# Vaccine Hesitancy in the Context of Behavioral Sciences

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on immunization agenda 2030[1];

Recalling resolutions WHA65.18 (2012) on World Immunization Week and WHA71.16 (2018) on Poliomyelitis: containment of polioviruses;

Recognizing that strengthening trust, accessibility, and the funding of vaccination programs is essential for achieving universal health coverage and advancing the Immunization Agenda 2030, as sustainable funding along with other factors to ensure the availability of vaccines, trained health workers, and resilient delivery systems;

Reaffirming that the definition of vaccine hesitancy as a delay in acceptance or refusal of vaccines despite the availability of vaccination services, not excluding the numerous countries that, to this day, struggle with making vaccines widely available, as stated by the WHO Strategic Advisory Group on Immunization (SAGE) while also undermining decades of progress, with the World Health Organization (WHO) naming it as one of the top 10 threats to global health;

Noting with concern a significant decrease in vaccine coverage by huge extents in 112 countries especially accelerated by the extended reach of COVID-19 worldwide, while also recognizing the impact of political speeches on the decrease of vaccine uptake, such as in COVID-19;

Recognizing with deep concern that approximately 14.3 million children worldwide remained zero-dose in 2024, and global coverage for key childhood vaccines, including DTP3, stagnated around 85%, below the Immunization Agenda 2030 target of 90%, further acknowledging that declining confidence in vaccines has contributed to outbreaks of measles and other preventable diseases in several regions, taking into consideration the return of worrying polio occurrences, as well as the new cases reported in Papua New Guinea and Afghanistan;

Recognizing also that in areas such as conflict zones, close knit communities in mainly remote, hard to reach, developing nations, low vaccine uptake is caused by destroyed infrastructure, which causes mistrust which further reinforces vaccine hesitancy;

Acknowledging with concern that social, cultural, cognitive, political, economic, and behavioral factors, including the rapid spread of health misinformation on digital platforms, especially post-COVID-19, have significantly influenced vaccine acceptance and confidence,

[1] Document A77/18.

while also understanding that digital forms of media are multifaceted and may contribute positively or negatively to the current vaccine situation;

Stressing the importance of integrating insights from behavioural sciences, including social and psychological factors, public health, strategic communication, political and educational methodologies within national immunization programs to effectively identify, monitor, and respond to the complex factors driving vaccine hesitancy as well as the integration of national immunization policies and community engagement strategies;

Noting national efforts to build public trust through transparency in research, development, distribution, and communication related to immunization, and emphasizing the importance of openness across all sectors, community engagement, and partnerships with trusted local and religious leaders;

Welcoming the inclusion of certain non-EU vaccination calendars in the European Vaccination Portal in order to aid the vaccination of displaced refugees and migrants from all over the world, as well as initiatives that address misinformation through behavioral and social sciences approaches supported by WHO's Risk Communication and Community Engagement (RCCE) strategy;

Keeping in mind the Tailoring Immunization Programmes (TIP) approach introduced by the WHO, providing a context-specific approach to public health communication and vaccination programs across various nations and regions;

Welcoming the work of the WHO Technical Advisory Group on Behavioral Insights and Sciences for Health including WHO's Behavioral and Social Drivers (BeSD) framework, the Immunization Agenda 2030's demand generation and community engagement objectives and their support for frameworks such as the COM-B model while also taking into consideration the advice of SAGE (Strategic Advisory Group of Experts on Immunization) to effectively guide national, local, and community level strategies,

1. URGES Member States:

(1) to strengthen public confidence in immunization by improving access to clear, evidence-based information about vaccines through training healthcare workers in effective communication techniques, such as the principle of assertiveness combined with active listening to address vaccine concerns respectfully and accurately including through digital literacy initiatives through community leaders and the media which engages both youth and adults including those from marginalized areas and vulnerable groups in dialogue about vaccines and disease prevention by incorporating immunization and behavioural science modules into school curriculum and teacher training programs;

(2) to create community workshops, youth clubs, and after-school programs focused on public health awareness, targeting especially children, adolescents and youths outside formal education, ensuring that the value and necessity of vaccines as well as of public health are propagated;

(3) to develop culturally, and religiously sensitive national strategies supported by the study of how internal factors, such as beliefs, emotions and habits, and external factors, such as social norms, family influence and trust in institutions, shape vaccination decisions while strengthening national capacity in behavioral and social sciences and fostering collaboration among researchers with communication expertise;

(4) to include behavioural insights in vaccination campaigns to increase uptake in areas of low vaccination taking advantage of social media as well as legacy media for advertising the advantages of vaccinations and conduct vaccination drives and campaigns providing people access to vaccines at a subsidised cost while ensuring that communication and outreach initiatives are guided by evidence on population-specific beliefs and attitudes;

(5) to strengthen laws and policies that protect the public from the spread of false or misleading information about vaccines — as seen during the COVID-19 pandemic — by collaborating with tech and media companies and society to rapidly flag and correct misinformation online while safeguarding freedom of expression, encouraging transparent communication, and promoting constructive public dialogue;

(6) to make strict data sovereignty protections to prevent endangerment of communities in conflict zones, including the creation of a document completely banning the use of vaccines for smear campaigns or fake motives;

(7) to increase vaccine uptake by ensuring equitable and affordable access to vaccines, particularly among marginalized, remote, and conflict-affected populations, through strengthened and economically sustainable supply chains developed in partnership with global stakeholders such as Gavi, CEPI, and UNICEF; by deploying mobile immunization units and guaranteeing safe humanitarian aid by promoting community-based initiatives, while countering misinformation through specialized communication committees and evidence-based outreach campaigns, such as a specialized committee to curate fake news, under WHO regional frameworks, such as PAHO;

(8) to encourage safe humanitarian access for vaccination through protected supply corridors, while also fostering community trust and addressing vaccine hesitancy through transparent engagement and communication efforts;

2. CALLS UPON international, regional, national, and local partners and stakeholders from across the health, education, communication, and technology sectors, as appropriate:

(1) to promote the exchange of effective strategies and evidence-based approaches, while teaching government officials, health workers and community leaders, with emphasis on age and gender inclusivity as well as cultural awareness, on how to implement the strategies learned through behavioural interventionism, and on following Tailoring Immunization

Programme (TIP) guidelines so as to increase vaccine uptake in a manner that protects vulnerable individuals;

(2) to encourage partnerships with the private sector, UN-led/supported organization, humanitarian agencies, and regional partners to improve vaccine supply chains such as cold-chain management, logistics, and rapid as well as safe service delivery, alongside accountability frameworks, ensuring equitable access especially for marginalized and vulnerable populations;

(3) to fund and promote research on how people's individual identity forms and to create an emergency health fund to deploy mobile clinics, in the sense of culture, religious, political, or social beliefs, corresponds with vaccination choices and building trust in institutions, specifically governments, by relaying data found by this research including using frameworks like the Social Ecological Model and funding longitudinal social psychology studies within WHO Collaborating Centers to examine how identity, historical distrust, and collective memory shape vaccine behaviors in different political and cultural settings;

(4) to collaborate with civil society organizations, community leaders, NGOs, religious and traditional leaders, the media and digital platforms to strengthen public understanding and trust of vaccines, enhance the dissemination of accurate, evidence-based information, and reduce misinformation by fostering the effective use of digital channels to respond to false, misleading claims by applying health education to global curriculums, particularly in countries with lower education attainment, to inform young generations of the importance and benefits of vaccination by creating educational material utilizing verified WHO data to inform their users on identifying misinformation within digital platforms;

3. REQUESTS the Director-General:

(1) to expand global and regional initiatives to conduct behavioral research on vaccine confidence, misinformation patterns, and effective communication models, with the support of UNICEF, Gavi, and with the aim of using this knowledge to reduce vaccine hesitancy and increase vaccine uptake, through enhanced data sharing that respects privacy protection laws, cross-country collaboration, and the exchange of best practices, while promoting the exchange of data and research findings on the application of behavioral sciences to addressing vaccine hesitancy;

(2) to encourage Member States to co-create WHO-supported platforms to counter the spread of misinformation with the support of the media, religious and community leaders and relevant organizations;

(3) to ensure the proper implementation of the above stated programmes by publishing yearly reports with the latest information on the implementation programmes and report on the progress of the implementation of this resolution to the 79th World Health Assembly;

(4) to report annually to the Health Assembly on the specific challenges and progress in addressing vaccine uptake in areas like conflict-affected member states, including metrics on humanitarian access, infrastructure status, and coverage among zero-dose and displaced populations.