAP’s Strategic Objective 2, demand goes well beyond the concept of supply and demand, systems and programs, to encompass human behaviour of both individuals and communities.

### Resiliency

In psychology, resiliency is an individual’s capacity to cope with significant adversity. For an immunization program, resiliency means that the program can withstand major shocks and disruptions, quickly adapt to changing circumstances, and maintain high vaccine uptake and acceptance over time.<sup>3</sup> Resilience is widely used to inform public health strategies in emergencies and disasters, but it is a relatively new term in vaccine discourse. This is a complex area, with no single strategy put forward, and little research.<sup>4</sup>

### Nurturing Demand and Growing Trust and Resiliency at the Country Level

While tailored strategies to grow vaccine demand must be developed that fit specific communities (see below), there are strategies at the general population level that can grow trust and resiliency and nurture demand, particularly amongst those who already accept immunization on time and on schedule. Immunization communication plans can be crafted to reinforce the positive beliefs amongst this population.

Even as studies have shown that the same message is not heard in the same way by anti-vaccine groups compared to pro-vaccine groups,<sup>5</sup> these findings must not negate the development and deployment of messages for the pro-vaccine group. The positive behaviour of pro-vaccine groups needs to be reinforced and valued. Furthermore, vaccine acceptance behaviour needs to be seen by the population as the social norm, not just the default position. The behaviour of actively seeking out and advocating for vaccines needs to be cultivated. Even in communities where immunization is widely accepted in an on-time and on-schedule manner, many may be unaware that this is the social norm because it is not discussed. Having community members speak positively about immunization in their social networks may help nudge fence-sitters and lead to increased demand.<sup>6</sup> This strategy, however, is not without risk. In some communities, there is growing resentment amongst those who vaccinate against those who do not, and this may increase pressure for more punitive policies for those who do not vaccinate.<sup>7</sup>

Social marketing strategies used to grow demand that fit the province or territory, the local culture and the context need to be well thought through, deployed and evaluated. The marketing and communication principles employed to address hesitancy (see [Section 5 – Strategies to Address Hesitancy and Help Foster Demand](#)) suggest ways forward, although generating demand likely needs even more components in a multi-pronged strategy than hesitancy does. Furthermore, what works in one area or with one subgroup at a particular point in time may not work in a neighbouring area because of differences in context.

## **Growing Resiliency and Nurturing Demand: What can immunization programs do at the community level?**

Much attention has been paid during the past decade on how to address hesitancy, with examination of different strategies and the realization that no single strategy can overcome hesitancy in all settings (see [Section 5](#)). Also, there is clearly no single strategy to increase resiliency and nurture demand.

As the definition notes, demand *is fostered by governments, immunization program managers, public and private sector providers, local leadership, and civil society organizations hearing and acting on the voices of individuals and communities*. Demand is about *the actions of individuals and communities to seek, support, and/or advocate for vaccines and immunization services*. Resiliency is about the individual's and immunization program's ability to cope with adversity (e.g., vaccine scarcity, vaccine safety crisis).

**Hearing and acting on the voices of individuals and communities are key elements.** For an immunization program, this means having regular dialogue with the range of communities served, and nurturing trust in the relationship with all (see [Section 5.1 – Foster Trust](#)). Existing information channels need to be leveraged to enhance the ability of the immunization program to hear the concerns of those with doubts even amongst those accepting vaccine, as well as amongst the hesitant. The doubting acceptors need support to become resilient. Communication must be two way – not just immunization program information being supplied, but also listening to, working with and acting to address community concerns. What information is supplied needs to fit the community, be formatted in ways that can be heard, and address the community's concerns and needs. Tailoring, as with hesitancy, is crucial.

**Local and national civil society organizations** may have good links to communities, especially those that are vulnerable and/or hard to reach. Their relationships, accompanied by multi-pronged approaches, may help nudge communities to accept vaccines, and in some instances even grow community demand for vaccines. Having the immunization program collaborate with a variety of partners can be helpful in changing behaviour.

Demand does not just happen; it needs efforts to grow it. The four pillars in Figure 8.1 emphasize the breadth of scope that demand-generation programs require: the information environment, local norms, political support and service quality. All need to be taken into account while demand-generating, multi-pronged, tailored strategies that engage the community are being designed. Hearing what the community is saying must also be addressed for local trust in the immunization program to be fostered. For example, in Calgary (Alberta), parents, local pediatrics experts and the

public health immunization program came together to have the Catholic school board overturn the local bishop's ban on in-school HPV immunization.<sup>8</sup> This example illustrates the power that a community demanding access can have. Not only did it enhance access by the reinstatement of the school-based program, but it also raised community awareness across the city of the importance of HPV vaccine to health. The strategies used to grow demand in one setting may be helpful in other settings.

Similarly, program resiliency needs to be grown and nurtured. Crisis communication strategies need to be in place in advance of a crisis, so that fast, appropriate action can be taken to minimize the impact of the anti-vaccine insults. Partnerships and relationships need to be strong so they can withstand buffeting and come together to support immunization. As noted in [Section 5](#), many voices coming together to say that vaccines are safe and effective is more powerful than just the immunization program giving this message.

### **Growing Resiliency and Nurturing Demand: What can local health care workers do at the individual level?**

Health care workers can support the growth of resiliency and nurture demand by valuing the decisions of parents/patients to accept vaccines on time and on schedule, emphasizing that this is the social norm, and that not only is this benefiting themselves and their families, but also their communities.<sup>4</sup> Reinforcing positive behaviour has been shown to influence other behaviour choices such as exercise, adoption of environmentally friendly behaviours, food choices, weight loss, and smoking cessation.

Teens immunized against for HPV vaccine or mommy bloggers for childhood vaccination can be powerful allies for immunization when they speak up. Encouraging them to speak will not only help them become local (and vocal) vaccination champions, but their voices may nudge others to speak up as well. The initiative "I Boost Immunity" in British Columbia (<https://iboostimmunity.com/>) is a good example of finding and motivating vaccination champions to speak up for vaccination. This type of initiative helps grow the perception that accepting vaccines is the social norm. Such pro-vaccine normative stances can be further encouraged and supported by inoculating people against anti-vaccine rhetoric and increase people's understanding of the techniques that are used (see [Section 5.4 – Develop effective communication plans](#) and [Section 6 – Addressing vocal vaccine deniers in public forum to strengthen resiliency](#)). Neither teens nor adults like to be conned or duped by anti-vaccine rhetoric.

#### **KEY POINTS**

- Addressing vaccine hesitancy can increase vaccine acceptance, but may not lead to increase in vaccine demand.
- Vaccine demand is a more comprehensive concept that includes the actions of individuals and communities to seek, support, and/or advocate for vaccination services.
- Immunization programs can increase demand by:
  - Listening to and working with communities to tailor immunization information to fit the needs;
  - Ensuring the immunization program is of quality and fits the needs of the population, including subgroups who are hard to reach and/or are hesitant;
  - Working with civil society, non-governmental organizations and community leaders to build trust in immunization and in immunization programs across the population;
  - Building political support for immunization.
- Health care workers can support demand by valuing parent/patient's vaccine acceptance decisions, supporting immunization as a social norm that is important for individuals and the community.

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