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World Federation of United Nations Associations

GLOBAL MODEL UN **SINGAPORE** 2026

STUDY GUIDE

WORLD HEALTH ASSEMBLY

Vaccine Hesitancy in the
Context of Behavioural Science



STRENGTHENING CONFIDENCE IN VACCINES, DEMAND FOR IMMUNIZATION AND ADDRESSING VACCINE HESITANCY

CONSIDERATIONS FOR FRONTLINE HEALTH WORKERS

Acknowledgements

This document is a resource from UNICEF Europe and Central Asia Regional Office (ECARO) developed in collaboration with the Drexel University Dornsife School of Public Health.

Special thanks to participants from Azerbaijan, Kyrgyzstan, Uzbekistan, Turkmenistan, Tajikistan, Republic of Moldova, Ukraine, and Armenia from UNICEF Country Offices, national and sub-national health authorities, academic institutions, professional associations and service providers for their contributions to the development of this guide.

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Cover photograph: © UNICEF/UN0572367/Margaryan Arina, 6, is receiving her routine vaccination at polyclinic #1 in Vanadzor.

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BACKGROUND

The World Health Organisation (WHO) listed **vaccine hesitancy** as one of the top ten threats to global health in 2019. Vaccine hesitancy is defined as “the reluctance or refusal to vaccinate despite the availability of vaccines.”¹ According to WHO, frontline health workers (FLWs) are seen as influencers and trusted sources of information on vaccines. Therefore, these FLWs must be trained and supported to provide dependable information and support to patients.¹ Although immunizations are credited towards saving the lives of millions of children, the regional average of vaccine uptake for countries in the Europe and Central Asia region is not high enough to guarantee herd immunity, especially for some specific diseases in several countries. Over 70% of the region’s unvaccinated infants are from middle income countries². In many countries, even when policies, financing, and resources are in place and services are available, a large number of children still fail to complete immunization schedules. In 2020³, global vaccination coverage dropped to 83% from 86% in 2019. It is estimated that 23 million children below 1-year-old were un- or under-vaccinated from basic vaccines (UNICEF, 2021). It is clear that childhood vaccine hesitancy is a major barrier towards eliminating vaccine preventative diseases among young children around the globe.

As of January 2022⁴, the global COVID-19 pandemic has seen 299 million cases with over 5.5 million deaths (WHO, 2021). In December 2020, based on concerted global efforts, scientists successfully developed vaccines to prevent COVID-19. Vaccine hesitancy has unfortunately proven to be a major hindrance to COVID-19 vaccination uptake. A recent systematic review of COVID-19 related to vaccine hesitancy globally found wide variation in vaccine hesitancy between countries, and the overall acceptance rate was below 70%. This systematic



review also included results from 8 separate studies with health care providers and reported vaccine acceptance rates among health care workers ranging from 28% in the Democratic Republic of the Congo to 78% in Israel. The review concludes that addressing the scope of COVID-19 vaccine hesitancy in various countries requires building trust in the vaccination efforts⁵.

Strengthening the Interpersonal Communication and Counselling (IPC/C) capacities of health workers so that they are capable to engage with caregivers and vaccine recipients, identify, understand and address their concerns, fears, questions, misinformation and hesitancy is one effort to promote vaccine uptake. Interpersonal communication (IPC) specifically focusses on informing and educating caregivers, soon-to-be-caregivers, and vaccine recipients about vaccination.

Did You Know That...

03

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.

Something to Think About

03

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

03

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.

Definition

03

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.

¹ World Health Organisation. (2019). Top ten threats to global health in 2019. <https://www.who.int/news-room/feature-stories/top-ten-threats-to-global-health-in-2019>

² UNICEF. (2019). Immunization. <https://www.unicef.org/esa/health/immunization>

³ UNICEF. (2021). Immunization Coverage. <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

⁴ <https://covid19.who.int/> As of January, 2022

⁵ Sallam, M. (2021). COVID-19 vaccine hesitancy worldwide: a concise systematic review of vaccine acceptance rates. *Vaccines*, 9(2), 100.

To increase confidence in childhood vaccines and demand for immunization, UNICEF ECARO (Europe and Central Asia Regional Office) has created a training package on IPC for immunization. The training package, developed and tested in collaboration with John Hopkins Centre for Communication Programmes in 2018, aims to strengthen the capacity of health care professionals to understand and affect positive change in demand for immunization. The training modules are designed to address health workers bias, build on participants' experiences, promote step-by-step skill building, and reinforce skills and self-efficacy through practice. Building upon the training package, in April – May 2021, UNICEF ECARO organized regional trainings of trainers (TOT) workshops to build in-country capacities (national teams of trainers) and assist in the rollout of the training package at the country level. The engagement with participants during these three-day TOTs – representatives of UNICEF, Ministries of Health, National Public Health Institutes and health workers – help understand health workers needs to better engage with caregivers and vaccine recipients to strengthen confidence in vaccines and increase demand for immunization and shape the content of this guidance.

Objectives and intended audiences

This regional guidance is intended to strengthen health workers interpersonal communication competencies to strengthen confidence in and demand for immunization and identify and address vaccine hesitancy, through improvements in front line health worker interaction with caregivers and vaccine recipients. The intended audience for this guidance is front line health workers, broadly defined as frontline worker (FLW) who is a health provider (facility or community-based, professional or volunteer) tasked with delivering interpersonal communication and counselling, immunization services, or education and outreach to caregivers of children under 5 years old, or community members. Overall, this guidance provides techniques, tools, algorithms, and tips to build self-efficacy and improve interpersonal communication skills of front-line health workers. Expected results include understanding and applying the key principles on

communicating with caregivers/vaccine recipients; learning and practicing skills to listen and engage in conversations aimed at increasing vaccination uptake; improving health worker's confidence and ability to effectively respond to caregiver/vaccine recipient needs and concerns regarding vaccine safety and effectiveness, based on evidence; and increasing use of dialogue-based communication to increase immunization rates.

Potential users can refer to this guidance at any point before, during and after interactions to strengthen the consultation between themselves and their clients, build trust and reinforce themselves as reliable and accessible source of information. This guidance could be a resource guide for trained FLWs to refer to if and when they need clarification. In addition to health workers-caregiver interaction, these proposed approaches and tools are also valid for the health workers-COVID-19 vaccine recipient interaction as well as other potentially new vaccines with consideration of audiences, their concerns, informational needs, and expectations.

Factors Affecting Demand for Immunization

There can be various factors affecting the demand for immunization at various levels. A few vaccination models showcasing these factors include: (1) the WHO Increasing Vaccination Model; (2) the SAGE Vaccine Hesitancy Determinants Matrix; (3) the Journey to Immunization – UNICEF; (4) the COM-B model, and (5) the 3C's model (See Appendix A for visual models). These models all present interacting factors that may influence or go beyond individual knowledge and attitudes, such as skills, intentions, access, convenience, cost, motivation, and subjective norms. For instance, a recent review study by UNICEF ECARO reported that individuals in Eastern Europe and Central Asia frequently noted health workers' limited skills and knowledge as a cause for vaccine hesitancy⁶. Other reasons for vaccine hesitancy arise from disrespectful or hostile attitudes of health workers or when they provided insufficient information, and gave limited or no reassurance of vaccine safety or guidance on how to respond to side effects. There are also perceptions of corruption, mishandling of funds, and poor transparency in vaccine origins, procurement, and management.

Did You Know That...

03

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.

Something to think about

03

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

03

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

03

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.

⁶ Rafael Obregon, Mario Mosquera, Sergiu Tomsa & Ketan Chitnis (2020) Vaccine Hesitancy and Demand for Immunization in Eastern Europe and Central Asia: Implications for the Region and Beyond. Journal of Health Communication, 25:10, 808-815, DOI: 10.1080/10810730.2021.1879366

Introduction

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Did You Know That...

03

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.

Definition

03

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

⁶ Rafael Obregon, Mario Mosquera, Sergiu Tomsa & Ketan Chitnis (2020) Vaccine Hesitancy and Demand for Immunization in Eastern Europe and Central Asia: Implications for the Region and Beyond. *Journal of Health Communication*, 25:10, 808-815, DOI: 10.1080/10810730.2021.1879366

Reasons for vaccine hesitancy or poor vaccine uptake vary across communities and contexts. Caregivers who are well-educated and actively seek health information may be more likely to refuse vaccines⁶. In Romania, a reason for this refusal was a mother's stated preference for natural alternatives. Another reason was the low perceived risk of infection. Alternatively, barriers to vaccination among the Roma populations and other marginalized communities in the region include discrimination that contributes to mutual distrust between themselves and public institutions and their lack of awareness of their rights to accessing care and, therefore, immunizations.

These various and interacting factors that affect

the demand for immunization can contribute to COVID-19 vaccine uptake. As of January 2022 the percent of the population that is fully vaccinated in Eastern Europe ranges from 21.8% in Bosnia and Herzegovina to 62.9% in Czechia⁷ (see Figure 1). In Central Asia, the range is from 15.8% in Kyrgyzstan to 46.5% in Kazakhstan (see Figure 2). Health workers' ability to understand caregivers' and vaccine recipients journey to vaccination is crucial as they play a key role in this journey. Health workers in Europe and Central Asia have stated that they need more support to work with vaccine hesitancy caregivers⁶. Interpersonal communication and counselling training is not typical pre-service training. This support includes guidance on communication strategies to address caregivers' various concerns.

Figure 1: % of Population Fully Vaccinated Against COVID-19 in Eastern Europe Countries

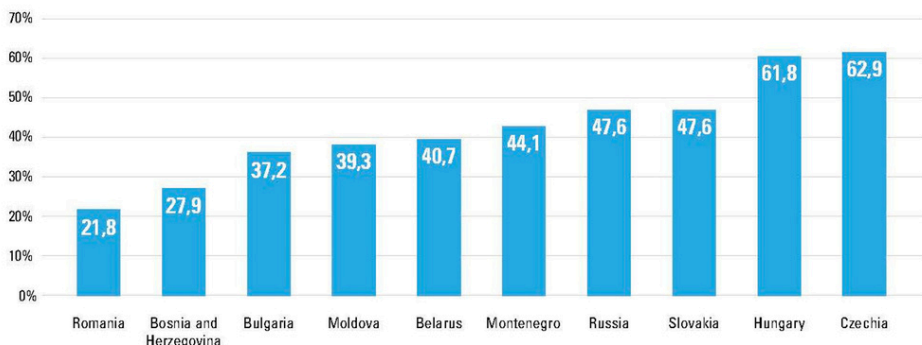
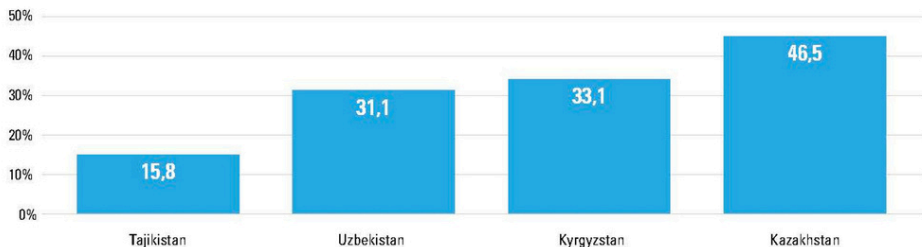


Figure 2: % of Population Fully Vaccinated Against COVID-19 in Central Asian Countries
(Information of Turkmenistan not available)



⁶ Rafael Obregon, Mario Mosquera, Sergiu Tomşa & Ketan Chitnis (2020) Vaccine Hesitancy and Demand for Immunization in Eastern Europe and Central Asia: Implications for the Region and Beyond, *Journal of Health Communication*, 25:10, 808-815, DOI: 10.1080/10810730.2021.1879366

⁷ Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Inf Dis*. 20(5):533-534. doi: 10.1016/S1473-3099(20)30120-1

Something to think about

03

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

03

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

03

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.

THE ROLE OF HEALTH WORKERS IN STRENGTHENING CONFIDENCE IN VACCINE AND INCREASING DEMAND FOR IMMUNIZATION

Although there may be a multitude of factors leading to vaccine hesitancy among caregivers/vaccine recipients, health workers have the power to influence some of these factors. For example, health workers can address knowledge gaps, attitudes, concerns and beliefs; improve service delivery; improve communication and engagement; address and decrease immunization related concerns (such as pain); and reorganize services (such as scheduling, waiting time, and reminders) to make them more accessible and meet caregivers'/vaccine recipients' needs and expectations.

In this guidance you will find information along with tips and techniques of what health workers can directly do to strengthen confidence, decrease hesitancy, and support demand for immunizations.

Be Aware of Your Bias

Before discussing content, a note on understanding internal bias and how it affects your interaction with caregivers and vaccine recipients is critical. Internal bias can affect attitudes towards vaccines and attitudes towards caregivers/vaccine recipients, families, and minority groups. Bias may instill fears and spread misinformation to caregivers/vaccine recipients leading to spill over effects in the surrounding community. Additionally, bias can influence the actions of health workers, in turn negatively affecting trust between the health worker and client and immunizations services. Bias manifests itself in many ways, for example, directed at specific groups of people for example ethnic minorities or arrogant assumptions that since they are trained health workers, their advice should not be questioned. It is also possible that FLWS have their own subjective knowledge and attitudes around specific vaccines, which lead them to discourage caregivers from accepting vaccination. Regardless of the source or type of bias, it is imperative to become aware of your potential bias and how that impacts your interactions and the quality of services with your clients. It is time to reconsider some of your prejudices and pre-conceptions.

Let's start with an example of introspection of perception bias. Below is an image, what do you see?



Figure 3:
Perception Bias Example

The tendency to be subjective can cause biased information to be collected or a biased interpretation to be formed. In the image above, were two ducks seen, were two rabbits seen, or was a rabbit and duck seen? This is the same image, yet the image may be perceived in different ways by different individuals. When we see shapes or information, we **immediately want to create something** recognizable.

Bias can make a difference in how we interpret information and make decisions. These biases can lead to us gathering information from the wrong sources, seeking to confirm existing beliefs (confirmation bias), or failing to remember events the way they happened. The way we present information, helps caregivers/vaccine recipients understand the information more clearly, and the way in which we convey this information can influence how caregivers/vaccine recipients weigh the perceived threat and perceived barriers and benefits. Remember framing is a way to present data - either positively or negatively - depending on what we want to convey. For example:

SAY: "nine out of ten children will have no problem!"
INSTEAD OF SAYING: "one out of ten children will have a problem"

Doing this will provide reassurance and not instill fear in the caregiver/vaccine recipient.

Did You Know That...

03

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.

Something to think about

03

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

03

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

03

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

Definition

03

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.

Table 1: Bias Explained

The table below shows the difference between explicit and implicit bias. Overall, explicit bias is conscious bias, while implicit bias is unconscious bias.

EXPLICIT BIAS	IMPLICIT BIAS
<ul style="list-style-type: none"> ● An explicit (or conscious) bias is when the person is very clear about their feelings and attitudes, and related behaviours are conducted with intent. ● Explicit bias is processed neurologically and functions at a conscious level as a memory and in words. 	<ul style="list-style-type: none"> ● An implicit (or unconscious) bias is an attitude or stereotype we hold without being fully aware of it. ● Implicit bias operates outside of the person's awareness and can be in direct contradiction to a person's espoused beliefs and values. ● Implicit bias can interfere with clinical assessment, decision-making, and provider-patient relationships.

Below are some examples of bias and how bias can manifest itself:

- A health worker criticizes a caregiver/vaccine recipient in front of others for not having returned exactly four weeks after the previous dose.
- A health worker makes the caregiver/vaccine recipient feel ignorant for asking them to explain the purpose of the vaccination or why they or their child needs to return for another dose.
- A health worker treats the caregiver/vaccine recipient very rudely because of their ethnic group/ inability to speak the national language.

- The caregiver/vaccine recipient can't completely understand what the health worker is trying to say, but is afraid to ask questions.

It is your job as a healthcare provider to recognize your own biases and meet the needs of all patients regardless of their cultural attributes. Knowledge alone does not change behaviour. People make choices based on internal and external factors, based on facts, emotions, and perceptions. Table 2 below shows an example conversation showcasing an example of a health worker's bias towards a vaccine-hesitant caregiver.

Table 2: Example Conversation-Health Provider and Caregiver

Olga	Good morning, are you Dr. Musa?
Dr. Musa	Yes, please come in, Mrs. Marci. (He smiles, shows her a seat, good eye contact, etc.)
Olga	Please call me Olga. (Anxious smile)
Dr. Musa	Olga, I see that baby Luka already had his first vaccines when he was delivered, and today it's time for his second shot.
Olga	Yes. (Handing over vaccine card slowly, looking at doctor sideways.)
Dr. Musa	Today we are going to give him DTaP. This will be the first of a few shots that will protect him against three dangerous diseases which are easy to catch and very difficult to treat.
Olga	You know, I'm not sure. Maybe not today... (Furrowing her brow.)
Dr. Musa	But your baby should be vaccinated to protect him against dangerous diseases.
Olga	I know that, I just am not ready right now. (Pursing her lips.)
Dr. Musa	Babies should be vaccinated according to the schedule in order to ensure that they are not exposed to dangerous diseases. If you are worried about vaccine safety, you don't have to worry; it is perfectly safe. Most children are fine. They might have a bit of a sore arm or a fever for a day or two. It's normal, nothing to worry about.

Did You Know That...

03

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.

Something to think about

03

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

Interesting Facts

03

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.

Definition

03

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.

Olga	No, no, I need to go now. (Holding her hand up as if to say stop.)
Dr. Musa	Olga, I know you are worried but it's the right thing to do. I strongly recommend it.
Olga	Thank you but no... (Shaking her head 'no'.) Maybe another time. (Olga rushes out.)
Dr. Musa	Oh dear, another vaccine refuser. I wish these people would listen to me!
Olga (Speaking into imaginary cell phone:)	Hi, mom! No, I didn't end up getting the immunizations for Luka. No, I'm not worried about vaccine safety. Dr. Musa explained it all. I was just so afraid of the needles. Do you remember how I almost fainted when Luka had to get the shot last time? I wanted to ask the Doctor whether we could maybe have the nurse help, so I wouldn't have to watch or something, but he never stopped talking! He never asked me if I had any questions or concerns. I wish he had listened to me.

As we see in the conversation above, internal bias may appear during any point of a conversation between a health worker and caregiver. Did you notice what Dr. Musa was assuming about Olga? Dr. Musa is making an assumption that Olga is worried about vaccine safety, however Olga is afraid of needles and that is why she is hesitant towards vaccinating Luka. Dr. Musa simply labels Olga as a vaccine refuser and gets upset. Not providing caregivers/vaccine recipients the chance to explain their concerns and feelings will not move caregivers/vaccine recipients towards vaccination. It is important to put bias aside and ensure you understand what the caregiver's/vaccine recipient's concerns are before you can tailor communication to help them overcome the specific barriers they face. Internal bias can be aimed either towards vaccination, specific vaccines, and towards some categories of people (as we saw above). Bias can influence what you as a health worker can say and how you treat the caregiver/vaccine recipient in front of you.

Below are some tips to keep in mind when recognizing your internal bias and how to overcome it⁸:

- A way to combat bias is to first recognize it.
- Reflect on the bias and watch out for them in your thoughts, words, and actions.
- Educate yourself through materials promoting bias literacy.
- Use empathy (as we will address below) with the caregivers/vaccine recipients.

- Tailor your communication needs to use emotions as well as facts, to generate the momentum needed to move people into action and change behaviours.

Using Empathy

Empathy is an essential technique to improve communication with caregivers/vaccine recipients. Empathy is understanding what others are feeling because you have experienced it yourself or can put yourself in their shoes. It allows us to acknowledge the concerns of caregivers/vaccine recipients as real and important.

Empathizing feels good for both the FLW and caregiver/vaccine recipient, and when a FLW shows empathy, they increase caregivers/vaccine recipients' trust. As a result, caregivers/vaccine recipients will be more open to listening and acting on the FLW's recommendations, and importantly, it is associated with improving clinical outcomes. Empathy is a skill that is developed with practice. In the table below are some factors to consider when expressing empathy.

Did You Know That...

03

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 caregivers' concerns before offering information.

Something to think about

03

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

03

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

03

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.

Definition

03

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.

⁸ University of California, San Francisco Office of Diversity and Outreach. Strategies to address unconscious bias. <https://diversity.ucsf.edu/resources/strategies-address-unconscious-bias>

Table 3: Factors to Consider to Express Empathy

HEAR	
<ul style="list-style-type: none"> What are friends, family, and other influences (social media) saying to the caregiver/vaccine recipient that impacts their thinking about vaccinations? 	<ul style="list-style-type: none"> Are you actively listening to the questions and concerns of caregivers/vaccine recipients?
THINK AND FEEL	
<ul style="list-style-type: none"> What really matters to them? What occupies their thinking? 	<ul style="list-style-type: none"> What worries and goals do they have about immunization?
SEE	
<ul style="list-style-type: none"> What things in their environment influence them? What are they seeing their friends or colleagues do? 	<ul style="list-style-type: none"> What barriers or challenges to immunization are they seeing?
SAY AND DO	
<ul style="list-style-type: none"> What do they say and do in public? Do they post or share anti-vaccination stories on social media? 	<ul style="list-style-type: none"> How have their health behaviours changed over time?

Table 4: Expressing Empathy Techniques and Example Phrases

In the table below are some techniques and example phrases of how and what to say to express empathy to your caregiver/vaccine recipient.

Pay full attention to the caregiver/vaccine recipient	Allow the caregiver/vaccine recipient to speak. Do not interrupt to propose a solution. Giving someone your full attention, and allowing them to be heard (and feel important), is part of the solution and can help build trust.
Allow silence	This gives the caregiver/vaccine recipient time to reflect, consider their next words, and begin to come to terms with what they are feeling.
Support and encourage the caregiver/vaccine recipient	Instead of critiquing them or the story being told, or telling them what they should have done different, just say: "That must be hard..."
Let them know they are not alone	If it's true, tell them it is normal to feel the way they do and that you have felt the same.
Use empathy to show that you share your caregiver's/vaccine recipient's concerns	Say: "I understand that you want the best for your child/yourself, and I do too." Say: "I care very much about my patients."
Avoid focusing on a solution	Stay in the moment of letting the person express themselves and letting yourself hear them and feel what they are saying. Don't jump to solve it; hear it.

EXAMPLE PHRASES TO EXPRESS EMPATHY:

- "I know it can be hard to watch your baby get a shot. I have felt that way myself."
- "I understand it can be difficult to accept a new vaccine. Let me tell you why I received the COVID-19 vaccine."
- "I understand that it may be difficult to stay on schedule for child vaccinations."
- "You can come in for your COVID-19 vaccine in the afternoon if that is more convenient for you."
- "I feel badly when my baby cries, too."
- "Being a caregiver these days is so challenging. It's hard to make these decisions."
- "We all want the best for our children."
- "I hate when that happens to me."
- "That must have been difficult for you."
- "I don't know what to say, but I'm glad you told me." (Particularly useful when people tell you about a terrible loss or occurrence.)

UNDERSTANDING COMMUNICATION AND INTERACTION APPROACHES/TECHNIQUES

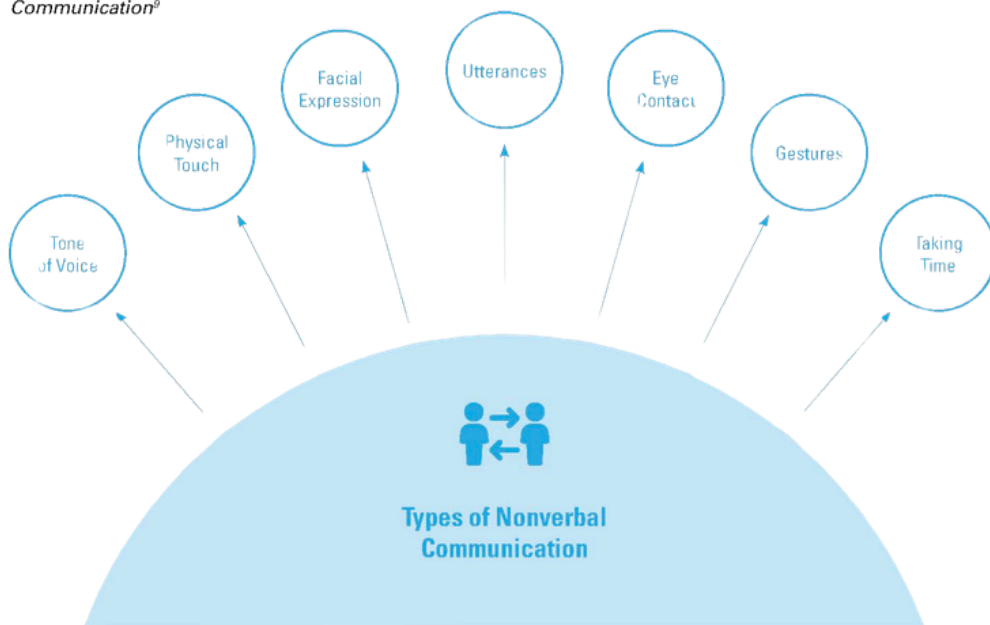
Communication and interaction approaches and techniques can be used as a basis to support effective engagement. Below you will find tips and techniques as well as examples of non-verbal communication and reflective listening.

Non-verbal Communication

Nonverbal communication can be either positive or negative. Types of nonverbal communication include gestures, utterances, tone of voice, eye contact, facial expression, taking time, and physical touch (Figure 4). If you can shake the caregiver's hand (if culturally

appropriate), smile warmly and nod, you will have gone a long way in 15 seconds to create connection and trust, which is the foundation for everything else. Good friendly nonverbal communication benefits both parties. Nonverbal communication can strengthen or contradict what is said in words. Your actions can matter more or speak louder than your words sometimes. We need to stay attuned to the nonverbal communication of our caregivers, as well as our own. If caregivers are displaying nonverbal signs of concern it is like a yellow or red light at the spotlight. It tells us we need to slow down or stop to see what's happening and acknowledge the concern.

Figure 4:
Types of Non-Verbal Communication⁹



Did You Know That...

03

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.

Something to think about

03

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

03

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

Definition

03

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.

⁹ UNICEF. (2019). Facilitator guide interpersonal communication for immunization: Training for front line workers.

When utilizing these positive non-verbal communication tools, you give the caregiver the confidence to communicate openly and honestly about their concerns and feel the connection and trust with you. You can even use affirming utterances such as “mm-hmm”, “mmm”, “aha”, and “hmpf”. In Table 5 below are aspects of non-

verbal communication and what is helpful and not helpful to do during consultations. This includes posture/position, eye contact, facial expression, physical barriers, taking time, and physical touch (when/if appropriate). These aspects of non-verbal communication show the way we use our bodies to communicate what we are thinking or feeling.

Table 5:
Aspects of Non-Verbal Communication¹⁰

ASPECTS OF NONVERBAL COMMUNICATION	DOES NOT HELP	HELPS
Posture or position	Having your arms crossed and being hunched over	Rest your hands on your lap, sit up straight, and face the person you are speaking with.
Eye Contact	Looking away of something else, or down at your notes	Look at the caregiver or vaccine recipient and pay attention as you speak
Facial Expression	Looking irritated annoyed, or grim	Positive or at least neutral expression
Physical Barriers	Sitting behind a table to write notes while you address community members during a meeting	Remove the table or the notes. Try to be in the same position as the caregiver or vaccine recipient- sitting in a chair, on the floor, or standing
Taking Time	Acting hurried, greeting the person or group quickly, showing signs of impatience, looking at your watch	Make the person or community group feel that you have time. Sit down and greet the caregiver / vaccine recipient or community group without hurrying. Then ask an open-ended question and wait patiently for the answer
Physical Touch	Frustrated, quick, brusque movements	Whenever appropriate, use handshakes, put a hand on the shoulder of the vaccine recipient or caregiver (not just their baby) as you position them for vaccination. Make sure the caregiver holds the child and comforts them during vaccinations

Reflective Listening

Reflective listening is a strategy that facilitates connection with a caregiver/vaccine recipient and helps to clarify their concerns regarding vaccinations. This is a cyclical process that can be utilized at different points of a conversation. The steps include listening to the speaker's message, determining the meaning of the message, reflecting the message back in your own words, and seeking confirmation about what was said.



Figure 5:
Steps for Reflective Listening¹⁰

¹⁰ Adapted from: WHO. (2014). Report of the SAGE Working Group on vaccine hesitancy. https://www.who.int/immunization/sage/meetings/2014/october/SAGE_working_group_revised_report_vaccine_hesitancy.pdf

In the table below are a few examples of sentence starters that will help you to reflect information back to the caregiver/vaccine recipient to seek confirmation about what was previously said. This is followed by an example conversation of a health provider utilizing reflective listening with a caregiver and vaccine recipient.



Table 6: Sentence Starters for Reflective Listening

SENTENCE STARTERS FOR REFLECTIVE LISTENING:

- "It sounds like..."
- "It seems as if..."
- "What I hear you saying is..."
- "I get a sense that..."
- "It feels as though..."
- "Help me to understand. On the one hand you... and on the other hand..."

Table 7: Reflective Listening Examples

To wrap up the section on reflective listening, Table 7 below shows an example conversation showcasing reflective listening between a health worker and a vaccine-hesitant caregiver.

Examples of Reflective Listening: Childhood and COVID-19 Vaccinations	
Caregiver	"I want to know why my child needs so many vaccinations at the same time and if the vaccines can give my child the diseases, they are supposed to protect them from and why do I have to come back on a specific day and time?"
Provider	"It sounds like you have several questions".
Vaccine Recipient	"I read online that the COVID-19 vaccine has not been adequately tested and getting the vaccine can give me COVID. You are telling me it is safe, and I should not be concerned."
Provider	"I get a sense that you are hearing conflicting information. That must be frustrating."

Table 8: Reflective Listening Examples

Nurse Bakija	Good morning Mrs. Hadzic. How are you and baby Petra to day?
Mrs. Hadzic	Good morning, Nurse Bakija. I'm fine. But Petra isn't good since she came to the clinic last week for her vaccination. She's crying all the time now.
Nurse Bakija	(Nodding) Petra seems fussy since she got her shot last week?
Mrs. Hadzic	(With a worried expression on her face) Yes. I think she might have a fever.
Nurse Bakija	It sounds as if you are worried. Let's take her temperature and talk about what to do.

This next section will address health workers interacting to address vaccine hesitancy with caregivers/vaccine recipients specifically.

UNDERSTANDING YOUR AUDIENCE

It is imperative to understand your audience, meaning the person who is in front of you. People are different, and they have different attitudes, beliefs, expectations etc. Although there are differences, there is something that people have in common- they want the best for their children and themselves.

Vaccine Hesitancy Continuum

The vaccine hesitancy continuum¹⁰ is a tool to use to understand your client. Vaccine hesitancy is the failure to fully vaccinate or vaccinate on time and is influenced by confidence, complacency, and convenience. Given that vaccination services are ready and available, the Strategic Advisory Group of Experts in Immunization (SAGE) Working Group recognized that vaccine hesitancy is a behavioural occurrence that is specific to vaccine and context

and is measured against an expectation of reaching a particular coverage goal. The Working Group acknowledged that vaccine hesitancy occurs along a continuum between accepting all vaccines (as well as high demand for vaccines) and refusing some or all vaccines (Figure 6). We need to map where on the hesitancy scale the caregiver/ vaccine recipient is, from accepting all vaccines to refusing all vaccines. The vaccine hesitancy continuum helps providers like you to understand patients, their vaccine behaviours, and their beliefs. Knowing where caregivers/vaccine recipients fall on the continuum can help you to be strategic and efficient in diagnosing caregivers/vaccine recipients concerns and tailoring and targeting communication. Goals will vary depending on where the caregiver or vaccine recipient is on the continuum. You may have the overall goal of getting all caregivers and vaccine recipients to

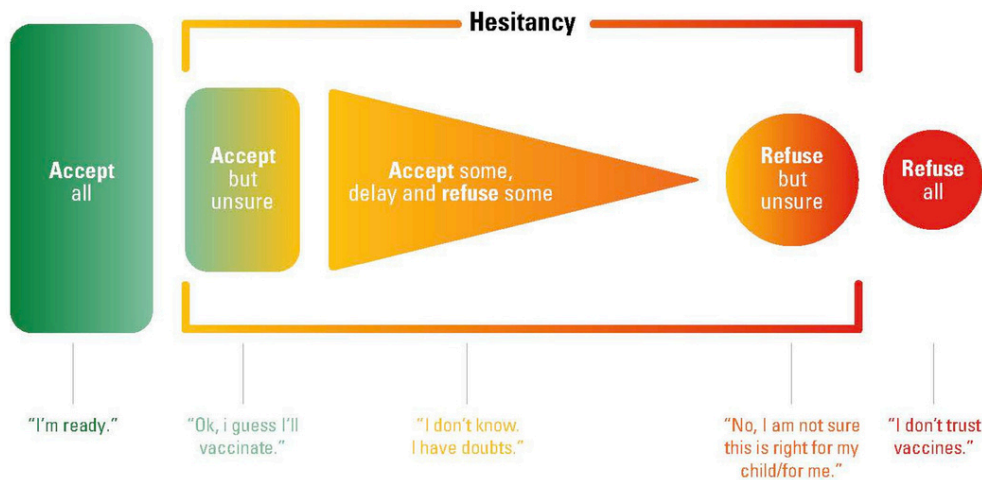


Figure 6:
Vaccine Hesitancy Continuum¹¹

¹¹ UNICEF. (2020). Field Guide on Addressing Misinformation. <https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide>

fully vaccinate, but for those who are lower on the continuum you may only be able to increase the number who are at least partially protected or are

still open to discussing it. Therefore, you may have different goals for certain categories or caregivers or vaccine recipients.

Figure 6 includes certain phrases providers may hear from caregivers/vaccine recipients that will allow you to map them on the hesitancy scale.

- If the caregiver or vaccine recipient says “I’m ready” or “Ok, I guess I’ll vaccinate” they are in the acceptor stage of the continuum.
- If the caregiver or vaccine recipient says “I don’t know. I have doubts” or “No, I am not sure this is right for my child/me” they are in the hesitator stage of the continuum.
- If the caregiver or vaccine recipient says “I don’t trust vaccines” they are in the refuser stage of the continuum.

Table 9: Example Conversation-Health Provider and Vaccine Hesitant Caregiver

In the table below is an example conversation between a health worker (Nurse Dora) and a vaccine-hesitant caregiver (Mrs. Jovanic), where the nurse walks her through each step to understand her concerns.

Nurse Dora	Good morning Mrs. Jovanic. Nice to see you today (Smiling and gesturing to the chair) It is so hot today, isn't it! So today is the day for Lamija's first infant vaccinations.
Mrs. Jovanic	Well, I'm not sure, I'm pretty nervous. She seems so young to get all these shots. Is it really safe?
Nurse Dora	You sound quite worried. (Reflecting, empathic response) Let's talk it through together. Tell me more about what you are concerned about, okay? (Further building rapport- we are on the same team- and eliciting concerns with open ended question)
Mrs. Jovanic	One of the mums in my mothers' group said that one of the injections has got five ingredients and that's too many for their immune systems to cope with. She does seem so young to be having injections against all these diseases at once. Won't it make her ill?
Nurse Dora	OK, we can talk about this (structuring discussion, guiding) but do you have other worries as well? (Eliciting further concerns)
Mrs. Jovanic	Well I read also that they can get a sore leg afterwards, so that's another worry.
Nurse Dora	(Pausing to allow Mrs. Jovanic to interject if she has questions and to observe body language) Right, let's talk about Lamija's ability to handle the five ingredients, and then we can talk about the chances of getting a sore leg (signposting and structuring of explanation) . You're right that the injection has got five ingredients. It seems a lot, doesn't it? (Empathic response, reflecting her stated concern, and pausing to see how mother is doing.)
Mrs. Jovanic	Yes, that's what I am worried about. Is it too much for her?
Nurse Dora	Children, even new-born babies, have to deal with enormous amounts of bacteria and other foreign material every day. In fact, children are exposed to more antigens from a common cold than from vaccines. What is great is that babies' immune systems can handle this, and the vaccines these days are so refined that babies can easily cope with several vaccines in one go. (Chunks of information provided followed by pauses for mother to raise further questions and for Dora to observe mother's body language) . So even at her young age, Lamija can handle the five vaccine ingredients, which will protect her while she is so young and vulnerable. (Reinforcing protection concept.) And this way, she only has to have one shot, instead of several different ones.
Mrs. Jovanic	OK, and would she get a sore leg?

Nurse Dora	Most children don't have any reaction at all, other than crying a bit with the injection, (Positive framing of risk) and even then, they generally settle really quickly with a cuddle and some comforting words from mum (Empowering) . It's true that a small number of children, about 10%, can get a redness or a sore area where the needle goes in (acknowledging) – but these reactions don't usually distress the child, and only last a couple of days, then go away. So, what I ask mothers to do is to watch their child after the injection, and if they are concerned, bring them back to the clinic so we can check them over. How does that sound? (Moving towards a decision but avoiding being overly persuasive,)
Mrs. Jovanic	What happens after the shots?
Nurse Dora	Lamija may be a bit unsettled for a day or so after her injection but she shouldn't be ill with it. This leaflet tells you about what to look out for once you go home, and what to do if you are concerned. (Trying to trigger decision by providing external reinforcement and offering support so mother feels self- efficacy about handling side effects at home)
Mrs. Jovanic:	Oh, this leaflet is helpful. Sometimes it's hard for me to keep all this information straight. This will be nice to look at once I get home.
Nurse Dora	Is there anything else you would like to discuss? I know you want to make sure Lamija is protected from harm, and I do too. (Pause) . Thousands of mothers with babies the same age as Lamija have come into our clinic for injections of these five-ingredient vaccines, and I have never seen a problem. These new technologies mean that Lamija doesn't have to get as many shots, and she still gets the protection she needs. If I were you, I would go ahead and get her shots done today.
Mrs. Jovanic	Thanks – I'm still a bit nervous but I think we should get it done.
Nurse Dora	You've made the right choice to protect Lamija. (Confirming, reassuring) Why don't you hold her and let her play with her toy while I get the vaccines ready?

As we see in the conversation above, giving the same information to each caregiver/vaccine recipient, in the same way, will not address their specific problems, concerns, or needs. It is imperative to ensure you first understand what the caregiver's/ vaccine recipient's concerns are before you can tailor communication to help them overcome the specific barriers they face.

Below are some tips to keep in mind when utilizing the vaccine hesitancy continuum.

- Most of the population are in the green/accept vaccine stage but there are some caregivers/ vaccine recipients that are hesitant. It is up to

the provider to figure out where the caregiver/ vaccine recipient falls on the vaccine hesitancy continuum.

- It is helpful to think of the continuum as a stoplight. Where green represents the caregiver/ vaccine recipient who get their children/ themselves all vaccinations in a timely manner. The red light represents the caregiver/vaccine recipient who refuse all vaccinations. In the middle are the hesitant caregivers/vaccine recipients.
- Providers must understand the reasons for hesitancy and address these reasons through proactive and positive interactions during counselling.

ALGORITHM FOR COMMUNICATION AND ENGAGEMENT

We will now look at the Algorithm for Vaccination Communication. This algorithm will guide health workers through every phase of the vaccination process and build skills to understand the concerns of caregivers/vaccine recipients and effectively address them. How we engage and what we say will vary depending on who is in front of us.

Open Door, Open Ears

The first thing health workers should do is step one in the algorithm: open the door and open their ears. First when the door opens, health providers and caregiver's/vaccine recipients' ears and eyes need to be opened. In this step health care providers need to make caregivers/vaccine recipients feel welcome, accepted, understood, and cared for. You open ears with a warm welcome, to build trust.

Say: "Hello, I am glad you came in today, it is good to see you."

Do: Welcome the caregiver/vaccine recipient,

give a welcoming expression, smile, make eye contact with the caregiver/vaccine recipient and make them feel welcome to immediately create trust and rapport, motion the caregiver/vaccine recipient to their seat, and be attentive during the interaction. Praise the caregiver/vaccine recipient in a reasonable fashion, opening their ears to listen to you, and opening yours.

Opt-Out Approach

Next, you can utilize the opt-out approach. The opt-out approach is to assume the caregiver/vaccine recipient is going to choose to be vaccinated, so that the default choice is vaccination. This makes it clear that this is the normal thing that everyone does.

Say: "Today is the day for your child's/your vaccines."

Do: Smile, use a pleasant and confident tone of voice, and make eye contact.

The figure on the right shows some additional phrases to say when utilizing the opt-out approach, as well as phrases not to say.


	INSTEAD OF SAYING...	SAY
	"What do you want to do about shots?"	"Now it is time for the child's shots."
	"What are your opinions on immunization?"	"Today, we will give the child their vaccines."
	"Do you want to be vaccinated against COVID-19?"	"It is time to vaccinate you against COVID-19"

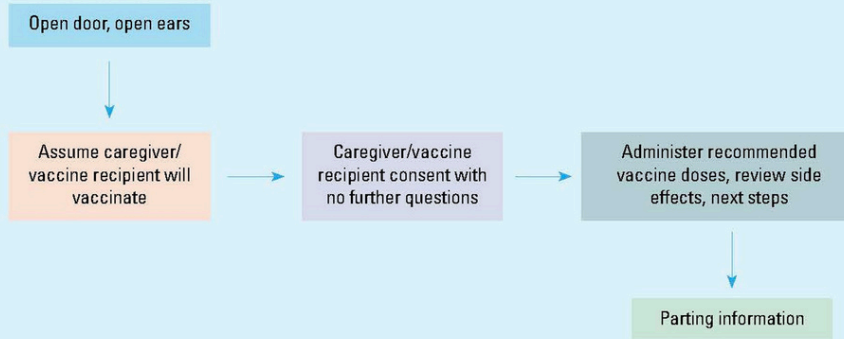
Figure 7:
Opt-Out Approach
Examples⁹

⁹ UNICEF. (2019). Facilitator guide interpersonal communication for immunization: Training for front line workers.

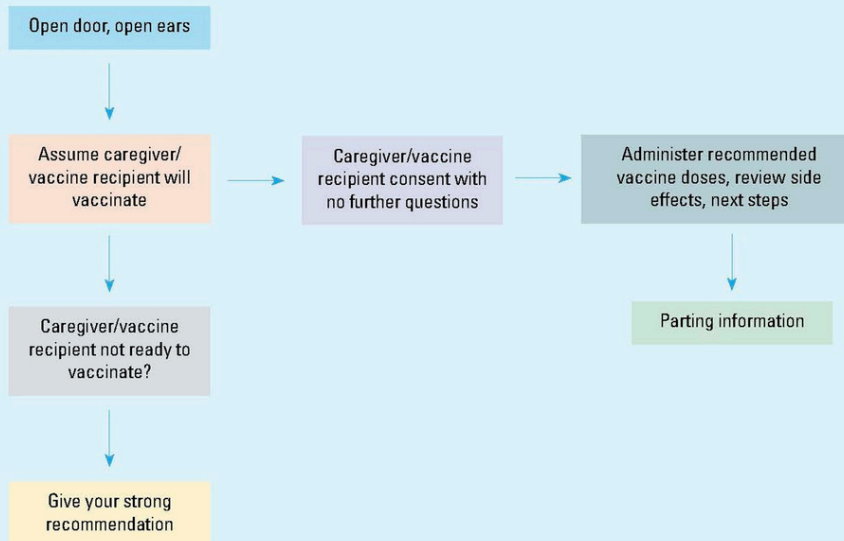
Check to see the reaction of the caregiver/vaccine recipient. Ask yourself does the caregiver/vaccine recipient seem comfortable? Or do they seem hesitant? This is the time to examine non-verbal

reading cues in what the caregiver/vaccine recipient says and the questions they ask.

If the caregiver/vaccine recipient seems to be comfortable and doesn't show any hesitation, **administer recommended vaccine doses, review side effects, next steps, and provide parting information.**



If the caregiver/vaccine recipient seems to be hesitating, worried, or does not agree to vaccinate, **continue to give your strong recommendation, and use the CASE Approach.**



Health workers must always check in with caregivers/vaccine recipients to see how they are reacting to determine if they can proceed towards vaccination or if they need to put on the brakes and figure things out.

Keep in mind you are still working in a presumptive mode. Health providers must try to see if a small push will get the caregiver/vaccine recipient to accept the vaccination, and this small push could just be a strong recommendation for the vaccine.

Strong Recommendation Phrases

Strong recommendations can fall into different categories such as personal, emotional, science-based, normative, or informative. You can use the following approaches to define your strong recommendation phrases.

Keep in mind:

- Many of your caregivers/vaccine recipients will be ready for vaccination, but some will show you through words or nonverbal cues that they are still hesitant.
- Use your nonverbal reading skills, and look for cues in what they say, and the questions they ask.
- If the caregivers/vaccine recipients indicate they are hesitant when you make the vaccination assumption, give your strong recommendation.
- In this strong recommendation, you can use a mixture of components.

Below are some examples of phrases used for strong recommendations that you can utilize during consultations with caregivers/vaccine recipients. Keep in mind that recommendations presented as fact correspond to reality. Making a false statement can affect trust with the caregiver/vaccine recipient and have the reverse effect.

Table 10: Example Phrases to Understand Hesitation

TO UNDERSTAND THE CAREGIVER'S/VACCINE RECIPIENT'S HESITATION, ASK:

- "I see you're not ready. Is there anything you would like to ask me?"
- "You seem a bit anxious, how can I help you?"
- "What is bothering you about giving your child their vaccines today?"
- "What's on your mind?"
- "What would it take to make you feel more comfortable?"

Table 11: Strong Recommendation Phrases

- Your personal conviction that vaccination is safe and important
- Your personal experience with vaccinating thousands of children/vaccine recipients
- An emotional appeal to them as parents, or your own experience as a parent
- The concept of vaccines as protection
- **Social norms** that responsible caregivers/vaccine recipients vaccinate their children or themselves
- Your personal concern for the child's welfare
- The history of vaccination

CHILDHOOD VACCINATION

- "I have vaccinated all of my children and feel very comfortable about it."
- "As a FLW, I have seen the difference this vaccine makes. We see many fewer children with _____."
- "These shots are very important to protect your child from serious diseases, especially now that there are so many measles outbreaks."
- "This office has given thousands of doses of vaccines and we have never seen a serious reaction."
- "In my experience, my caregivers handle the pain of that shot and any minor side effects easily."

COVID-19 VACCINATION

- "I have received the COVID-19 vaccine and feel very comfortable about it."
- "As a FLW, I have seen the difference this new COVID-19 vaccine makes. We see fewer severe cases of COVID-19."
- "In my experience, my vaccine recipients handle the pain of the COVID-19 shot and any minor side effects easily."
- "If I were in your shoes, I would get the COVID-19 vaccine."

- "If I were in your shoes, I would give my child the shot."
- "Vaccination is the right thing to do to protect your child."
- "The reason we see fewer children with certain diseases, is because the vaccines work to protect them."
- "Children are protected against getting viruses and can attend school safely."
- "I have been taking care of your child and I want what is best for them and their health."
- "I keep up with the most recent scientific literature, and I am confident about vaccine safety."
- "Study after study across the globe have shown that vaccines scheduled for children are safe and effective."
- "As more and more children get their vaccines, we develop "herd immunity" which protects everyone them and their classmates at school."
- "I have vaccinated my children, and now my children are vaccinating their children."

- "As an FLW, I have noticed first-hand that we see fewer cases of serious COVID-19 illness in our clinic. The death-rate from COVID-19 plummeted as the vaccine becomes more available."
- "With my patients I have seen first-hand the short and long-term effects caused by COVID-19."
- "All my eligible family members and I have received the COVID-19 vaccination."
- Vaccination is the right thing to do to protect yourself, your family, and your community members.
- "I have been taking care of you for so many years and want what is best for you."
- "I have received all the recommended doses, including the booster shots."
- "I have vaccinated many people aged more than 60, and they have handled the vaccine well."
- "I strongly recommend all people with co-morbidities, such as diabetes and cancer, to get the COVID-19 vaccination."

CASE Approach

The CASE Approach is a strategy for structuring communication with very hesitant caregivers/vaccine recipients. It consists of four steps including corroborate, about me, science, and explain/advise (Figure 8). CASE works by letting caregivers/vaccine recipients feel you are agreeing with them on at least something, you know what you are talking about, science is on your side, and you strongly recommend an action. Utilizing this approach helps organize our responses, CASE combines skills that we have already discussed, such as reflective listening, empathy, and strong recommendations with an emotional progression. Although you might already be conveying these things, this approach provides guidance on organizing a discussion so that a caregiver/vaccine recipient will be moved from preparation to taking action. Remember, a health worker who shows empathy builds trust with a caregiver/vaccine recipient, which opens their ears to the health worker's explanation and advice.

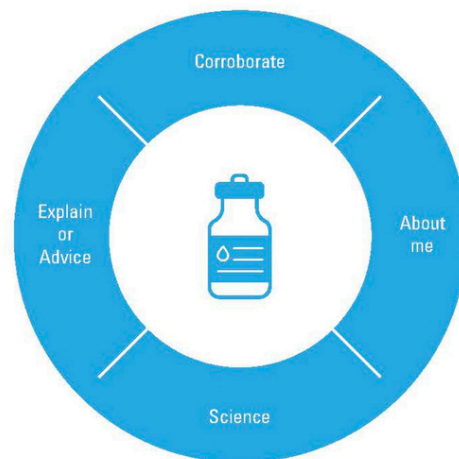


Figure 8:
CASE Approach

The CASE approach helps us remember and structure the steps of communication. This is a helpful tool to use to do a better job of explaining and helping caregivers or vaccine recipients better understand and remember information in addition to saving you time.

Table 12: CASE Approach Example Phrases

In Table 12 below are some example phrases utilizing the CASE Approach that can be used during consultations with the caregiver/vaccine recipient.

CORROBORATE	<p>Acknowledge the caregiver's/vaccine recipient's concern and find some point on which you can agree. This sets the right tone and keeps the exchange from becoming a defensive debate.</p> <p>"Yes, there are many unchecked facts and information on social media." "I understand that it's a big responsibility to care for your children, you just want what's best for them." "I agree, it can be scary to make decisions about health of your children." "It's true, some children may have mild side effects from vaccines like sore arm or fever. But these are normal side effects that produce a bit of discomfort then pass quickly. And they are nothing compared to the pain and suffering a child would go through, if they got the disease." "I am a parent too, and I understand your will to protect your child as much as you can." "You seem to be worried about the COVID-19 vaccination and it could help to clarify all your concerns one by one." "I have also seen some of the misinformation about the COVID-19 vaccine on social media, and it can become concerning."</p>
ABOUT ME	<p>Describe what you have done to build your knowledge base and expertise. Below are some examples.</p> <p>"I have just read a new study that said XYZ, so I can talk about the COVID-19 vaccine with full confidence. I can talk about all the advantages and possible side effects of the vaccine." "I regularly speak to caregivers who have similar concerns, please feel free to ask any questions that bother you." "I also read information online, but I have been taught to only rely on credible sources, including scientific evidence-based articles." "My sister always reaches out to me when she is concerned about my nephew's health and vaccinations." "Being a parent and a scientist, I am fully convinced that vaccines are the main means of protection against deadly infections" "I have vaccinated tens of thousands of patients, so I have some experience with this." "In my practice, I have not experienced patients who have experienced adverse side effects to the COVID-19 vaccine."</p>
SCIENCE	<p>Describe what the science says.</p> <p>"Although previous vaccines have taken longer to develop, (for example the MMR vaccine took four years) current technology has enabled us to make the COVID-19 vaccine at a much faster pace." "Life expectancy has jumped drastically thanks to vaccination." "Studies involving hundreds of thousands of children demonstrate the vaccine's safety with only a tiny risk of major side effects - about the same risk as the risk of being hit by lightning." "The number of deaths and hospitalizations has dropped for those who are fully vaccinated against COVID-19." "Vaccines save lives." "The COVID-19 vaccine was tested extensively before it was administered to the population." "According to research, there is no connection between the MMR vaccine and autism."</p>
EXPLAIN/ADVISE	<p>Give advice to caregiver, based on the science.</p> <p>"There are such rigorous criteria on vaccine development and delivery, everything was tested thoroughly for the COVID-19 vaccine." "We want all the individuals in our practice to be immunized so that they are well protected and have the greatest chance for a long, healthy life. If it were me, I would get the COVID-19 vaccine, to protect myself as much as I could from the coronavirus." "If I were you, I would follow the schedule of vaccination, because I want a bright future for my children. Are you with me?" "Adverse events are rare, more commonly you will see redness, soreness, maybe swelling at the site of injection. Here are some things you can do if this happens... (Tylenol/Ibuprofen, bicycle legs, etc)." "Please, it is important to distinguish the reliable information from misinformation, feel free to contact me with any questions." "It's worth the slight discomfort to know you are getting the protection you need for a long, healthy life. I know you will feel good about having received the COVID-19 vaccine and given yourself the protection you need. If it were me, I would go ahead and vaccinate." "If you think you are experiencing a serious adverse effect after the COVID-19 vaccine please contact your doctor."</p>

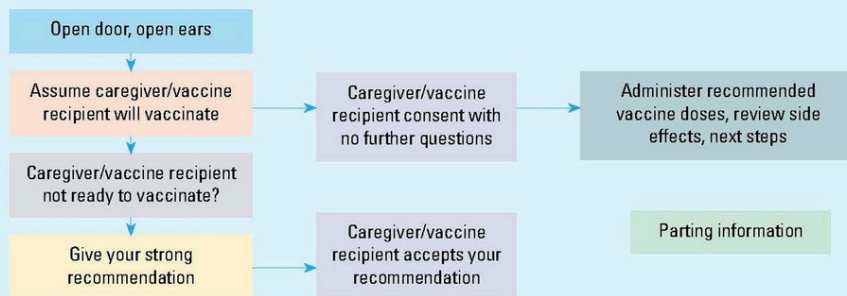
Table 13: Example Conversation using the CASE Approach

In the table below you will see an example conversation where a FLW uses the CASE approach with a caregiver who is hesitant about their child receiving multiple vaccinations at once. Before the following conversation begins, the health provider has welcomed the caregiver, put them at ease, and with active listening skills, they helped the caregiver articulate their concern.

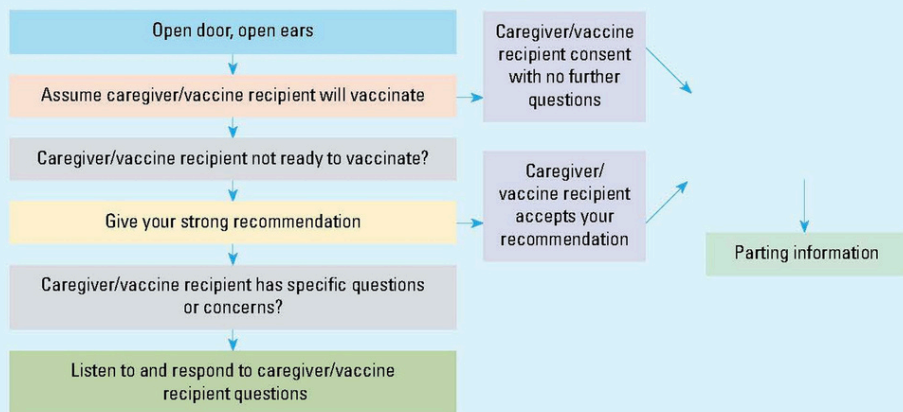
Health Provider	"I understand you have some concerns about your child's vaccinations."
Caregiver	"Yes, I want to spread out the vaccinations, so they won't overwhelm my child's immune system."
Health Provider	(This is a case for CASE!) The health provider responds to this concern using the numbered phrases below)
Health Provider	1. Corroborate: "You are right; children today certainly get more vaccinations than children did years ago."
Health Provider	2. About Me: "Our practice follows the national schedule because it is carefully designed to protect children at the time they are most vulnerable to disease. I served on a committee that reviewed the schedule and I feel very confident that it's the best approach."
Health Provider	3. Science: "Although children get more vaccinations today, they actually receive smaller amounts of material than back when they got fewer vaccinations, because technology has enabled us to make vaccines that have only the part of the cell that creates the immune response."
Health Provider	4. Encourage/Advise: "We want all the children in our practice to be immunized so that they are well protected and have the greatest chance for a long, healthy life. If it were my child, I would follow the schedule, to protect her as much as I could."

After you give your strong recommendation, if the caregiver/vaccine recipient seems comfortable and doesn't seem to have any more worries or questions, **it is time to vaccinate the caregiver/vaccine recipient.**

- If the caregivers/vaccine recipients show that they accept your strong recommendation, you can go ahead and administer the vaccines.
- If they accept your strong recommendation, and you vaccinate, you will also:
 - Give your normal counselling on possible side effects.
 - Review when to come back and what to do if they have a question or are worried once they return home.
 - Give them their departure affirmation.



After you give your strong recommendation, if the caregiver/vaccine recipient does NOT seem to be comfortable and they indicate they still have additional questions or concerns, you need to **spend more time with them and listen to and respond to their questions.**



It is time to use your toolbox of communication skills: your active listening techniques such as open-ended questions, elevator phrases, and door handle phrases to further draw out the concerns and questions of the caregivers/vaccine recipients.

- Do:**
- Make the caregiver/vaccine recipient feel they are being understood and respected.
 - Help the caregiver/vaccine recipient come to a decision.
 - Allow enough time, pauses, and empathy for concerns to come out.
 - Once the concerns are expressed, address them in a satisfactory way.
- Probe as needed.
 - Help to draw out your patient's concerns and help negotiate decisions as needed.
 - Acknowledge when you don't know the answer, and above all not to say something that isn't true.
 - Although we often begin questions with the word "Why?" we have not included it in the list above. When you ask someone: "Why did you do XYZ?" or "Why don't you want XYZ?" you may end up putting them on the defensive and making the person feel attacked or criticized.

Open-Ended Questions

Asking open-ended questions help you really learn about a concern or problem a caregiver/vaccine recipient is feeling because they encourage a full, meaningful answer, using the caregiver's/vaccine recipient's own knowledge and/or feelings. Do not ask close-ended questions, as they may lead to single word responses which will deter you from understanding concerns. Figure 9 on the right shows the difference between open-ended and close-ended questions.

Some tips for utilizing open-ended questions include:

- Use statements that start with: *How? What? When? Where? Tell me more!*

+ OPEN-ENDED QUESTIONS	- CLOSE-ENDED QUESTIONS
Who? What? Where?	Are you?
When? Why?	Did he?
How?	Has she?
Tell me more?	How many?

Figure 9:
Open-ended Questions vs Closed-ended

Table 14: Examples of Open-Ended Questions

In the table below is a list of open-ended questions you may utilize during your consultation with the caregiver/vaccine recipient.

OPEN-ENDED QUESTIONS

- "How has your child's health been lately?"
- "Could you tell me a little more about what you heard?"
- "What did you understand from my explanation?"
- "Tell me more about what you are concerned about."
- "When did you last talk to someone about vaccinations? Can you tell me more?"
- "Where did you hear about this information you just told me about vaccines and side effects."
- "What would you like to know more about?"
- "How do you feel about your experience when you come to the health centre?"
- "What are some of your concerns about the MMR vaccine?"

Elevator Phrases

Elevator phrases are short and to the point and can be utilized to move a caregiver/vaccine recipient towards vaccination. This can be your big opportunity to explain or present your point. If you have already rehearsed what you want to say in a brief period of time you can take advantage of those few moments together to get your point across about vaccinations.

Some tips for creating and using elevator phrases include:

- Tailor your elevator phrase for the caregiver/ vaccine recipient you are meeting with.
- Have these phrases readily available.
- Consider using analogies to make things easier to understand.
- Utilize the word "protect"- a concept caregivers/vaccine recipients need to hear and feel.

Table 15: Examples of Elevator Phrases

Below are some examples of elevator phrases to keep on hand and use, depending on your patient's concerns or questions.

ELEVATOR PHRASES

- "A vaccine does not cause infection. It makes the body think it is being attacked, so the body prepares a defense that protects the child/vaccine recipient from the real disease."
- "When viruses or bacteria enter the body, immune cells respond by producing antibodies for protection."
- "Given the COVID-19 pandemic, vaccines are the best method to protect the population and help stop the spread of the virus."
- "Vaccines help our immune system prepare the body to fight the disease and protect the child/vaccine recipient, without the dangerous symptoms that the real disease would otherwise cause."
- We have a COVID-19 vaccine. I have already vaccinated myself and my family, and I believe you should too."
- "The vaccine will protect you from the virus, we can meet and discuss this in further in detail."
- Children, even newborn babies, must deal with enormous amounts of bacteria and other foreign material every day. What is great is that the vaccines created to protect against harmful bacteria and viruses that we can't fight off on our own are so refined that babies can easily cope with several vaccines in one go.
- It's true that a small number of children can get a redness or a sore area where the needle goes in, but these reactions don't usually distress the child, and only last a couple of days, then go away. A fever is normal too. These reactions actually tell us the vaccine is helping the body prepare and protect itself against an exposure to the real disease.
- "The goal of the COVID-19 vaccine is to protect against serious illness that would cause us to be hospitalized or worse. That goal is currently being achieved for those who are vaccinated."

Door Handle Phrases

When the caregiver/vaccine recipient does not have any last questions, it is time to ask a final question, or door handle phrase. The caregiver/vaccine recipient may or may not have any last questions or requests, but they will feel extremely grateful that you asked.

Say: *“So let us review: what are your/our next steps?”*

Do: *Make the caregiver/vaccine recipient feel confident, appreciated, and affirmed about having made the right choice.*

Asking the caregiver/vaccine recipient to repeat back what they have understood, or what they think they are supposed to do when they get home, is a powerful way to see how successfully you have communicated with them and it helps to anchor important points in their memory. If they cannot correctly re-state what you have asked them to do, you need to try explaining it again, or in another way. In the table below are additional examples of door handle phrases.

Table 16: Examples of Door Handle Phrases

DOOR HANDLE PHRASES	
●	“Is there anything else you wanted to ask me?”
●	“Is there anything else I can do for you?”
●	“Is there anything else you need to know before you make a decision?”
●	“What will you do to make sure your baby’s fever stays down?”
●	“When will you come back?”
●	“Can you reiterate what you will do if you get a fever after the vaccine?”
●	“Let’s schedule now for the next appointment.”
●	“Let me know when you have made a decision, please feel free to give me a call if you have any other additional questions.”

Figure 10 on the right showcases some final key points to keep in mind when using door handle phrases. Remember use, ask, and repeat.

Remember that a satisfied caregiver is a repeat caregiver/vaccine recipient, and we want them to keep coming in till their child/themselves are fully protected.

- Reminders and follow-ups are quite powerful on increasing uptake and decreasing late vaccination.
- If you helped a caregiver/vaccine recipient overcome a lot of doubt and fear to vaccinate, contact them a few days later with a quick phone call, email, or other method of follow-up. This could have a big effect on the likelihood that they will return.
- If there is a system in place to send reminders or if you can phone or send messages (if possible, any caregiver/vaccine recipient) a week before their next visit to remind them of their appointment, this can have a measurable impact on uptake.

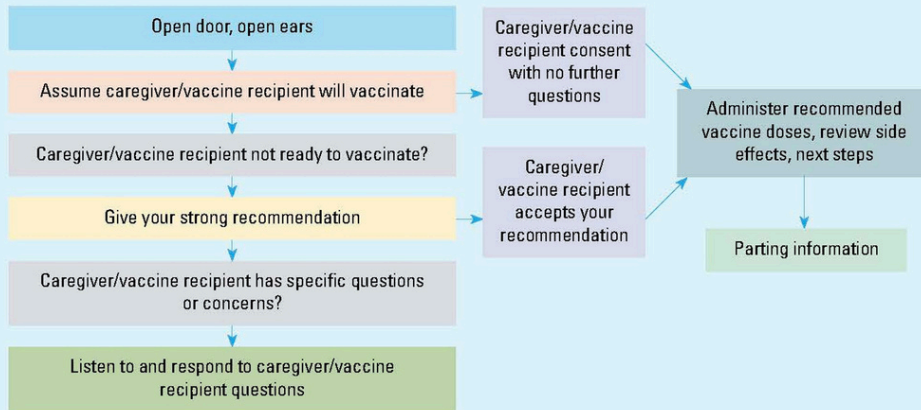
D DOOR HANDLE PHRASES

1	USE	Use warmth and empathy to open their ears and ours.
2	ASK	Ask questions before your or their hand hits the door handle.
3	REPEAT	Ask the patient to repeat back what they have understood, or what they think they are supposed to do when they get home.

Figure 10:
Door Handle Phrases

After you have listened and responded to all the caregiver’s/vaccine recipients’ questions, if the caregiver/vaccine recipient seems comfortable and doesn’t seem to have any more worries or questions, it is time to vaccinate the child/vaccine recipient.

After you have listened and responded to all the caregiver's/vaccine recipients' questions, if the caregiver/vaccine recipient seems comfortable and doesn't seem to have any more worries or questions, **it is time to vaccinate the child/vaccine recipient.**



If the caregiver/vaccine recipient still refuses vaccinations, then it is time to **provide refuser counselling and parting information.**

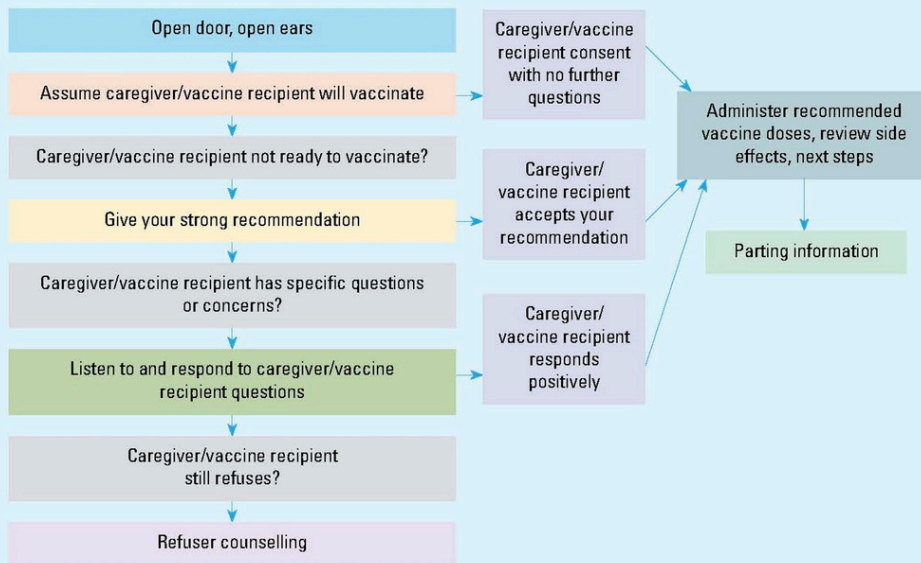


Table 17: Example Conversation: Health Worker and a Vaccine-Refusing Caregiver

Below is an example conversation between a health worker (Dr. Luminita) and a vaccine-refusing caregiver (Mr. Maric).

Dr. Luminita	Do you mind if we take a minute to talk about Luka's vaccinations?
Mr. Maric	Yes, we did some research into it and decided not to vaccinate him.
Dr. Luminita	Okay, can I just talk it through, so I understand your decision? (Asking permission to discuss and use of a guiding style).
Mr. Maric	Yes, okay.
Dr. Luminita	To start with can I just ask you how important you think it is to get Luka protected from the diseases vaccines are designed to prevent? (Assessing importance - perceived threat, perceived benefits and barriers).
Mr. Maric	Well, mostly the diseases aren't that much of a problem in healthy children and we keep Luka very healthy with a good diet, organic food, and plenty of fresh air.
Dr. Luminita	You're right. Most children will overcome illnesses without too much of a problem (acknowledging) . Unfortunately, there are still children that get pretty sick with these diseases, and sadly a significant number of children end up in hospital with complications from the disease. With measles, for example, 9 in every 100 children get pneumonia and some need to go to hospital (pause) .
Mr. Maric	I didn't know that.
Dr. Luminita	Yes, it can still be a serious problem. Could I ask now how you feel about vaccines? (Assessing confidence - has perception of threat increased?)
Mr. Maric	I'm not all confident in them being safe.
Dr. Luminita	What have you heard? (Exploring)
Mr. Maric	Well on one internet site it said that children can get brain damage and all kinds of problems after vaccination. And the drug companies try to cover it up.
Dr. Luminita	That sounds frightening (empathic response) . Which vaccines are you most concerned about? (Eliciting specific concerns)
Mr. Maric	The MMR one because it can cause autism.
Dr. Luminita	I understand you are concerned about vaccinations (building rapport by accepting rather than rebutting concerns) but I'd just like to give you my view if that's OK? (Mr. Maric nods.) New research is always being done, all over the world, to check on safety and side effects, and the results consistently show that the vaccines that we use are very safe, and serious side effects are extremely rare. Would you like to look at the MMR vaccine decision aid, which can help you weigh up the risks of the vaccine and the diseases? (Respecting autonomy, offering information)
Mr. Maric	Well, I guess I could have a look but I'm still pretty cautious about Luka getting these shots.
Dr. Luminita	Well, take a look at the decision aid and then if you like, come back to the clinic for another talk. (Looking to trigger) We have a clinic each Tuesday and I'll be here most weeks. Would you like to come back in two weeks? (Leaving door open to further discussion, providing a cue to action)
Mr. Maric	Okay, thanks

Individuals are vulnerable to misinformation, especially in times of uncertainty. Lower trust in science, mainstream media, or authority figures has been linked to increased vulnerability to misinformation. Misinformation develops when there are gaps in information leading people to reduce the complexity of the reality of the situation and fill in the gaps¹¹. For example, autism is a strong and emotive issue. Despite the fact that the link made by one doctor to autism has been firmly discredited, and there are numerous studies that demonstrate that there is no link between the MMR vaccine and autism. Unfortunately, once a seed of doubt has been planted it tends to grow and is fuelled by sensational media and internet coverage that is not concerned with the facts.

As seen in the conversation above, Mr. Maric is concerned with the MMR vaccine because he thinks it can cause autism. When responding to misinformation, the recommendation is not to repeat the myth, but to focus specifically on what the vaccine does (Figure 11). The first step is to lead

with a clear and relevant facts. For example, “the MMR vaccine will not cause autism.” Be on alert for misinformation. To address a fallacy, make sure to flag the approach used to deceive, undermine the trust in disinformation, and highlight the misleading approach and reveal the hidden plan. For example, “Some people are saying that the MMR vaccine will lead to brain damage or autism. This is not true. While Luka may feel sick after getting the MMR vaccine or any other vaccine, that is a sign his body is building protection against the virus that causes MMR. Finally, end with another fact.” For example, “The MMR vaccine cannot cause autism or brain damage. The MMR vaccine teaches Luka’s immune system to recognize and fight the virus that causes measles, mumps, or rubella. Sometimes this process can cause symptoms, such as a sore arm and fever. These symptoms are normal are signs that the body is building protection against the virus that causes MMR.”¹²



¹¹ UNICEF. (2020). Field Guide on Addressing Misinformation. <https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide>

¹² Adapted from: CDC. (2021). How to Address COVID-19 Vaccine Misinformation. <https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html>

It is very unlikely that a caregiver/vaccine recipient refusing vaccinations will suddenly change their mind based on a limited interaction with them. However, you must try to keep the door open, without spending too much time trying to convince them to vaccinate. Although communication can be very effective in bringing yellow and orange hesitators up into the green, and keeping acceptors in the green, it may not be the right tool for

changing refusers' (red) minds. You still want to be sure you have made an effort to convince the caregiver/vaccine recipient to vaccinate and guide them towards reliable sources of information. But knowing when to stop while keeping the channel of communication open is key. The figure below shows some considerations and next steps to address vaccine refusers (Figure 12).

VACCINE REFUSERS: CONSIDERATIONS AND NEXT STEPS



Commit to continuing the dialogue about vaccines and reiterate to the caregiver/vaccine recipients you are available to take care whenever they need healthcare.



Caregiver/vaccine recipients who refuse vaccines should be reminded at every visit that if their child is ill (or they have any symptoms), they need to inform the health centre or anywhere else they are going to (office, clinic, or emergency department, for example), so that appropriate measures can be taken to protect others.



When scheduling a visit for an ill child who has not received vaccines, take all possible precautions to prevent contact with other patients, especially those too young to be fully vaccinated and those who have weakened immune systems.



You can also tell the caregiver/vaccine recipients that you would like to continue the dialogue about vaccines during the next visit, and then make sure to do so.

Figure 12: Vaccine Refusers Consideration and Next Steps

Table 18: Examples of Last Attempt Phrases

Below are some phrases that you can use at the last attempt to move caregivers/vaccine recipients into vaccine acceptors.

LAST ATTEMPT PHRASES

- "I want to provide you the best care I can for your child/you, and I strongly believe that vaccination is a best practice. I would never recommend something that I think would hurt them/you. Here is my phone number. If you want to think about it and call me back tomorrow, I would be happy to make time to get the vaccinations done whenever you can come in."
- "I'm worried. I hear what you are saying, and I understand that you are concerned. But, I am worried about your child's/your health if you make this decision not to vaccinate. Your child/you will not be protected, and everyone needs, and has the right to be protected."
- "What is it that you know that I don't know? I am a trained and experienced health care worker, up to date on all the latest science, with years of experience. And I truly believe, based on everything I know, that vaccination is the right choice."
- "By making the decision not to vaccinate your child, you are limiting their future possibilities for education and travel. They may not appreciate the choice you made. And you yourself, you were vaccinated, right? I have seen a few teenagers who suddenly have the opportunity to travel abroad with their high school sports team, but they can't go because they don't have the proper vaccination, and they don't have time to do the series of shots. And when that happens, that is not a happy teenager".

To wrap up, we will provide an example conversation combining active listening techniques between a health provider (Dr. Vera) and a caregiver (Mrs. Ilić) to understand the caregiver's concerns.

This conversation showcases several active listening techniques we have reviewed above (non-verbal communication, empathy, open-ended questions, and reflective listening).

Table 19: Example Conversation Between a Health Worker and Caregiver

Dr. Vera	Good morning, Mrs. Ilić. How are you and baby Drago today? (Smiling, warm gesture) . You are right on time for your next set of shots. (Nonverbal) .
Mrs. Ilić	He is doing well, but I don't think he is happy to be here.
Dr. Vera	Drago is unhappy about coming to the clinic. (Reflecting) .
Mrs. Ilić	Yes. I think he doesn't like being around so many people, and it is so hot.
Dr. Vera	Mmm (nodding) (Nonverbal) .
Mrs. Ilić	I even wonder if he knows this is where he gets the shots. He started crying as soon as he saw a white coat.
Dr. Vera	You think he associates white coats with pain already? (Reflecting) .
Mrs. Ilić	Yes! He really started to cry as soon as he saw someone wearing one.
Dr. Vera	How do you feel when you see a white coat? (Open-ended) .
Mrs. Ilić	Well, I don't like to see him in pain.
Dr. Vera	I respect that. I feel awful when I see my child in pain. (Empathy) .
Mrs. Ilić	Yes, it's terrible.
Dr. Vera	It is not easy, but you are doing the right thing by getting him vaccinated. How did he do after the last doses? (Open-ended) .
Mrs. Ilić	He cried for a long time afterwards, and he was a bit fussy for a few days, but he was okay, I guess. But I just hate seeing him cry so much!
Dr. Vera	OK, ready to get this next set of shots done?
Mrs. Ilić	I guess so.
Dr. Vera	Great. Please hold him steady for me.

CONCLUSION

Overall, this regional guidance aims to strengthen health workers interpersonal communication competencies to strengthen confidence in and demand for immunization and identify and address vaccine hesitancy, through improvements in front line health worker interaction with caregivers and vaccine recipients. Potential users can refer to this guidance at any point before, during and after interactions to strengthen the consultation between themselves and their clients including both, build trust and reinforce themselves as reliable and accessible source of information. In addition to health workers-caregiver interaction, these proposed approaches and tools are also valid for the health workers-COVID-19 vaccine recipient interaction as well as other potentially new vaccines with consideration of audiences, their concerns, informational needs, and expectations.

The guidance starts with discussing the role of health workers in strengthening confidence in vaccination and increasing demand for immunization by providing approaches and tools to understand bias, use empathy, understand verbal communication, practice reflective listening, and understand your audience. The Vaccine Hesitancy Continuum and the Algorithm for Communication and Engagement was also presented and approaches including open door/open ears, opt-out approach, strong recommendation phrases, CASE approach, open-ended questions, elevator phrases, and door handle phrases were explored.

Remember to:

- Listen. Use active listening techniques to identify continuum category and specific topic of concern.
- Respond. Use responding techniques to address concerns, reassure, and motivate.
- Check client understanding. Check that the client can repeat back to you the next steps.
- Send client away feeling cared for.

All in all, each engagement with a caregiver or vaccine recipient, regardless of their demographics and socio-economic status, is an opportunity to reinforce demand for immunization, identify and address fears, concerns, myths, misconceptions, improve the understanding of vaccine used,

disease prevented, potential side effects and how to address them. Therefore, health workers should be flexible, and experiment with various approaches while also observing their own behaviour and how caregivers/vaccine recipients react to their messages and approaches they use. This will improve health worker competencies and ultimately their interaction and experience with the caregiver/ vaccine recipient.

Did You Know That...

03

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.

Something to Think About

03

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

03

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

03

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.

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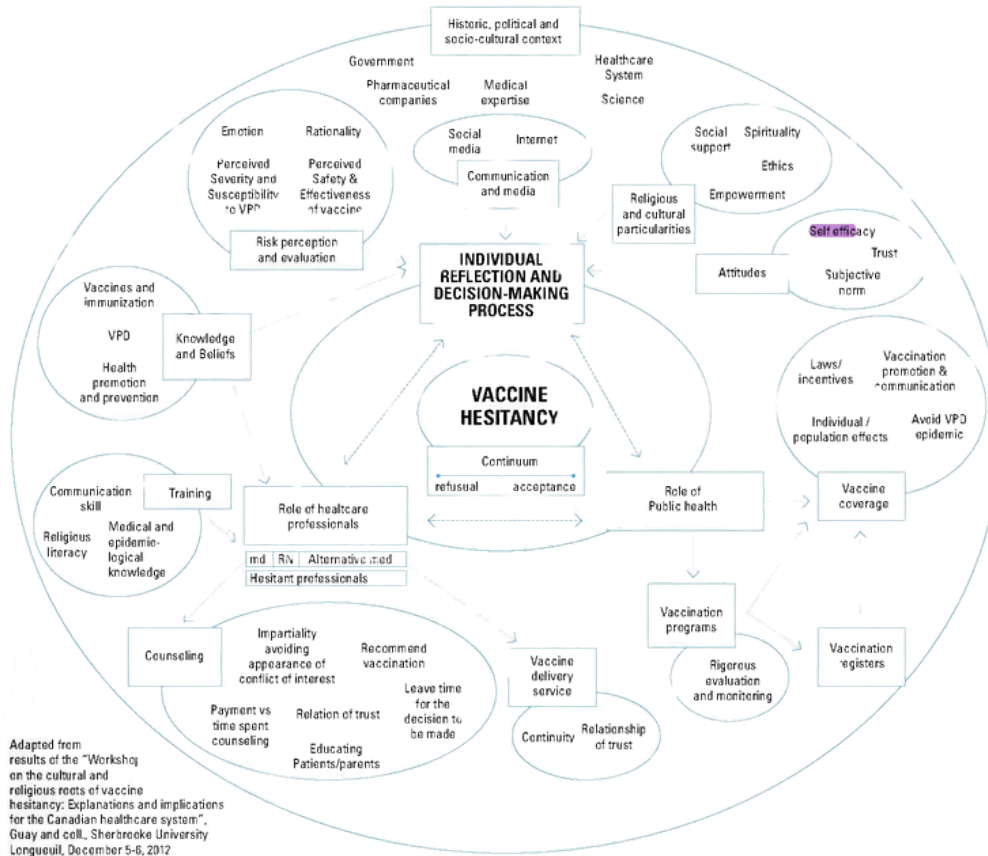
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APPENDIX A. VACCINE HESITANCY MODELS

The Vaccine Hesitancy Determinants Model, The SAGE Working Group

DETERMINANTS OF VACCINE HESITANCY



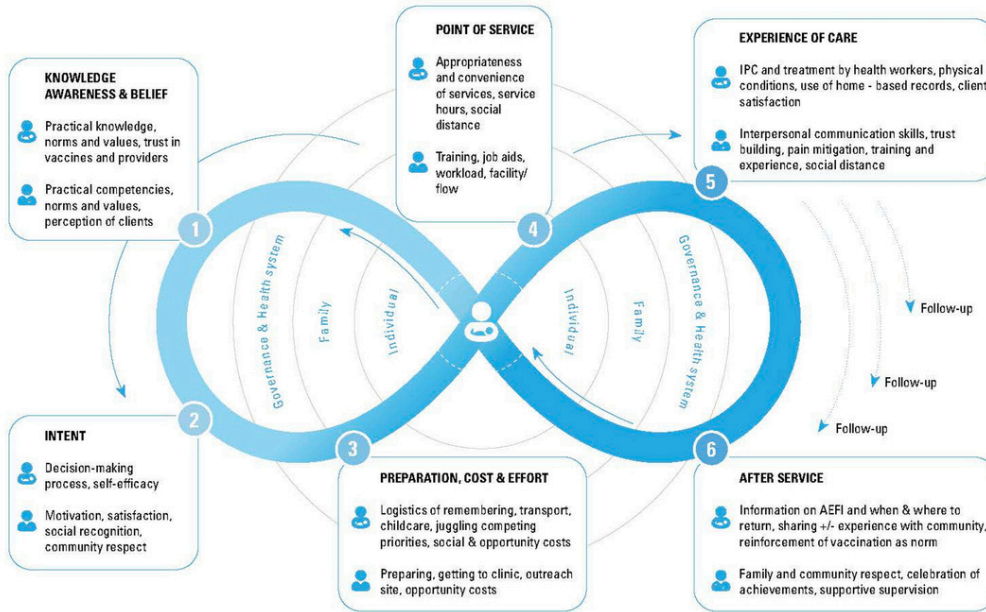
The Vaccine Hesitancy Determinants Model, The SAGE Working Group

INCREASING VACCINATION MODEL



THE JOURNEY TO HEALTH & IMMUNIZATION

Caregiver Health worker



Journey to Immunization-UNICEF VACCINATION BEHAVIOR

C apability	INDIVIDUAL	<ul style="list-style-type: none"> Knowledge Skills, trust in own skills Resilience, stamina, will power, surplus energy Physical fitness, ability
	INDIVIDUAL	<ul style="list-style-type: none"> Attitudes, perceptions, risk assessment Intentions Values, beliefs Emotions, impulses, feelings Confidence, trust
O ppportunity	CONTEXT	<p>Physical:</p> <ul style="list-style-type: none"> Access, affordability, availability of vaccination Convenience, appeal, appropriateness of vaccination Rights, regulation, legislation Structural efficiency Availability of information <p>Social:</p> <ul style="list-style-type: none"> Social, cultural demands, support Social, cultural cues, norms, values

THE 3 C'S MODEL



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for every child