

VACCINE TRUST PROJECT

Goal:

The goal of this project is to raise resilient public trust in vaccination in countries around the world to support Universal Health Coverage (UHC) and the achievement of the Sustainable Development Goals (SDGs).

Aims:

- · Equip and galvanize health professionals to advocate for the recommended vaccination
- · Create resilient public health communications ecosystems

Objectives:

- Engage and empower pediatricians on vaccination by improving the effectiveness of their conversations with caregivers leading to increased trust, positive intent to vaccinate, and healthy preventative behaviors
- Provide leadership and policy advice to national pediatric societies so that they can build nationwide
 Value of Vaccination (VoV) messaging to the public, media, politicians, and decision-makers and support pediatricians in their efforts in vaccine advocacy
- Train pediatricians to become influencers in the public arena (e.g., mass media, social media, communities) so that they are recognized as the go-to experts on vaccination
- · Build a strong community and individual support for immunization
- Mobilize a network of healthcare professionals to interact, share knowledge and best practices and discuss problems to mitigate potential hesitancy issues
- · Develop dedicated platform and mechanisms for surveillance and response of the misinformation
- Document, analyze, and share the impact of advocacy, effects of enhanced communication techniques, and measures to counteract vaccine misinformation.

Activities: Below is the list of activities to be performed during the implementation of the project

<u>Activity 1: Finalization of Training Modules</u> - To accomplish project objectives and to achieve the overall goal, a combination of 7 modules is finalized for the IPA Trust Project. IPA acknowledges WHO Euro, UNICEF, First Draft, and Sanofi Pasteur for providing access to resources developed by them in the preparation of the modules. All modules are evidence-based and will be continuously reviewed in the face of evolving evidence and modified accordingly.

Module 1 - Infodemiology

Module 2 - Behavioural science behind vaccine acceptance interventions

Module 3 - Interpersonal communication (IPC)

Module 4 - Social media engagement

Module 5 - Dealing with vocal vaccine denier

Module 6 - Interacting with Media

Module 7 - Building vaccine value – Advocacy and messaging to effect change

Activity 2: Re-orientation of Master Trainers:

Over 115 master's trainers from 38 countries across the globe trained in Delhi and Panama will be reoriented on the revised training curriculum and will be invited as experts for the virtual interactive sessions to support facilitators in various exercises and group discussion.

Activity 3: Online Training Session on IPA Learning Management System (LMS)

Intended Audience:

Pediatricians, Nurses, and Program Managers from the public sector

IPA Vaccine Trust Course - Level 1:

The online training of the IPA Vaccine Trust Course – Level 1 will be offered for free on IPA LMS for the members of IPA member societies, where participants will be given the span of 2-3 weeks for completion of the course. The participant will be able to attempt the course in multiple sittings. The

course consists of 7 modules designed to equip healthcare professionals with holistic knowledge and skills to increase the trust of the people in immunization.

<u>Activity 4: Global Vaccine Trust Leadership Forum</u> - IPA has developed a platform to create one broader community of practice, which will be a key pillar of the IPA Trust Project. The vaccine champions trained in online training will serve as a member of the Global Vaccine Trust Leadership Forum on the platform, to interact, share knowledge and best practices and discuss issues and strategies to address the problems.

<u>Activity 5: Vaccine Misinformation Surveillance and Response</u> - IPA has developed a platform for surveillance and response for misinformation trends to monitor the impact of misinformation on the public trust .i.e. low impact, moderate impact, or high impact, and developing the response based upon the impact of misinformation and finally mobilizing the cadre of the HCPs to mitigate the adverse impact through evidence-based messaging with a coordinated response.