



HEALTH POLICY BRIEF

REVIVING VACCINE UPTAKE

Building vaccine confidence via empathy and lived experiences of Filipino communities

Vaccine hesitancy refers to the delay in acceptance, or the complete refusal, of vaccines despite its availability. It contributes to the decreasing rates of immunized children in the Philippines, and has resulted in the resurgence of previously controlled vaccine-preventable diseases such as measles and polio.

Findings from this study highlight that local narratives can meaningfully inform the design and refinement of a story-based intervention to revive faith in vaccines. Such narratives bridge all stakeholders involved, including policymakers, community leaders, barangay health workers and caregivers-parents, other family members, and legal guardians.

POLICY RECOMMENDATIONS



Optimize delivery channels and messengers of vaccine health information

Review successes, failures, and lessons learned from previous health education campaigns.

Increase engagement with experts in communications, public relations, and social marketing, as well as with community leaders and healthcare workers.

Ensure acceptability of communication strategies and messages by actively involving the community.

Provide and disseminate clear instructions on how and where to access reliable information on vaccines, particularly on what to do in case of side effects and adverse reactions.

Refine and recalibrate messaging; caution against fear-mongering content.

Deliver straightforward messages creatively and in a language that is most accessible to target audiences.

Build on the power of social media platforms.



Include household heads as target population in vaccine messaging campaigns

Engage various household members and supporting families to reach a decision for vaccination. This can increase buy-in and minimize the risk for intra-household conflict. Decisions to vaccinate are often not made by an individual but by several household members together.



Strengthen healthcare workers' communication skills

Integrate risk and science communication into medicine, nursing, and midwifery curricula.

Equip all healthcare workers with empathic communication skills through continuous training.

Provide risk and science communication trainings for those delivering health interventions, particularly vaccine-related services.

Allocate significant funding and support to increase professional motivation, particularly for midwives and barangay health workers who also cater to other local health-related concerns.



Develop interventions driven by empathy and aimed at regaining trust

Engage in dialogue with parents, educators, and local officials to curtail misconceptions.

Conduct operational and implementation research to fully understand vaccination struggles and hesitancy from the grassroots level.

Analyze local situations and develop targeted strategies to address lived realities.

Feature interventions that address religious beliefs and cultural barriers.

Root coordinated vaccination campaigns and visually-engaging materials in real-world narratives and relevant messaging.

Fears associated with vaccination—especially with new vaccines and in the light of the Dengvaxia scare—lead to hesitancy

Exposure to heavily biased information via social media, particularly on Facebook, heightens fears of side effects and leads to vaccine confusion.

Adverse reactions experienced by children, including 'horrible stories and videos' documented on television, contribute to vaccine hesitancy among caregivers. High fever and diarrhea are among the most feared vaccine side effects.

Caregivers deem their children to be too young and fragile to manage such adverse reactions.

Vaccine-hesitant caregivers see 'new vaccines' as more dangerous than those with a long-standing history of use.

Lack of trust in healthcare workers inhibits the success of vaccination campaigns

A poor relationship between health providers and patients is a challenge in accessing vaccination services. Healthcare workers are perceived to be dismissive, unavailable, or disrespectful in terms of answering concerns related to vaccines.

Other information channels such as social circles, traditional media, and social media platforms become replacements for legitimate sources.

Household dynamics influence decision to be vaccinated

Vaccine-hesitant partners or family members can oppose or overrule an individual's decision to be vaccinated.

Government-led school-based vaccination strategies are a source of pessimism

The mental trauma of a vaccine scare remains within a family. This leads to profound and persistent feelings of government distrust.

School-based vaccination drives—such as the Dengvaxia vaccination efforts—are perceived to make it difficult for caregivers to find persons and entities accountable in case their child develops side effects. Health centers are the preferred vaccination sites where vaccine recipients are familiar with the workers. Likewise, health center workers are deemed accountable for administering care, reconciling concerns, and resolving long-term issues brought about by vaccination.



This larger mixed-method study is aimed at co-developing a story-based vaccine confidence intervention together with end-users of Project SALUBONG.

'Salubong,' is a Filipino term that means to welcome someone into one's home or life. Salubong celebrates the beauty of reconnecting with important figures from one's past. In using this term as the project moniker, the researchers signal to communities that unwelcoming vaccines into their homes and into their lives is a big risk. But in every unwelcoming, there is an opportunity for a re-welcoming.

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