Vaccination challenges and EU cooperation. What is the way forward?

Brussels, 19 November 2018

# How can vaccination levels be improved through better public dialogue?









Vaccine-preventable Diseases and Immunization programme



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WHO Regional Office for Europe

#### WHO Region of Europe

- 53 Member States
- 15 time zones (capital cities -2 to +5 hr from Copenhagen)
- Population Infants
  < 5yr</li>
  <15yr</li>

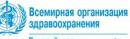
900 Million 11 Million 55 Million 157 Million



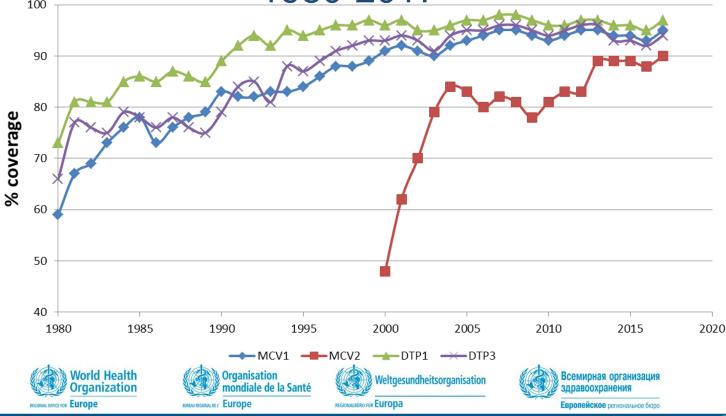




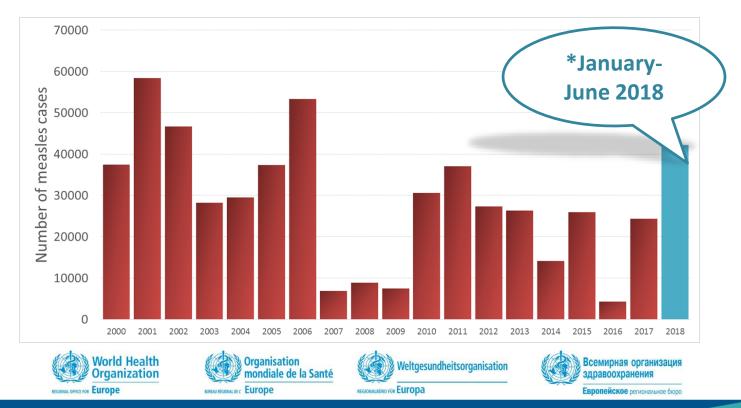




#### DTP and MCV vaccination European Region 1980-2017



# Number of measles in the WHO European Region, 2000-2018\*



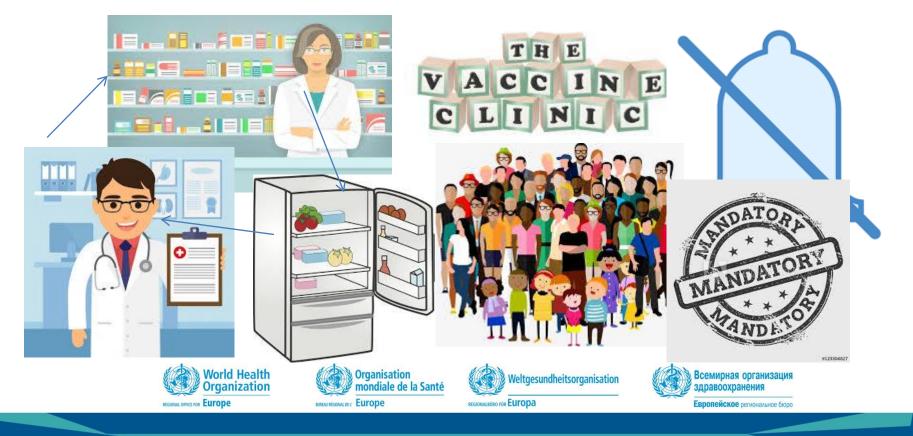












#### Vaccination demand: the challenges Equity perspective











# Vaccine hesitancy

Complex
Context-specific
Varies across time, place and vaccines









SAGE Working Group on Vaccine hesitancy Report 2014



# To fix a problem you need to understand what caused it...





























Европейское региональное бюро

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## Tailoring Immunization Programmes (TIP) New Vaccine Introduction





A field guide to qualitative research for new vaccine introduction

tep-by-step instructions to help immunization orogrammes understand their target audiences before communicating about the introduction of new vaccine A structured process

informed by behavioural science and theory

undertaken to understand enablers and barriers

with a view to defining

evidence-informed interventions to increase vaccination coverage

#### Tailoring Immunization New Vaccine Introduction **Programmes projects** Armenia (HPV) HCW, Teenage girls, mothers, teachers **Kyrgyzstan (rotavirus)** HCW, mothers, grandmothers, Moldova (HPV) community influencers. HCW, mothers, teachers, priests. Armenia medical experts Georgia (HPV) HCW, mothers, teachers, School nurses. Montenegro Fed. Bosnia and Herzegovina health workers health workers and parents United Kingdom Bulgaria orthodox Jewish Charedi community vulnerable/ Roma populations Sweden Somali community + migrants + Serbia Anthroposofic community health workers/ hesitant parents Lithuania Australia pregnant women vulnerable communities Romania Mauritania **Country self-initiated** parents and health workers parents and health workers Germany, Finland, Ireland, Italy

#### Case ex 1: TIP: United Kingdom – Charedi community



#### **Outcomes:**

- High-level attention, prioritization and engagement, particularly Commissioners
- Active engagement from and substantially improved collaboration with leaders of an otherwise often closed community
- A positive trend has been observed in MMR vaccination coverage in the community







#### Case ex 2: New Vaccine Intro: Moldova



#### • Outcomes:

Targeted intervention for each defined target group

- Community engagement with local NGO, Youth-Friendly Health Center 'Neovita' on communications with teachers, incl. routine discussion with girls and parents
- Involvement of local, trusted family doctors at parents' meetings at schools.
- High-level attention, prioritization and engagement.
- Capacity building of NIP staff
- 60% vaccination coverage

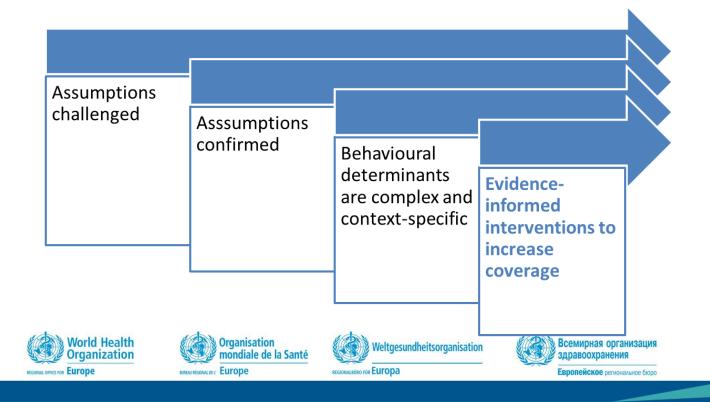








# What did we learn?



### What else?

Better data

Decision-maker attention, commitment and investment

Strengthened intersectoral collaboration

Strengthened community relations

Critical for sustainable increase in coverage









How can vaccination levels be improved through better public dialogue?

- Low uptake/hesitancy is complex and highly contextspecific and target group specific.
- You need to understand the causes of a problem to address it.
- Knowledge does not predict behaviour
- Recipients are not always the problem consider system weaknesses









# THANK YOU

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For further information: <u>https://www.euro.who.int/vaccine</u>

Twitter: <u>@WHO\_Europe\_VPI</u> Facebook: <u>https://www.facebook.com/WHOEurope</u>









# The complexity

- Service delivery convenience, appeal, appropriateness
- Health worker education, knowledge, attitudes or ability
- False contraindications
- Poverty, health systems access
- Low health literacy
- Social and cultural norms and beliefs, social copying
- Inefficient monitoring of under-vaccinated
- Inefficient call and reminder systems
- Trust issues: programme response to vaccine safety events
- > Trust issues: lack of due care in creating resilience, maintain trust
- > Anti-vaxxers
- Hesitant parents of the past