

ANNOTATIONS ON GUIDE FOR HEALTHWORKERS ON
CONFIDENCE IN VACCINES
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wfuna



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ANNOTATIONS ON

VACCINE HESITANCY IN THE CONTEXT OF BEHAVIORAL
SCIENCES

The text referred to as "Anchor" above each annotation in this document can be found in the document titled, "Strengthening Confidence in Vaccines, Demand for Immunization and Addressing Vaccine Hesitancy: Considerations for Frontline Health Workers" that is uploaded as a separate document on your simulation webpage. The highlighted text in that document and the annotations are color-coded to assist you in linking each annotation with the appropriate text in the original document.

¶ "Background / Introduction" (Anchor: "to increase confidence in childhood vaccines and demand for immunization")

■ Did You Know That...

UNICEF's training package integrates behavioral insights into frontline health work by emphasizing how human decision-making is emotional, social, and heuristic (see definition below) — not purely rational. Behavioral science (see definition below) shows that vaccine hesitancy often stems from trust, identity, and perceived control, more than from information deficits. The guidance encourages health workers to create emotionally safe, trusting interactions that shift perceptions of social norms ("people like me vaccinate") and build self-efficacy ("I can protect my child"). This shows that vaccine hesitancy isn't simply about knowledge gaps—it's deeply tied to how health workers engage with caregivers and vaccine recipients. The guidance is designed to be practical and iterative, intended for use before, during, and after consultations, not as a static document.

■ Things to Think About

How does recognizing vaccination as a social and emotional decision change the way a health worker should communicate? How might improving communication skills among health workers alter community trust in immunization?

■ Interesting Facts

UNICEF collaborated with behavioral scientists from Johns Hopkins University and WHO to adapt these principles into practical field tools. The emphasis on emotional connection reflects the behavioral science principle that people are moved more by empathy and narrative than by statistics.

■ Interesting Facts

The intended audience includes facility- and community-based workers, both professional and volunteer, reflecting that vaccine confidence must be fostered across many levels of service delivery.

Glossary

Vaccine hesitancy — Delay in acceptance or refusal of vaccination despite availability of vaccination services, influenced by confidence, complacency, and convenience.

Behavioral science — The study of how psychological, cognitive, emotional, social, and environmental factors influence human decisions and actions.

Interpersonal Communication (IPC) — Direct interaction (verbal and nonverbal) between health workers and clients to exchange information, address concerns, build trust, and promote behavior change.

Heuristics — When it comes to vaccination, the use of heuristics often involve assessing risks and benefits based on easily accessible information or intuitive, gut feelings rather than objective probabilities.

"Background / Introduction" (Anchor: "Strengthening the Interpersonal Communication and Counselling (IPC/C) Capacities")

Did You Know That...

This section underscores that improving communication is not soft work — it requires training, feedback, algorithms, and continuous practice. The guide includes algorithms (decision trees) and tips (like "open ears," "opt-out approach," "elevator phrases") to support health workers in real conversations. The aim is to make communication flexible, context-sensitive, and responsive to the caregiver's cues, rather than rigid scripts. Health workers are encouraged to observe which phrasing works best in their setting and adapt over time.

Things to Think About

Which of the algorithmic approaches (e.g., "strong recommendation," "open door/open ears") might work best in moving caregivers from refusal or delay to full acceptance? How can health systems support workers in practicing and refining their communication skills to increase their effectiveness?

Interesting Facts

Behavioral field trials in immunization show that simplifying reminders (e.g., using salient SMS cues or visual prompts) can increase attendance by 10–20%. UNICEF's communication toolkit implicitly draws on these principles.

¶ "Factors Affecting Demand for Immunization"

■ Did You Know That...

This section aligns closely with behavioral frameworks like COM-B (Capability, Opportunity, Motivation – Behavior) and the 3C's Model (Confidence, Complacency, Convenience). These models highlight that decisions about vaccines are influenced by perception of risk, trust in authority, and mental shortcuts like confirmation bias which refers to the tendency to interpret new evidence as confirmation of one's existing beliefs or theories. Behavioral science reframes vaccine hesitancy as a context-dependent behavior — meaning that changing environments and cues can move someone toward acceptance.

■ Things to Think About

Which "behavioral barriers, " such as, the perception that the practical effort required to get vaccinated is a burden or that the threat of the disease feels distant, or misinformation have the greatest impact on vaccine hesitancy? How can these behavioral barriers be minimized?

■ Interesting Facts

The UNICEF training package mirrors behavioral findings from prospect theory, which shows people weigh potential losses (side effects) more heavily than equivalent gains (protection). Framing messages in terms of social protection ("your child helps protect others") has been shown to increase uptake.

■ Interesting Facts

In Eastern Europe and Central Asia, respondents cited health worker attitudes, negative past experiences, and mistrust of institutions as common hesitancy drivers—even when vaccines were free and available.

■ Glossary

COM-B Model — A behavior change framework suggesting that Capability, Opportunity, and Motivation must align to produce desired behavior.

¶ "The Role of Health Workers"

■ Did You Know That...

Behavioral science identifies trusted messengers as a top determinant of health action. Health workers act as choice architects — the way they frame information, display empathy, and manage uncertainty directly affects uptake. The UNICEF training package's emphasis on building rapport is supported by social identity theory, which shows that people accept information more readily from those they identify with or trust.

Because health workers are often the most trusted source for caregivers, their attitudes, biases, and communication style can make or break willingness to vaccinate. Even subtle nonverbal cues or dismissal of concerns can erode trust. This guidance encourages health workers to actively reflect on their own biases and communication habits.

■ Things to Think About

How can health workers serve as both credible experts and relatable community members? What behavioral cues (tone, empathy, shared values) increase message acceptance? What aspects of health service delivery (e.g. wait times, flexibility, staff attitudes) could help strengthen vaccine trust? How can health worker training incorporate humility and self-reflection as core skills?

■ Interesting Facts

Experiments in behavioral economics show that a personalized recommendation ("I recommend this vaccine for my own family") increases acceptance by leveraging authority bias and social proof.

■ Interesting Facts

In some communities, negative experiences with providers (rudeness, lack of information) were reported more often than concerns about vaccine safety as reasons for refusal.

■ Glossary

Choice architects — individuals who design the environment in which people make decisions to influence their choices, often to help them make better decisions for themselves. They use "choice architecture"—tools to nudge people toward desired behaviors without forcing them.

¶ "Be Aware of Your Bias"

■ Did You Know That...

Behavioral science shows that implicit bias and cognitive heuristics (see definition below) affect not just caregivers but also professionals. For example, the fundamental attribution error may cause a worker to assume a parent is careless rather than anxious or misinformed. Recognizing one's own biases helps avoid defensive exchanges and opens the door to motivational interviewing — a behavioral counseling approach built on empathy and autonomy support.

Bias can manifest as dismissiveness, unequal attention to questions, or assumptions about someone's likelihood to refuse. Such behaviors risk reinforcing hesitancy and distrust. The guidance encourages introspection and awareness, not condemnation, to improve patient-provider relationships.

■ Things to Think About

What behavioral training methods could help reduce bias and improve empathy?

■ Interesting Facts

Bias-awareness exercises, such as perspective-taking and empathy priming (see definition below), have been shown to increase trust and reduce perceived power imbalances in medical settings.

■ Glossary

Implicit bias and cognitive heuristics — is a habit or shortcut in thinking that can lead people to make judgments or decisions that aren't fully rational or objective. It's when our brains take "mental shortcuts" to save time or effort — but those shortcuts can cause us to see things in a distorted way, overlook evidence, or jump to conclusions.

Empathy priming — This could include exercises that encourage health workers to understand and share the feelings of patients, acknowledging their concerns, fears, and beliefs about vaccines. Training might involve role-playing scenarios where health workers practice active listening, perspective-taking, and responding with compassion and understanding, ultimately aiming to build trust and facilitate open communication about vaccination.

¶ "Using Empathy"

■ Did You Know That...

Expressing empathy when communicating with a caregiver increases trust and reduces defensiveness. From a behavioral lens, empathic listening shifts the caregiver's affective state, creating psychological safety where cognitive reasoning can occur. UNICEF's recommended approach — "listen first, reflect, affirm" — draws directly from motivational interviewing (see definition below), a method shown to strengthen motivation for change rather than imposing external pressure. When caregivers feel heard by health workers, they are more likely to express concerns and engage in shared decision-making. UNICEF's training package emphasizes open-ended questions, nonverbal cues, reflective listening (see definition below), and affirmations as central strategies when communicating with caregivers. Rather than lecturing, a conversational style helps caregivers feel respected. Health workers are encouraged to understand the caregiver's concerns before offering information.

■ Things to Think About

How might empathy change the dynamic of difficult conversations about vaccine side effects or skepticism? What are practical phrases that can help open up dialogue without alienation?

■ Interesting Facts

Neuroscience studies show that empathetic communication increases oxytocin and trust, key mechanisms for behavior change. Health workers practicing active listening can improve not only vaccine uptake but also satisfaction with care.

■ Interesting Facts

Reflective listening (e.g., "It sounds like you are worried about side effects...") has been shown to reduce defensiveness and increase receptivity in vaccine conversations.

■ Glossary

Motivational interviewing (MI) — A collaborative, goal-oriented counseling style that enhances intrinsic motivation to change by exploring and resolving ambivalence.

Reflective listening — A communication skill in which the listener mirrors or paraphrases the speaker's words to confirm understanding and encourage deeper sharing.

¶ "Understanding Your Audience / Vaccine Hesitancy Continuum"

■ Did You Know That...

The UNICEF training package presents hesitancy as a continuum (see definition below) (from full acceptance to refusal) rather than a binary "yes/no" decision. The continuum concept reframes "hesitant" individuals as movable rather than resistant. This framing allows health workers to tailor responses according to where a caregiver is on the spectrum.

One caregiver might just need reassurance, another might have deep concerns about safety—each demands a different communication approach. Recognizing this continuum encourages patience and incremental persuasion rather than pressure.

■ Things to Think About

How can the understanding that hesitancy is a continuum improve communication strategies? What small "nudges" (see definition below) could help hesitant caregivers move from contemplation to action?

■ Interesting Facts

Field interventions show that acknowledging doubts (rather than refuting them) paradoxically increases openness to vaccination — a behavioral effect known as reactance reduction.

■ Glossary

Hesitancy continuum — refers to the range of attitudes and behaviors people can have toward vaccines — from full acceptance to complete refusal. Rather than viewing people as either "pro-vaccine" or "anti-vaccine," the continuum recognizes that most individuals fall somewhere in between. Their position can change depending on context, trust, emotions, or new information.

Here's how it's often visualized:

- Full acceptance → gets vaccinated without hesitation.
- Acceptance with doubts → agrees but has questions or minor concerns.
- Delay or selective acceptance → postpones or accepts only certain vaccines.
- Refusal → consistently declines vaccination.

Behavioral science uses this model to help health workers tailor communication strategies — focusing on understanding why someone hesitates and how to move them gradually toward confidence and action, rather than treating all hesitant people the same.

Nudge — A subtle change in the presentation of choices that influences decisions in predictable ways without restricting options.

¶ "Conclusion / Overall Guidance"

■ Did You Know That...

The UNICEF training package closes by emphasizing that every interaction, no matter how small, is a chance to build trust, address fears, and strengthen vaccine uptake. Over time, these cumulative efforts shift norms and deepen community confidence. It encourages flexibility, experimentation, and reflective observation of how caregivers respond to different approaches.

■ Things to Think About

How might health workers keep improving after initial training? How can we best measure whether interpersonal communication between health workers and caregivers are improving?

■ Interesting Facts

Behavioral research shows that gratitude and positive reinforcement strengthen future compliance; ending a session with reassurance ("you did the right thing") boosts confidence and repeat attendance.

■ Interesting Facts

The UNICEF training package recommends that health workers not only respond to questions but also check client understanding, reassure, and send the caregiver away feeling cared for—a caring exit is part of persuasion.