

## To Build Vaccine Confidence in India

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Evidence demonstrating the benefits of immunization is overwhelming. A cost-effective intervention, vaccines have saved countless lives and improved health and well-being around the globe. In 2014, Government of India launched 'Mission Indradhanush (MI)', to achieve full immunisation coverage. MI was introduced in 201 districts with low immunization coverage to ensure that all children under the age of two and pregnant women were fully immunized against seven life-threatening diseases. Four phases of Mission Indradhanush, until July 2017, reached 2.55 crore children and around 68.7 lakh pregnant women in 528 districts across the country.

In October 2017, this was further scaled up as Intensified Mission Indradhanush (IMI) reaching the last mile child and woman, in 173 districts and 17 cities. In the first three rounds of the IMI so far, health workers covered 45.28 lakh children and fully vaccinated 11.1 lakh children, and vaccinated 9.23 lakh pregnant women.

As the Government aims to reach 90 percent full immunization coverage by December 2018, it faces grave challenges - lack of understanding of the need and value of vaccination, awareness about the availability and accessibility of immunization services. Despite the historic success of immunization in reducing the burden of childhood illness and death, there have been episodes of public concerns and rumours around vaccines. These rumours spread quickly and erode public confidence in immunization. This has dramatic effects, rejections or refusals towards vaccination and the larger fear of disease outbreaks. One of the biggest roadblock to reach 90 percent full immunization coverage is the lack of confidence and trust in vaccines and immunization among beneficiaries causing delay or refusal in the immunization programme.

Low uptake and refusal of vaccination is a not a new trend. It has been around for many decades. There are three major causes. First, access to vaccines in hard to reach areas. Second, fear of undesirable effects of vaccination. Third, lack of awareness about vaccine preventable diseases and how immunization counter deadly diseases. There are also

innumerable other unknown factors which prevent children from getting vaccinated that have been spread through rumours and myths.

A systematic socio-economic approach needs to be taken to counter vaccine resistance in the current immunization space. A critical factor shaping parental attitudes to vaccination is the parents' interactions with health professionals. An effective interaction can address the concerns of vaccine supportive parents and motivate a hesitant parent towards vaccine acceptance. In most cases, the families do not come into direct contact with the paediatricians as they interact with frontline health workers. It is important to build their capacity and knowledge on vaccines and the vaccine preventable diseases and empower them to interact with parents. This can be addressed by carrying out extensive social and behaviour change communication both at the rural and urban levels.

Another measure to build vaccine confidence is to provide the media with appropriate information about immunization and vaccines. The communication gap arising from the service provider side can result in myths about vaccination in the communities. A range of communication material, especially for media should be developed and shared in regular intervals. Immunization experts who are well briefed should be available to speak to the media as and when required. In the ongoing Measles Rubella campaign, few states disseminated positive information about the vaccine and its benefits. Media should be well equipped to report a crisis in a balanced way keeping the focus on facts.

Paediatricians can also play a key role in strengthening trust in immunization systems and ensuring services are appropriate, understood and practices are accepted well. They are best placed to counsel beneficiaries and communicate the value of vaccines. They can correct myths and miscommunication about vaccination in community. They are viewed more neutrally than government or the official programme. They should be trained in communication approaches to pass on standard messages to build vaccine confidence and identify strategies to address vaccine hesitancy.

In this digital age, the power of social media should not be undermined. Rigorous social media initiatives/activities should be undertaken to penetrate hard to reach areas. Positive

WhatsApp messages can go a long way to ally apprehensions. Social media can help the immunization programme become a people's movement in the near future.

(The author is a member of the India Expert Advisory Group on Polio and the International Scientific Advisory Board of Voices for Vaccines, and has served on the Gavi Civil Society Organisation (CSO) Steering Committee since 2010)