

# Recommendations to address vaccine hesitancy at the European and country level



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## Recommendations

### The context

- Within the framework of WP7, country and European specific recommendations to address vaccine hesitancy were identified in the seven European countries of the VAX-TRUST consortium: Belgium, Czech Republic, Finland, Italy, Poland, Portugal and the UK.
- The processes of forming recommendations were elaborated at three different levels (micro, meso and macro), targeting healthcare professionals, healthcare organisations and healthcare authorities, respectively.

## Recommendations

### The process

- Country level: nominal group technique was developed in most countries (i.e., Belgium, Czech Republic, Italy, Poland, Portugal).
- European level: Delphi survey was employed in all countries of the consortium.



# Recommendations

## The process

- Aimed to achieve expert consensus on key recommendations to address vaccine hesitancy.
- Participants belonged to one of the following sectors:
  - 1) Academia;
  - 2) Civil society;
  - 3) Non-governmental organizations;
  - 4) Healthcare services or organizations;
  - 5) Governmental organizations.



# The Delphi survey

- This method calls for active participation of a group of experts as they are asked, at different 'rounds', on the same questions, aiming to generate consensus.
- The final version of the Delphi survey consisted of 21 recommendations to address vaccine hesitancy in Europe. The recommendations were based on VAX-TRUST previous findings.
- The Delphi survey was applied to a panel of 112 experts.
- The experts were recruited with the support of the National Stakeholder Advisory Board of each country and the team members of the VAX-TRUST project.



# The Delphi survey

- Carried out in two rounds:
  - In both rounds, participants were asked to rate their level of agreement regarding each of the recommendations presented.
- Administered using the online questionnaire tool Qualtrics.
- All items were rated using a five-point Likert scale:
  - (1 = "Strongly Disagree", 2 = "Disagree", 3 = "Neither Agree nor Disagree", 4 = "Agree", 5 = "Strongly Agree").
- An agreement threshold was set at 85%:
  - That is, items with at least 85% of respondents agreeing (scores of '4' or '5') were approved for inclusion in the consensus statement.
  - Conversely, items with more than 15% of ratings between '1' and '3' - expressing non-agreement - were rejected.
  - The remaining items were relegated to the next (and final) round of the survey.
- Data analysis was conducted using SPSS.
  - Principal component analysis





## Recommendations

16 recommendations  
integrated into 6 main dimensions:

1. Awareness;
2. Support;
3. Training;
4. Agency;
5. Recognition;
6. Engagement.

These dimensions make up the  
**ASTARE** model.

# Awareness

Informing parents and healthcare professionals about immunisation by providing clear, accurate, and evidence-based information.

- Healthcare Organisations should target parents by providing evidence-based information on vaccination and vaccine-preventable diseases and using clear and accessible language.
- Healthcare Authorities should take action to raise awareness of the importance of vaccination for diseases that are currently under control.
- Healthcare Authorities should create channels that may help healthcare professionals to clarify doubts regarding the potential side effects of vaccination.







# Support

Provide organisational/institutional mechanisms to facilitate the communication between healthcare professionals and the migrant populations.

- Healthcare Authorities should make vaccines-related information accessible to migrant families by, for instance, translating the vaccination schedule to different languages.
- Healthcare Organisations should try to reduce linguistic barriers between healthcare professionals and migrant parents, for instance, by providing translation services.



# Training

Promote the scientific and technical preparation of healthcare professionals to communicate effectively with vaccine hesitant parents.

- Healthcare Organisations should provide training to healthcare professionals about how to effectively communicate with vaccine hesitant parents.
- Healthcare Authorities should reinforce the social scientific knowledge about vaccination into healthcare professionals' curriculum plan.
- Healthcare Authorities should develop guidelines and examples of effective evidence-based communication practices (e.g. based on the motivational interviewing approach) between healthcare professionals and vaccine hesitant parents.

# Guidelines for training

## Diagnosis Study

- The content of the training should be tailored
- The establishment of institutional partnerships can be very useful to develop training

## Implementation

- The use of participatory and creative methods has been proven to promote the involvement and reflexivity
- The use of digital educational methodologies and reusable learning objects (RLOs) has been proven useful

## Planning & Design

- Development of a logic model
- The training should include a risk mitigation plan

## Evaluation

- Internal evaluation
- External evaluation



# Agency

Recognise children's needs and characteristics and adapt the strategies used in the vaccination process accordingly.

- Healthcare Professionals should be equipped with tools to acknowledge children's agency and, wherever possible, address them directly and recognise their feelings.
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# Recognition

Showing recognition for parents' views on how to manage their children's health (e.g. extended breastfeeding, vegetarian or macrobiotic diet).

- Healthcare Professionals should recognize the existence of different lifestyles.



# Engagement

Fostering a collaborative partnership by integrating the specific physical and emotional needs of children and parents into clinical decisions.

- Healthcare Professionals should be equipped with time and resources to keep up to date with scientific knowledge to discuss vaccination with parents.
- Healthcare Professionals should be more empathic to the needs of each child and family and strive to build a strong relationship of trust.
- Healthcare Professionals should be equipped with tools to recognise the singularity of each child and family and acknowledge their specific socio-cultural context.



# Engagement

Fostering a collaborative partnership by integrating the specific physical and emotional needs of children and parents into clinical decisions.

- Healthcare Professionals should be equipped with using strategies to minimize children's pain and/or discomfort during vaccination.
  - Healthcare Authorities should provide training to healthcare professionals on strategies to deal with children with special needs (e.g., cognitive, or physical disabilities) at the time of vaccination.
  - Healthcare Professionals should be given the possibility to dedicate more time and resources to provide balanced information to parents on the benefits and potential side effects of vaccination.
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# Limitations & Advantages

- Concerning the main strengths of this Delphi study, its results stem from a large and multidisciplinary panel of experts and stakeholders, with different scientific and professional backgrounds. This is a relevant factor, considering that vaccine hesitancy is a complex, multifaceted phenomenon, demanding, therefore, a multidisciplinary approach.
- A limitation concerns the overall sample. Particularly, the predominance of academics also stands out, despite the sum of all healthcare professionals (medical doctors from different specialties and nurses) balancing out the representation among occupational groups - and whose different social and technical-scientific backgrounds can shape the perceptions of the recommendations evaluated.







## Final remarks

- VAX-TRUST proposes a framework intended to inform and support future policies aiming to address vaccine hesitancy at the European level.
- Development of evidence-based recommendations to address vaccine hesitancy targeted to healthcare professionals, healthcare organisations and healthcare authorities.
- The sixteen recommendations set were aggregated into six dimensions, originating the ASTARE model: 1. Awareness; 2. Support; 3. Training; 4. Agency; 5. Recognition; and 6. Engagement.
- The ASTARE model intends to inform future policies aiming to address vaccine hesitancy at the European level.



**Thank you!**



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