

Communicating about vaccination with caregivers and patients

facilitator guide



World Health
Organization

European Region

ABSTRACT

This facilitator guide accompanies the training module, Communicating about vaccination with caregivers and patients. The facilitator guide provides instructions, explanations, key messages and guidance to accompany the slides in the training module.

KEYWORDS

IMMUNIZATION
TRAINING PROGRAMME
HEALTH PERSONNEL
COMMUNICATION

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Contents

ABBREVIATIONS		v
INTRODUCTION	Aim of the facilitator guide	1
	Role of the training facilitator	1
	About the training module	2
	Target audience	2
	Rationale for this training	2
HOW TO USE THE FACILITATOR GUIDE?	Checklist of training materials to conduct the training	3
INTRODUCTION TO THE TRAINING MODULE	Slide 1. Title slide	4
	Box 1. Facilitator guidelines	4
	Slide 2. WHO disclaimer	5
	Slide 3. Contents	6
	Slide 4. Training purpose and learning outcomes	6
	Slide 5. Pre-training self-reflection	7
PART 1. VACCINE CONFIDENCE AND THE ROLE OF HEALTH WORKERS	Slide 6. Part 1: Vaccine confidence and the role of HWs	8
	Box 2. Facilitator guidelines	8
	Slide 7. Vaccine confidence	9
	Slide 8. The vaccine-confident HW	10
	Slide 9. Strengthening vaccine confidence among HWs	11
	Slide 10. How HWs contribute to vaccine confidence	12
	Slide 11. Reflection	13
PART 2. DISCUSSING BENEFITS AND RISKS OF VACCINATION	Slide 12. Part 2: Discussing benefits and risks of vaccination	14
	Box 3. Facilitator guidelines	14
	Slide 13. Perceptions of risk in the population	15
	Slide 14. Perceptions of risks and benefits affect the vaccination decision	16
	Slide 15. An event following vaccination did not necessarily occur because of vaccination	17
	Slide 16. Perceptions of risk: reactions to vaccines	18
	Slide 17. Responding to perceptions of benefits and risks of vaccination	19
	Slide 18. Key messages for a conversation about risks and benefits	20
	Slide 19. Risks of vaccine-preventable diseases	21
	Slide 20. Benefits of vaccines	22
	Slide 21. Risks following vaccination	23
	Slide 22. Discussing benefits and risks: communication scenario	24

PART 3. CONVERSATION STEPS TO BUILD CONFIDENCE IN VACCINATION

Slide 23. Part 3: Conversation steps to build confidence in vaccination	25
Box 4. Facilitator guidelines	25
Slide 24. Building vaccine confidence	26
Slide 25. Conversations steps	27
Slide 26. Step 1: Presume vaccination	28
Slide 27. Step 2: Identify perceptions and position	29
Slide 28. Identifying serious concerns and/or doubts about vaccination versus opposition to vaccination	30
Slide 29. Step 3: Respond to perceptions and position	31
Slide 30. Responding to a person who opposes vaccination	32
Slide 31. Responding to a person who is not ready to accept vaccination	33
Slide 32. Motivational interviewing techniques to build confidence in vaccination	35
Slide 33. Motivational interviewing techniques in practice	36
Slide 34. Ask open-ended questions	37
Slide 35. Listen and reflect back	38
Slide 36. Give positive feedback	39
Slide 37. Share knowledge	40
Slide 38. Summarize and decide action	41
Slide 39. The conversation objective	42
Slide 40. Conversation steps to build confidence in vaccination	43

PART 4. APPLYING THE STEPS IN CONVERSATIONS WITH CAREGIVERS AND PATIENTS

Slide 41. Part 4: Applying the steps in conversations with caregivers and patients	44
Box 5. Facilitator guidelines	44
Slide 42. Applying the conversation steps through role-play	45
Slide 43. Conversation considerations for the role of the HW	46
Slide 44. Conversation scenario 1: Necessity of vaccines	47
Slide 45. Conversation scenario 1: Role-play feedback and discussion	48
Slide 46. Conversation scenario 2: Fear of vaccines	49
Slide 47. Conversation scenario 2: Role-play feedback and discussion	50
Slide 48. Conversation scenario 3: Understanding risk	51
Slide 49. Conversation scenario 3: Role-play feedback and discussion	52
Slide 50. Conversation scenario 4: Distrust of vaccines	53
Slide 51. Conversation scenario 4: Role-play feedback and discussion	54
Slide 52. Keep in mind	55
Slide 53. Resources for HWs	56
Slide 54. Post-training self-reflection and evaluation	57
Slide 55. Training module references	58
Slide 56–61. Training module annexes	58
Slide 62. End page	58

REFERENCES

59

ANNEXES

Annex 1. Pre- and post-training self-reflection survey, evaluation and feedback survey	61
Annex 2. Communication scenario for an adult patient	64
Annex 3. Conversation scenarios and example dialogues with adults	65
Annex 4. Conversation rubric	71
Annex 5. Health worker communication algorithm	72

Abbreviations

AEFI	adverse event following immunization
COVID-19	coronavirus disease
DTaP	diphtheria, tetanus, acellular pertussis
ECDC	European centre for disease prevention and control
HW	health worker
MI	motivational interviewing
MMR	measles mumps rubella
NHA	national health authority
VPDs	vaccine-preventable diseases

Introduction

This guide is designed for the facilitation of the training module, *Communicating about vaccination with caregivers and patients*. It provides instructions, explanations, key messages and guidance to accompany the slides in the training module and support those implementing the training. It is intended for training facilitators or trainers of trainers who will be conducting the training at the country level either face- to-face or online with a group of participants. Facilitators can use this guide to adapt the training content and activities to the local context. Participatory learning through active contribution to discussion and training activities is emphasized to ensure that participants learn the concepts and communication skills and feel confident to use them in conversations with caregivers and patients about vaccination.

Aim of the facilitator guide

The facilitator guide is a resource for facilitators to understand the content of the training module and how they should go about teaching the material. It provides facilitators with a roadmap of their training session. Whether someone is a seasoned expert or new to facilitating, this guide will keep the training programme on track in terms of the session's agenda, learning content and activities, and timeframe.

Role of the training facilitator

A facilitator is a person who has received the training and is familiar with the training content and activities, and now ready to deliver the training material to a group of training participants. The main role of the facilitator is to help the participants learn the concepts and communication techniques presented in the training and facilitate the discussions and training activities. The role of the facilitator is guided by the following three principles.

1. INSTRUCT

Ensure participants understand the objectives of the training.

Help participants understand the concepts, communication techniques and key messages in the training material.

Answer participants' questions as they arise and explain any information that participants find confusing.

Lead group activities including group discussions and role-plays, to ensure that learning objectives are met.

Provide feedback on role-play scenarios and identify gaps where more discussion may be useful.

Provide additional explanations or practice to improve understanding and use of the communication techniques.

Direct participants to understand how to use the communication steps and techniques learned in the training in their own health-care settings.

2. MOTIVATE

Encourage participation and knowledge and experience sharing.

Acknowledge participants grasp of skills, improvements or progress.

Provide positive feedback.

Create an atmosphere of collaborative work, open discussion and enquiry.

3. MANAGE

Frame open and positive discussions

Discuss differences of opinions.

Facilitate discussion and activities within the established timeframe.

About the training module

The training module, Communicating about vaccination with caregivers and patients, developed by the WHO Regional Office for Europe, presents a structured approach to assist health workers (HWs) with communication during routine vaccination consultations. Based on feedback from countries across the WHO European Region and technical experts, this module builds on training material developed by WHO Regional Office for Europe on communicating about coronavirus disease (COVID-19) vaccination with patients. The training module consists of 62 slides divided into the following four parts:

1. Vaccine confidence and the role of HWs
2. Discussing benefits and risks of vaccination
3. Conversation steps to build confidence in vaccination
4. Applying the steps in conversations with caregivers and patients.

The estimated training duration is 3–4 hours including suggested breaks. However, this can be adapted to the national needs and the local context depending on how the training will be delivered.

The goal of the training module is to guide HWs to facilitate effective conversations with caregivers and patients who are eligible for routine vaccination, and ultimately increase their confidence in vaccination. It provides the skills to recognize specific positions on vaccination, approach caregivers and patients to start a conversation about vaccination and respond appropriately to different perceptions and positions about vaccination.

The training module introduces HWs to the methodology of motivational interviewing (MI) using scenarios and role-play, aiming to build confidence among HWs in communication with caregivers and patients during vaccination consultations. MI is a person-centred communication approach designed to elicit and strengthen motivation and commitment to change (1). This approach aims to inform people about vaccines and vaccination, according to their specific needs and their individual level of knowledge, with acceptance of their beliefs.

HWs learn how to have respectful and empathetic discussions about vaccination that strive to build a trusting relationship between the HW and the caregiver or patient. Essential MI skills discussed and practised in the training include:

- asking open-ended questions
- performing reflective listening
- giving positive feedback
- using the ELICIT-SHARE-VERIFY approach to share expert information
- summarizing the conversation with an intended action.

Target audience

This training module was developed and intended for frontline HWs who have conversations with caregivers and patients about routine vaccines and vaccination. This includes, but is not limited to, general practitioners, medical specialists, nurses, pharmacists, midwives and community health workers. Because of their diverse backgrounds, some may find different parts of this training more applicable to their work than others. However, these health-care professionals often work closely together as a team and can thus benefit from consistent training in the use of the same communication skills. Learning about evidence-based communication steps and techniques to have an effective conversation will be helpful to all HWs in their efforts to promote vaccine acceptance and improve vaccination uptake among the eligible population.

Rationale for this training

HWs play a central role in maintaining public trust in vaccination, including addressing the concerns of caregivers and patients. They need to be well educated and conversant in best practices in vaccination safety communication, including in relation to: specific and serious risks of vaccine-preventable diseases (VPDs), possible side-effects of vaccines, managing adverse events, pain mitigation strategies, the use of clear language, framing conversations and MI techniques (2). HWs who are knowledgeable about evidence-based communication strategies are critical to implementing a successful vaccination programme. They are key to communicating that vaccination is safe and effective.

How to use the facilitator guide?

The facilitator guide is a tool that facilitators can use when delivering the training module to a group of participants. The guide provides support in teaching the content of the module through a slide-by-slide approach, from start to finish.

Facilitator guidelines are presented for each part of the training, providing an overview, objectives, expected duration and materials for teaching and learning and/or preparation needed. The slides of the training module are

described through one or all of the following communication areas: **how to present**, **talking points** and **summary**. Facilitators should be familiar with the communication areas for each slide before conducting the training. Accompanying training materials, including a series of adaptable conversation scenarios and corresponding dialogues, are found in the annexes of this guide. Facilitators are encouraged to have this guide available to them as a tool during the training session.

Slide communication areas for the facilitator(s):



How to present refers to the instructions for the facilitator(s) related to what they should know and could do when presenting the slide.



Talking points refers to what the facilitator(s) could verbalize to the participants when presenting the slide.

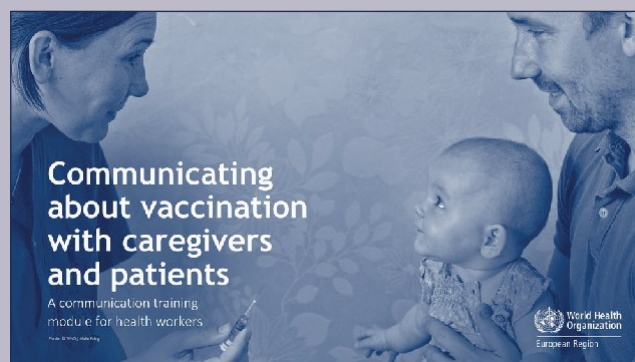


Summary refers to the key takeaway points on the slide for training participants.

Checklist of training materials to conduct the training:

ITEM	FACILITATOR	PARTICIPANT
Facilitator guide	✓	
Training module slides	✓	✓
Communication scenarios	✓	✓
HW communication algorithm	✓	✓
Conversation rubric	✓	✓
Pre-training self-reflection survey		✓
Post-training self-reflection and evaluation		✓

Title slide



BOX 1. Facilitator guidelines

OVERVIEW	Introduce the training module and your role as the facilitator(s). Provide an overview of the training programme. This part of the training covers slides 1–5.
OBJECTIVES	<ul style="list-style-type: none"> • Introduce participants to the training. • Provide an overview of the training agenda. • Provide a contextual background to explain why the training is being conducted. • Conduct the pre-training self-reflection survey.
DURATION	10 minutes
MATERIALS AND PREPARATION	Laptop and projector, training slides, pre-training self-reflection survey



HOW TO PRESENT

- Introduce the training and welcome participants. Introduce yourself and explain to participants that, as facilitator (and along with your co-facilitator, if you have one), your role throughout this training will be to:
 - guide participants through the training content
 - answer questions as they arise or find the answer if you do not know
 - clarify information participants find confusing
 - lead group discussions, exercises and role-plays
 - observe and help as needed during role-play scenarios
 - give individual and/or group feedback on exercises.
- Inform participants of the following:
 - This training has interactive components including group discussions and a role-play activities.
 - All participants will be asked to participate in practice exercises to apply the skills learned and help strengthen their communication abilities.
 - Participants will gain the most from this training through active participation.
- Review the following training module disclaimer with participants:
 - This tool is not vaccine product specific, rather it provides recommended conversation steps necessary to tailor conversations to caregivers' and patients' perceptions and positions about routine vaccination.
 - The focus of this tool is on communication skills; it is not intended to provide guidance on vaccinology and vaccine administration procedures.
 - To effectively apply the communication techniques, an HW also needs to be knowledgeable and confident about vaccinology, specifics of the vaccines used in their clinical setting, vaccine administration techniques, identifying and managing adverse reactions to vaccines, and credible sources of routine vaccine information for caregivers and patients relevant to their local contexts.
 - HWs must rely on their own professional knowledge, skills and judgment in clinical decision-making when giving advice to caregivers and patients.

Continued...

Contents

Contents	
PART 1	Vaccine confidence and the role of HWs.....6
PART 2	Discussing benefits and risks of vaccination.....12
PART 3	Conversation steps to build confidence in vaccination.....23
Step 1: Presume vaccination	
Step 2: Identify perceptions and position	
Step 3: Respond to position	
PART 4	Applying the steps in conversations with caregivers and patients.....41
Annex 1: Facilitation guide.....	56
Annex 2: Conversation scenarios.....	57



HOW TO PRESENT

- List each of the four parts of the training.

Training purpose and learning outcomes

Training purpose and learning outcomes

PURPOSE

To support health workers (HWs) in their role to confidently recommend vaccination to caregivers and patients.

At the end of this training, the participant will be able to:

1. take a proactive role as a HW in contributing to vaccine confidence;
2. effectively communicate benefits and risks to support a vaccination decision;
3. identify different perceptions and positions regarding vaccination;
4. respond to concerns about vaccination using motivational interviewing techniques; and
5. facilitate a clear and structured conversation to build confidence in vaccination.



HOW TO PRESENT

- Review the training purpose on this slide and explain that there are five learning outcomes for participants who complete the training.
- List the five learning outcomes for participants.

Pre-training self-reflection

Pre-training self-reflection



HOW TO PRESENT

- Introduce the anonymous pre-training self-reflection survey and explain its purpose.
 - Ten pre-training questions assess the level of confidence that the HW has in their professional capacity to address a person's concern(s), and support their information needs about routine vaccination.
 - The goal is for HWs to be able to identify an immediate improvement in their own confidence level as a result of participating in this training.
- Provide 5 minutes for participants to complete the survey and submit their results.
- Encourage all participants to complete the pre-training self-reflection survey emphasizing that the results will help to assess the impact of the training on participants' level of confidence.
- Consider also the following:
 - The surveys are available for print (Annex 1).
 - Survey questions can be made available in the local setting through an online survey tool and a link or QR code can be inserted on this slide.

Part 1. Vaccine confidence and the role of HWs

Part 1: Vaccine confidence and the role of HWs



BOX 2. Facilitator guidelines

OVERVIEW	In Part 1, you will introduce participants to the concept of vaccine confidence in health-care settings and provide some key criteria on what it takes to be a vaccine confident HW. Through a discussion exercise you will ask participants to self-reflect on the concept of vaccine confidence in their own work settings. This part of the training covers slides 6–11.
OBJECTIVES	<ul style="list-style-type: none"> • Explain the concept of vaccine confidence and how this impacts the role of HWs who communicate about vaccination. • Explain how HWs can take a proactive role in contributing to vaccine confidence.
DURATION	10 minutes
MATERIALS AND PREPARATION	Laptop and projector, training slides, flip chart or white board and markers



HOW TO PRESENT

- Introduce Part 1, which will cover learning outcome one: take a proactive role as an HW in contributing to vaccine confidence.

Vaccine confidence

Vaccine confidence

Vaccine confidence is the **trust** that individuals have in⁽¹⁾

- recommended vaccines
- vaccine policies and the health system that delivers vaccines
- **HWs** who advise people about vaccines.



HOW TO PRESENT

- Explain the concept of vaccine confidence as it relates to the role of HWs. This concept will set the scene for the rest of the training module.



TALKING POINTS

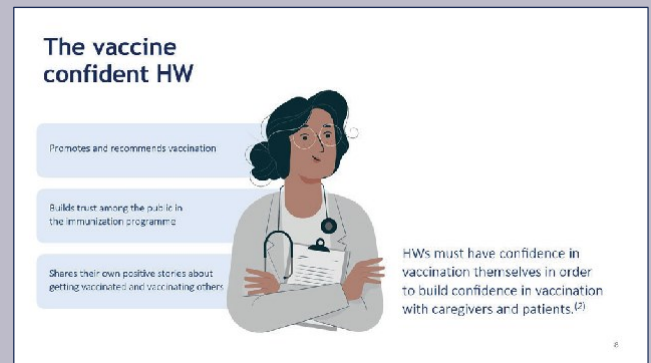
- Vaccine confidence is a multi-faceted concept, based largely on trust (3).
- A person must have trust in all three of these listed elements to feel fully confident in their decision to get vaccinated.
- Trust is critical to your relationship with a caregiver or patient, and can be built over time.
- This is an important concept to think about when working with individuals who may have a history of mistrust in the medical establishment or the government.
- HWs have an impact on the last element. When you advise people about vaccines, you can build trust in routine vaccines and champion the national vaccination programme.
- HWs can also help to build trust in recommended vaccines as well as the processes and policies behind vaccines by helping people to understand how vaccines are authorized for use in the country and continuously monitored for safety by health authorities.
- By taking time to listen to caregivers' and patients' concerns and respectfully share information, HWs can help them become confident in their decision to get vaccinated.
- Being honest about what you do not know is also important for building trust. Consider where to seek expert information on vaccination and vaccines authorized for use in the country when you do not know offhand; for instance, from the local health authority, medical professional bodies, an expert colleague or WHO.
- When you share a personal story and the reasons why you recommend vaccines or got vaccinated yourself, you can have a powerful influence on a person's vaccination decision and help to build their vaccine confidence.
- Strong confidence in vaccination within communities leads to more people getting vaccinated, which leads to fewer illnesses hospitalizations and deaths caused by VPDs (3).



SUMMARY

- Vaccine confidence is rooted in trust.
- HWs have an essential role to play by building trust in routine vaccines and championing the national vaccination programme.
- HWs who take time to listen to concerns and respectfully share information, can help people become confident in their decision to get vaccinated.

The vaccine-confident HW



HOW TO PRESENT

- Explain how vaccine confidence impacts the role of HWs who communicate with caregivers and patients about vaccination.



TALKING POINTS

- Your behaviours can impact vaccine confidence in others.
- A vaccine confident HW is a professional clinician who promotes and recommends vaccination; who builds trust among the public when it comes to the national immunization programme, by educating and reassuring caregivers and patients about the necessity and safety of vaccines; and who can lead by example, by sharing their positive stories about getting vaccinated and vaccinating others (4).
- Take a moment to consider if this description resonates with your own behaviours in practice.



SUMMARY

- Vaccine confidence starts with you in your role as an HW.
- You must have confidence in vaccination before you can start to build confidence in vaccination among caregivers and patients.

Strengthening vaccine confidence among HWs

Strengthening vaccine confidence among HWs

HWs' vaccine confidence increases when they are familiar with and know where to find up-to-date and accurate information on:

- vaccine-preventable diseases
- how vaccines work to prevent diseases
- vaccine safety and effectiveness
- vaccine administration techniques
- identification and management of severe reactions to vaccines



HOW TO PRESENT

- Recommend the topic areas for HWs to be familiar with when engaging in conversations with caregivers and patients about vaccination.
- Encourage participants to consider their own sources of information to help strengthen their knowledge on these topic areas.



TALKING POINTS

- Not all HWs feel confident to talk to caregivers and patients about vaccines; they also may not know how to answer questions or respond to concerns that caregivers and patients may have (5).
- It is natural that HWs working in settings where vaccination is offered will have varying levels of knowledge, education and experience.
- It is essential that you know where to access up-to-date and accurate information on the topic areas listed on this slide.
- Consider your own sources of expert information on these topics. This may include the NHA, clinical and programme managers, professional practice bodies, academia or WHO.
- You should also consider what actions you take in your practice to stay up-to-date on these topics. As information is constantly updated, and new vaccines are introduced, it is important that you obtain information on these topic areas.
- Once you feel confident in your ability to address these topic areas with caregivers and patients, then you are in a very strong position to have an effective conversation with a caregiver or patient that motivates them to vaccinate.



SUMMARY

- Consider your sources of information to strengthen your own vaccine confidence.
- Be ready and know where to access accurate and up-to-date information on these topic areas.

How HWs contribute to vaccine confidence



HOW TO PRESENT

- Share evidence to emphasize the importance of a recommendation from an HW to get vaccinated.



TALKING POINTS

- HWs are among the most trusted advisors and influencers of vaccination decisions (4–6).
- An HW recommendation is a major driver of vaccine uptake, however, HWs may underestimate their influence, may not have much time to talk about vaccines or lack vaccine confidence, which can prevent vaccine uptake (6).
- Research indicates that patients are more likely to vaccinate when their health-care providers recommend it (5).
- HWs' knowledge and attitudes about vaccines is an important determinant of their intention to recommend vaccination to caregivers and patients, and of the vaccine uptake of their eligible patients. Therefore, as an HW, your recommendation is likely to affect the attitudes and decisions of many other people (4).
- The European Centre for Disease Prevention and Control (ECDC) stated: "Healthcare workers are considered to be the most trusted source of vaccine-related information for patients. They are in the best position to understand hesitant patients, to respond to their worries and concerns, and to find ways of explaining to them the benefits of vaccination" (7).
- Caregivers and patients require consistent and accurate information about the safety and benefits of routine vaccines from all their health-care providers, conveyed in a respectful and positive manner.
- Routine immunization rates can be improved if HWs and the entire health team strongly recommend vaccination at every opportunity.
- Recommending vaccination and leading by example are likely to increase vaccine acceptance among caregivers, patients and the general public (4).



SUMMARY

- HWs are often considered the most trusted advisors and influencers of vaccination decisions.
- An HW's recommendation to get vaccinated is a major driver of vaccine uptake.

Reflection

REFLECTION

What do you as HWs need to build your confidence in vaccination?

What can you do to help caregivers and patients trust vaccination?

Group reflection exercise

The objective is for participants to consider ways they can leverage their role as trusted advisors to build confidence in vaccination among caregivers and patients.



HOW TO PRESENT

- Facilitate a discussion with participants by asking them to reflect on their own confidence in vaccination and to share what they do in their practice to help caregivers and patients trust vaccination. Ask participants to share practices or experiences that they found worked or did not work to build trust in vaccination.
- Depending on the number of participants, this discussion can take place as one large group of all participants, or consider breaking the participants into smaller groups of two to five people and assign one person in each group to summarize and report back to the larger group.
- Small groups can use a flip chart or whiteboard and marker to document their key points.
- Provide 10 minutes for this exercise.

Part 2. Discussing benefits and risks of vaccination

Part 2: Discussing benefits and risks of vaccination



BOX 3. Facilitator guidelines

OVERVIEW	In Part 2, you will explore perceptions of risk and the different types of reactions to vaccines. You will guide participants in how to communicate effectively about risks and benefits of vaccination to support a person's vaccination decision. You will facilitate a communication scenario in which participants will be asked to discuss the benefits and risks to include in a conversation with a caregiver and/or patient to help increase their confidence in vaccination. This part of the training covers slides 12–22.
OBJECTIVES	<ul style="list-style-type: none"> • Review perceptions of risk and how they affect the vaccination decision. • Understand the different kinds of reactions to vaccines. • Outline key messages for a conversation about risks and benefits. • Have an open and fair conversation about the risks and benefits of vaccination with a caregiver or a patient.
DURATION	30 minutes
MATERIALS AND PREPARATION	Laptop and projector, microphone, training slides, flip chart or white board and markers



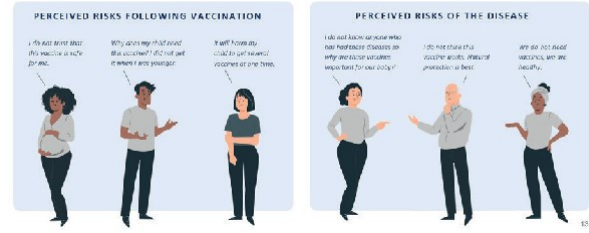
HOW TO PRESENT

- Introduce Part 2, which will cover learning outcome two: effectively communicate benefits and risks to support a vaccination decision.

Perceptions of risk in the population

Perceptions of risk in the population

Concerns vary across the population, between and within different groups⁽⁸⁾



HOW TO PRESENT

- Discuss the varied perceptions of risk in the population.
- Review the different quotes from the people on the slide and ask participants to consider and share the risk perceptions they commonly hear from caregivers and patients in their health-care settings.



TALKING POINTS

- It is common to be confronted by caregivers and patients who question the risks and benefits of vaccination.
- Perceptions vary considerably across the population between and within different groups and are influenced by multiple individual and contextual factors operating in people's day-to-day lives (8).
- People often have perceptions of risk related to what happens following vaccination and perceptions of risk related to diseases.
- HWs have a unique opportunity to promote vaccine confidence among caregivers and patients by listening to and understanding their perceptions of risk.
- By listening effectively, you will be better equipped to address questions and concerns and foster vaccine knowledge and awareness. This skill will be discussed further later in this training.



SUMMARY

- Perceptions about vaccination are influenced by multiple individual and contextual factors.
- Concerns about vaccination vary, therefore HWs must understand an individual's perception of risk to respond effectively and build confidence in vaccination.

Perceptions of risks and benefits affect the vaccination decision

Perceptions of risks and benefits affect the vaccination decision



HOW TO PRESENT

- Present the two different people on this slide and explain how perceptions of risk can influence the vaccination decision.



TALKING POINTS

- Risk is the possibility of a negative future outcome. Individuals perceive risk according to how probable they believe it is that a specific type of event will take place (probability), and how concerned they are with the consequences of such an event (severity) (9). Risk can also be a feeling. Feelings about risk can have a stronger impact on behaviour than knowledge about risk.
- You must consider how caregivers and patients perceive risk and how these perceptions influence vaccination decision-making.
- A person may think that the disease is likely and/or severe; they may also feel that vaccine side-effects are likely and/or severe (9).
- The general rule is:
 - if people perceive high levels of risk of disease, and know vaccines reduce this risk, they will be more likely to accept vaccination (9); however
 - if people perceive high levels of risk from vaccine reactions, perceive a low level of protective benefit from vaccines, and/or perceive a low level of risk related to disease, they are more likely to decline or delay vaccination (9).
- For some people in the population, when disease risk is perceived as low or absent, fears or concerns about a disease can be replaced by fears or concerns about vaccines (9).



SUMMARY

- Both disease and vaccination are associated with risk.
- A key factor in vaccination decision-making is how people perceive risk.

An event *following* vaccination did not necessarily mean *because of* vaccination

An event *following* vaccination does not necessarily mean *because of* vaccination


People may experience a health problem following vaccination and assume it was caused by the vaccine.

Without accurate information, a person may believe that any adverse health event following vaccination was caused by the vaccine received.

Informing caregivers and patients prior to vaccination about the expected reactions to vaccination, as well as how to seek help and report an adverse event that causes concern, builds vaccine confidence.

Various diseases and health events, caused by factors independent of vaccination, occur in a population.

People's perception of risk can be influenced by a health problem when it coincides in time with vaccination. This is known as a **coincidental event**.




HOW TO PRESENT

- Define a coincidental event.
- Explain how coincidental health events can affect people's perceptions of risk when it comes to vaccination.



TALKING POINTS

- Independent of vaccination, various diseases and health events occur in the population.
- A coincidental event is an adverse event following immunization that occurs after vaccination but is caused by something other than the vaccine product, immunization error or immunization anxiety (10).
- When a health problem coincides with the time of vaccination, a person who lacks accurate information may believe that the problem was caused by vaccination, when in fact it was a coincidental event.
- To avoid misunderstanding, an HW can inform caregivers and patients prior to vaccination about the expected reactions to vaccination, as well as how to seek help and report any adverse event following vaccination.



SUMMARY

- Perceptions of risk can be influenced by coincidental events.
- Good communication prior to vaccination can help to address the risk of a coincidental event and build vaccine confidence.

Perceptions of risk: reactions to vaccines

Perceptions of risk: Reactions to vaccines

Vaccines can cause reactions, but serious reactions are very rare. Adverse events following immunization (AEFIs) can be reactions to the vaccine or vaccination, or they can be coincidental. The various types of AEFIs are listed below.¹⁸

CAUSE-SPECIFIC TYPE OF AEFI	DEFINITION	ADDITIONAL INFORMATION
Vaccine product-related reaction	An AEFI that is caused or precipitated by a vaccine due to one or more of the inherent properties of the vaccine product.	Very rare and rates are too low to manage them.
Vaccine quality defect-related reaction	An AEFI that is caused or precipitated by a vaccine due to error in manufacturing or distribution of the vaccine product.	Quality defects are extremely unlikely due to the highest standards applied to vaccine manufacturing and quality control (as much as is feasible).
Immunization process-related reaction	An AEFI that is caused by inappropriate vaccine handling, prescribing or administration and thus is preventable.	Trained staff and proper equipment prevent such events.
Immunization context-related reaction	An AEFI is being felt or anxiety about the immunization.	Concerns among individuals and groups are valid. Proper procedures create a safe environment to prevent them.
Not cause by immunization	An AEFI that occurs after immunization but is caused by something other than the vaccine product, immunization error or immunization anxiety.	Very often a serious AEFI is caused by factors which have nothing to do with vaccination—such as health conditions that coincide in time with vaccination.



HOW TO PRESENT

- Present the various types of Adverse Events Following Immunization (AEFIs) as described on this slide as background knowledge for HWs and emphasize the general likelihood of each.
- Reinforce that coincidental events are not caused by vaccination.



TALKING POINTS

- For your own background as HWs, it is important that you are aware of the various types of AEFIs and their likelihood in practice.
- Questions related to the different types of AEFIs may arise in conversations with caregivers and patients, therefore it is important for you to understand the differences among AEFIs and be prepared to address them.



SUMMARY

- Vaccines can cause reactions, but serious reactions are very rare.
- Very often an AEFI is caused by factors which have nothing to do with vaccination, such as health conditions that coincide with the time of vaccination.

Responding to perceptions of benefits and risks of vaccination

Responding to perceptions of benefits and risks of vaccination

To build confidence in vaccination, a HW needs to communicate effectively about risks and benefits by:

- understanding perceptions and communicate about the known risks associated with contracting a vaccine-preventable disease;
- communicate about the benefit of vaccines in reducing the risk of disease; and
- inform about the known risks associated with vaccines and how these risks are mitigated.

Additionally, a HW should:

- tailor the discussion about risks and benefits to the concerns and knowledge of the patient or caregiver; and
- direct to accurate, trustworthy and clear information about vaccination and who to contact in case of a serious AEFI.



HOW TO PRESENT

- Provide an overview of the information HWs need for a conversation about risks and benefits of vaccination.



TALKING POINTS

- Your goal is to facilitate a collaborative discussion with caregivers and patients, by understanding their perceptions, and explaining the risks of VPDs and the risks and benefits of vaccination against these diseases, to help them make an informed decision. This involves taking time to understand perceptions about risks and benefits.
- An effective conversation about risks and benefits of vaccination that builds trust in vaccination requires you to use an open and balanced approach. You should communicate the known risks associated with contracting a VPD, the benefit of vaccines in reducing the risk of disease, and the known risks associated with vaccines and how these risks can be mitigated (11).
- This conversation should be tailored to the vaccine eligible patient by considering their individual risk factors (5).
- Present and share information in a clear and understandable way (11). This means you may have to adapt your communication style to the health literacy level of the caregiver or patient, sharing culturally appropriate examples and resources (11).



SUMMARY

- Tailor the conversation to address the risk factors affecting the vaccine eligible patient.
- Adapt your communication to the health literacy level of the caregiver or patient.
- Share accurate, trustworthy and clear information about vaccination.

Key messages for a conversation about risks and benefits

Key messages for a conversation about risks and benefits^(9,10)



HOW TO PRESENT

- Use the three components of an effective conversation about risks and benefits to guide participants through key messages they can consider adapting in their own health-care settings.



TALKING POINTS

- All your conversations about vaccination should touch on these three components to fairly and effectively address questions and concerns about vaccination (11).
- In the next three slides we will go through the key messages for each component to give to caregivers and patients.
- As discussed, tailor your messages to the factors affecting the vaccine eligible patient and the concerns of the caregiver or patient.



SUMMARY

- To build confidence in routine vaccination, HWs must be familiar with and prepared to discuss all three components of risks and benefits.

Risks of VPDs

Risks of vaccine-preventable diseases



KEY MESSAGES

- Infection can lead to severe complications, hospitalization, long-term disabilities and death.
- Many vaccine-preventable diseases have no specific treatment or cure.
- Some diseases spread rapidly in a community in which many people are not vaccinated. Many of these diseases are not seen because of the success of vaccination.
- The risk of serious illness posed by a vaccine-preventable disease is much greater than the risk of a serious reaction to a vaccine.

19



HOW TO PRESENT

- Review the general key messages for risks of VPDs as presented on this slide, reminding participants that they will need to adapt these messages to the local context and consider the individual risk factors of the vaccine eligible patient.



TALKING POINTS

- While these are important key messages it necessary to adapt these messages to the vaccine eligible patient and the local disease context (5).
- Consider any risk factors that impact the patient and may increase their risk of infection and/or serious disease. For example, does the patient have a chronic disease that puts them at risk of severe disease? Does their age put them in a high-risk category? Do they attend daycare or school, or work in a job that puts them at risk of catching and spreading preventable diseases? Are there any current outbreaks of VPDs in the area?

Benefits of vaccines

Benefits of vaccines

KEY MESSAGES

- Vaccines protect a person by training and strengthening the immune system to defend against vaccine-preventable infections.
- Vaccines are highly effective at protecting against severe diseases.
- Vaccination is much safer than contracting the disease.
- Timely vaccination protects children from serious diseases that can lead to hospitalization, missed days or weeks at school, life-long disability or even death.
- Most vaccines prevent the spread of infection in the community. Therefore, these vaccines indirectly protect vulnerable individuals who cannot get vaccinated due to their health condition.
- The World Health Organization estimates that every year, more than two million deaths are prevented worldwide due to immunization.



20



HOW TO PRESENT

- Review the general key messages for the benefits of vaccines as presented on this slide, reminding participants that they will need adapt these messages to the vaccines used in their practice. Because of this, it is important to be familiar with and up-to date on the routine vaccines used in their health-care settings.



TALKING POINTS

- In addition to the key messages on this slide, you should be familiar with the benefits of the vaccines used in your health-care settings.
- Be ready to discuss how the vaccines work to provide the body with protection, when this protection starts and how long it lasts, as well as information to promote the safety and efficacy of routine vaccines.

Risks following vaccination

Risks following vaccination

KEY MESSAGES

- Common side effects are usually mild and resolve quickly.
- Not all adverse events seen after vaccination are caused by the vaccine itself. There are multiple underlying causes which do require a thorough review.
- No vaccine protects 100% against the disease; however, vaccination significantly reduces risks from diseases.
- Serious adverse reactions following immunization are extremely rare. Some of these reactions are more likely to occur following infection with the virus or bacteria than following vaccination.
- Medical professionals have been trained to further reduce the risk and manage a serious adverse reaction to a vaccine should one of these rare events occur.
- Encourage patients to report any adverse event following immunization which causes concerns.



21



HOW TO PRESENT

- Review the general key messages for caregivers and patients about the risks following vaccination as presented on this slide, reminding participants that they will need adapt these messages to the vaccines used in their practice. Because of this, it is important to be familiar with and up-to date on the routine vaccines used in their health-care settings.
- Emphasize the importance of clinical training to be able to manage the rare occurrence of a severe allergic reaction.



TALKING POINTS

- In addition to the key messages on this slide, you should be familiar with the potential risks following vaccination for the vaccines used in your clinical setting.
- Be ready to discuss the common side-effects of vaccines and how to mitigate these (12).
- It is also important to be knowledge about the rare possibility of adverse events including a severe allergic reaction and the steps necessary to manage these reactions if and when they do occur (12).
- When discussing allergic reactions, emphasize the protocols your clinical setting has in place to respond and manage these events (i.e. timely medical treatment and supervision).

Discussing benefits and risks: Communication scenario

DISCUSSING BENEFITS AND RISKS

Communication scenario

Scenario: A mother of a healthy one-year-old asks you why her child needs the measles and rubella-containing vaccine when no one around them has measles or rubella. She tells you she's worried about the vaccine side-effects she read about on a popular social media site.


Action: What are the benefits and risks you would include in your conversation with this mother to increase her confidence in the vaccine?

RISKS OF DISEASES
Measles and rubella are highly infectious diseases that can easily spread between unvaccinated people and cause serious complications or death.⁽¹⁾

RISKS OF MMR VACCINE
The vaccine may produce minor swelling at the injection site, a non-infectious rash, mild cold symptoms or a fever 7 to 12 days after administration.

Severe allergic reactions are extremely rare. In the unlikely event of a severe reaction, we have procedures in place to provide immediate and effective care.⁽²⁾

BENEFITS OF MMR VACCINE
Vaccination is much safer than contracting measles or rubella.⁽³⁾



Communication scenario

The **objective** of this activity is for the HW to include all three components of risks and benefits about vaccination in their conversation to help the mother make an informed decision.



HOW TO PRESENT

- Review the communication scenario with participants.
- Ask participants to turn to the person next to them and take a few minutes to discuss the key points they would want to include in a discussion with this mother making sure to address all three components about risks and benefits of MMR vaccination (13): risks of VPDs, benefits of vaccines, risks following vaccination.
- Discuss the points together as a group.
- Consider using a flip chart or white board and marker to document the responses. Responses on the slide are only examples, participants should be encouraged to come up with their own.
- Allocate 10 minutes for this activity.

See Annex 2 for a communication scenario with an adult patient.

Part 3. Conversation steps to build confidence in vaccination



BOX 4. Facilitator guidelines

OVERVIEW	In this part, you will introduce and guide the participants through the three conversation steps to build vaccine confidence with caregivers and patients. You will introduce the continuum of vaccine acceptance and MI techniques and apply these to a practical clinical scenario. You will also review how to respond to a caregiver or patient who opposes vaccination. You will present the HW communication algorithm to show the full picture of the conversation steps and communication techniques. This part of the training covers slides 23–40.
OBJECTIVES	<ul style="list-style-type: none"> • Introduce the continuum of vaccine acceptance. • Review the three conversation steps to build vaccine confidence. • Introduce MI and explain the five techniques to build vaccine confidence. • Present the HW communication algorithm.
DURATION	1 hour
MATERIALS AND PREPARATION	Laptop and projector, microphone, training slides, HW communication algorithm

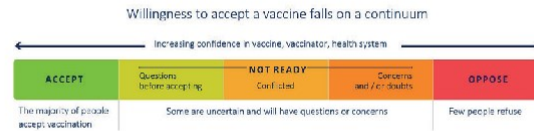


HOW TO PRESENT

- Introduce Part 3, which will cover learning outcomes three and four: identify different perceptions and positions regarding vaccination; and respond to concerns about vaccination using MI techniques.

Building vaccine confidence

Building vaccine confidence



HOW TO PRESENT

- Introduce the continuum of vaccine acceptance and explain to participants that this continuum will become the basis of all their conversations about vaccination with caregivers and patients.



TALKING POINTS

- In all your conversations with caregivers and patients, your objective is to increase vaccine confidence and move a person to accept vaccination.
- A person's willingness to accept a vaccine is set on a continuum of vaccine acceptance, between those who accept all recommended vaccines with no doubts, and those who completely oppose vaccination and have no doubts.
- In the middle is a large mixed group between these two extremes, who are not ready to accept vaccination but do not necessarily oppose it (14). This group of individuals encompass a wide range of people who differ from the small group who oppose vaccination altogether. Within this mixed group, many may have legitimate questions, want more information, or take the "wait and see approach", or they may have serious concerns and doubts.
- Communication strategies must be adapted when addressing people from these various positions on the continuum.
- HWs can influence the group that is not ready through effective communication techniques that help to move them along the continuum in the direction of vaccine acceptance (15).



SUMMARY

- Vaccine acceptance moves on a continuum.
- Most people accept vaccination, some are uncertain and will have questions or concerns, but few people refuse vaccination.
- Communication strategies must be adapted depending on where a person falls on the continuum.

Conversations steps

Conversation steps

The following conversation steps can build vaccine confidence with caregivers and patients.



26



HOW TO PRESENT

- Introduce participants to the three conversation steps used in all conversations with caregivers and patients about vaccination. These steps are meant to provide an easy-to-use structure that will guide conversations with caregivers and patients regardless of where they are positioned on the continuum of vaccine acceptance.



TALKING POINTS

- The following three evidence-based conversation steps are designed to help structure and guide your conversations with caregivers and patients about routine vaccination and ultimately build their vaccine confidence.
- Step 1 requires you to presume vaccination. This means you will present vaccine acceptance as the norm (16,17).
- In Step 2 you will identify perceptions and positions, using the continuum of vaccine acceptance.
- In Step 3 you will learn effective communication techniques to respond to their perceptions and positions.
- In this part of the training, we will review each step in detail and apply them to a conversation with a caregiver in a health-care setting.

Step 1: Presume vaccination

STEP 1
Presume vaccination

Start the conversation with a confident statement or announcement presuming vaccine acceptance (16).

Presumptive statements:

- Improve vaccine acceptance
- Establish acceptance of vaccination as the norm
- Indicate the HW's confidence in vaccination.

Examples:

- "Today we are going to give your child the pentavalent vaccine to protect them against five serious diseases..."
- "Today your child will receive her one-year vaccines."

Continuum of vaccine acceptance:

ACCEPT	Questions before accepting	NOT READY Conflicted	Concerns and/or doubts	OPPOSE
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Illustration of a healthcare worker pointing to the 'ACCEPT' position on the continuum.



HOW TO PRESENT

- Introduce Step 1 and present the examples of positive statements on the slide.
- The use of these positive statements presumes that vaccine acceptance is the default.

Other considerations:

- The three bullet points describe the evidence behind the use of a presumptive statement in conversations about vaccination with caregivers and patients.
- Note the image of the caregiver/patient who is positioned at the accept position on the continuum of vaccine acceptance, signalling a presumption that vaccination is the norm.



TALKING POINTS

- To best understand a person's perceptions and position about vaccination, you must first determine where the caregiver or patient is on the continuum of vaccine acceptance. To do this, you start the conversation with a confident statement or announcement presuming vaccine acceptance (16,17); for example, "Today we are going to give your child the pentavalent vaccine to protect him against five serious diseases" or "Today your child will receive her one-year vaccines".
- A presumptive statement is one that presumes the caregiver or patient is willing to accept vaccination for their child or themselves, and has been shown to increase vaccine uptake (16,17).
- Such announcements signal the HW's confidence in the vaccine and helps to establish vaccination as the norm (16,17).
- Using presumptive statements to start the conversation has been found to be more effective at increasing vaccine uptake than asking permission or using questions such as, "What do you think about getting vaccinated today?" (16,17).



SUMMARY

- Start the conversation showing your confidence in vaccination.

Step 2: Identify perceptions and position

STEP 2

Identify perceptions and position

Listen to the response to your presumptive statement in order to understand perceptions and identify the person's position when it comes to vaccine acceptance (18)

ACCEPT	Questions before accepting	NOT READY / Conflicted	Concerns and / or doubts	OPPOSE
"I am ready."	"I think it is okay, but I have some questions."	"I am not sure. I don't know. I need more time to read a little more."	"I am not sure about this vaccine. I need to know more about it."	"I am not sure about this vaccine. I need to know more about it."

27



HOW TO PRESENT

- Introduce Step 2 and underscore the importance of listening to the response in order to identify perceptions and determine the position of the caregiver or patient on the continuum of vaccine acceptance.
- Review the quotes on this slide and explain that these are examples of responses to a presumptive statement that help to determine where the person is on the continuum of vaccine acceptance at any point in time.



TALKING POINTS

- After you make a presumptive statement, allow the caregiver or patient to respond, listen closely to the response and determine their perceptions and position towards vaccination uptake, remembering that the majority will accept vaccines, many have questions and concerns and few will oppose (6).
- You want to take note of their perceptions and current position before you begin to respond.



SUMMARY

- Listen carefully to better formulate your response.

Identifying serious concerns and/or doubts about vaccination versus opposition to vaccination



HOW TO PRESENT

- Explore and help participants understand the difference between those people who are not ready for vaccination and those who oppose vaccination.



TALKING POINTS

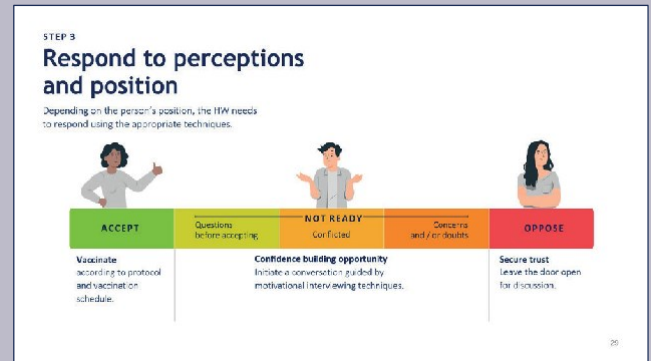
- Before we move on to Step 3, let us take a closer look at the continuum of vaccine acceptance to understand the difference between those who are not ready to accept vaccination and those who oppose vaccination. Sometimes it can be a challenge to discern the difference.
- Many people have questions about vaccination or even serious concerns which cause them to initially refuse vaccination. They may have had negative experiences with the medical system, or they may accept some vaccines but have concerns about others (5,18). They may have heard or read something causing concern or even fear (5,18). Once their questions and concerns are adequately addressed, they are more likely to accept vaccination (5,18).
- The people who generally oppose vaccination altogether represent a very small group in the population (5,18). They may have an ideological position opposing vaccination and/or they may not want to discuss vaccination at all (5,18). They may believe VPDs are benign or even beneficial to the immune system (5,18). Overall, they are unlikely to be persuaded.



SUMMARY

- People who generally oppose vaccination altogether represent a very small group in the population.
- Many more people have questions and concerns, and can be persuaded to vaccinate once these are addressed.

Step 3: Respond to perceptions and position



HOW TO PRESENT

- Introduce Step 3 and provide a brief overview of the techniques used to respond to those who: accept vaccination, are not ready or oppose vaccination.



TALKING POINTS

- Once you have determined where a caregiver or patient is on the continuum of vaccine acceptance it is time to tailor your conversation to the perceptions and position expressed. You will use the appropriate conversation techniques aligned with the position.

When a caregiver or patient accepts vaccination:

- Ensure you vaccinate according to protocol and the national vaccination schedule.
- Ask if there are questions before proceeding with vaccination and be ready to respond with confidence or know where to access information.
- Share knowledge on the common side-effects of the vaccine used in your clinical setting and explain pain mitigation strategies (5,18).
- Although they accept vaccination, caregivers and patients may have process related questions. It is important to proactively explain the process and respond to questions in an effort to maintain trust (18) and prevent the person from moving in the opposite direction on the continuum.

- It is your responsibility to provide information that is of value or importance to the person (18). This is best achieved through an interaction with a person that enables you to identify what is important to them (18).

When a caregiver or patient is not ready for vaccination:

- Consider this as a confidence building opportunity which requires you to initiate a conversation guided by MI techniques.
- When a caregiver or patient expresses concern and/or doubt after an announcement of vaccination, the HW should switch rapidly to acknowledging and empathizing with their concern(s) (1,19).
- The structure and conversation techniques will be further elaborated on.

When a caregiver or patient opposes vaccination:

- It is important to secure trust by leaving the door open for discussion (18). The next slide will elaborate on how and why to do this.



SUMMARY

- Depending on the person's position about vaccination, an HW needs to respond using the most appropriate technique:
 - vaccinate according to protocol and vaccination schedule
 - initiate a conversation guided by MI techniques
 - secure trust by leaving the door open for discussion.

Responding to a person who opposes vaccination



HOW TO PRESENT

- Review the conversation techniques to be used when responding to a person who opposes vaccination, providing rationale and examples where possible.



TALKING POINTS

- Conversations with caregivers and patients who oppose vaccination can be challenging. The goal of these conversations is to secure trust and leave the door open for discussion (18).
- Remember these people are unlikely to be persuaded, therefore try to keep these conversations brief and avoid confrontation (5).
- Dismissing these people or engaging in debate about the validity of the person's beliefs can result in extended, unproductive consultations and should be avoided (18,20). This can increase the risk of these people disengaging from the health-care system altogether. Instead, acknowledge and explore concerns (18).
- Resist correcting misinformation before the person has had the chance to express all their concerns as this tends to shut down the conversation (18). People may perceive this as adversarial and feel the need to defend themselves. This undermines trust and can result in a lengthy, unproductive consultation (18).
- Ask for permission to share information before providing facts (18). You can share knowledge tailored to the concerns you are hearing using credible resources if they are willing to receive it. However, be careful not push information on these people (6,20,21).
- Making your position clear is also important and you can do this through your strong recommendation to vaccinate.
- Inform about the risks of remaining unvaccinated (18); for example, the patient will not be protected against the disease and may get ill if exposed, the patient may need specialized health care if they become ill, there is also a risk of spreading the infection to family, friends, or vulnerable people in the community. The caregiver or patient must also watch for signs and symptoms of diseases in the community and seek professional medical advice if they experience symptoms.
- Advise on other relevant disease prevention methods such as hand hygiene.
- Let the person know they are welcome back to see you if they have more questions or change their mind. When you leave the door open for discussion, see every future encounter as an opportunity for a new conversation (18).



SUMMARY

- When a person opposes vaccination, use communication techniques to secure trust and leave the door open for discussion.

Responding to a person who is not ready to accept vaccination

Responding to a person who is not ready to accept vaccination



HOW TO PRESENT

- Introduce participants to the concept of MI and its use in health-care settings. MI skills are used in communication with caregivers and patients who are not ready to vaccinate.

TALKING POINTS

- Many HWs understand that vaccine refusal can put a person at a higher risk for a poorer health outcome, and therefore want to encourage vaccination to decrease the risk of disease and its consequences.
- Sometimes HWs can push hard with facts to convince people to vaccinate; however, this approach can backfire, and a person may resist an HW's recommendation (20).
- Instead, you want to enhance the person's motivation to change their vaccination behaviour. In the case of caregivers and patients who are not ready, you want them to discover their own motivation for receiving a vaccine.
- MI is a person-centered communication approach that encourages caregivers and patients to actively participate in decision-making about their care needs by eliciting and strengthening motivation and commitment to change (1). It is a validated patient communication style and is often used by health-care providers working in chronic disease management with successful results.
- Regarding immunization, the MI approach aims to inform people about vaccines and vaccination, according to their specific needs and their individual level of knowledge, with respectful acceptance of their beliefs (1,19).
- The use of MI calls for an empathetic and collaborative conversation about vaccination and helps to build a strong trusting relationship between an HW and caregiver or patient (1,19). There are four elements of the spirit of MI which enable HWs to build a respectful and trustful relationship (1,19):
 1. Partnership: achieving equality, strengthening collaboration with a patient or caregiver.
 2. Acceptance: maintaining a positive, empathic attitude that reinforces a person's autonomy.
 3. Evocation: having the caregiver or patient verbalize the behaviour change they want to make.
 4. Compassion: acting in a caring way.
- The traditional counselling style involves telling and educating people on how to behave and what to do by (1,19):
 - Giving more facts about vaccines.
 - Giving more facts about VPDs.
 - Using fear-based tactics.
- Studies indicate that the traditional style is an ineffective approach to addressing vaccine concerns and may reinforce vaccine refusal (19,21).
- The goal is to shift your conversation style from the traditional counselling approach – telling caregivers and patients what to do – and instead use a collaborative partnership style to build a trusting relationship (1,19).
- Most caregivers and patients will accept vaccination after you give a clear recommendation to get vaccinated (16).
- Many of those who do not immediately accept will have simple questions that you can easily address. However, some caregivers and patients will be more concerned. Using MI techniques with these people can build their vaccine confidence and increase vaccination rates.

Continued...

Responding to a person who is not ready to accept vaccination

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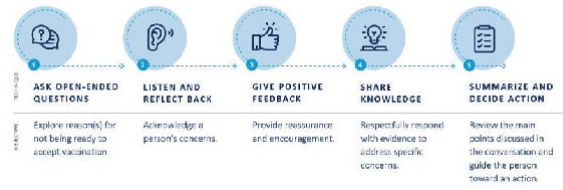


SUMMARY

- MI is a person-centered communication approach designed to support a person's motivation and decision-making.
- MI meets a person where they are at and encourages a collaborative discussion aimed at building a trusting relationship.

MI techniques to build confidence in vaccination

Motivational interviewing techniques to build confidence in vaccination^(16,17)



32



HOW TO PRESENT

- Introduce participants to the MI techniques that will be described in this part of the training.
- List the five techniques and provide the brief objective for each.



TALKING POINTS

- Let's go through the five MI techniques to use in your conversations with caregivers and patients who are not ready to vaccinate.
- These are intended to be used together as a group of techniques for an effective conversation that motivates a person towards vaccine acceptance (19).

MI techniques in practice

Motivational interviewing techniques in practice

Sara is in your office for her son Isaac's 6-month visit. It is time for his next set of routine childhood vaccines according to the national vaccination schedule.

I am not sure about giving Isaac these vaccines again. After the last time he was really upset and he did not sleep well for days.



HOW TO PRESENT

- Apply the MI techniques to a conversation in a health-care setting.
- Review the scenario on this slide and explain to participants that you will now apply each of the five MI techniques, one-by-one, as it relates to this scenario.
- The objective is to use a person-centered collaborative approach in conversation with the caregiver.



TALKING POINTS


- In this next part of the training, we will use a clinical scenario to apply the five MI techniques and understand how to use them in practice.
- Imagine a mother, Sara, who is in your office for her son Isaac's 6 month visit. It is time for his next set of routine childhood vaccines according to the national vaccination schedule.
- You have used Step 1, a presumptive statement to let Sara know that Isaac will receive his 6 month vaccines today. Sara says to you, "I am not sure about giving Isaac these vaccines again. After the last time he was really upset, and he did not sleep well for days."
- You use Step 2 when you listen to Sara's perceptions and identify that she is not ready to vaccinate.
- For Step 3, let us go through this conversation together and discuss how to best respond to Sara's concern using the five MI techniques.



SUMMARY


- An effective conversation with a person who is not ready to vaccinate, requires the HW to use a person-centered approach that applies the five MI techniques.

Ask open-ended questions



Ask open-ended questions

Ask Sara an open-ended question, starting with "what", "how", "tell me..." to explore the reasons she is not ready to accept vaccination today.^(1,6,19)



BENEFITS:

- Invites the caregiver or patient to elaborate on their concerns and position.
- Avoids a "yes" or "no" response.
- Helps the H/W better understand concerns in the words of the patient or caregiver.
- Helps the caregiver or patient put their fears or concerns into words so they can be addressed.



HOW TO PRESENT

- Explain how to use an open-ended question in this scenario.
- Discuss the benefits of this MI technique.



TALKING POINTS

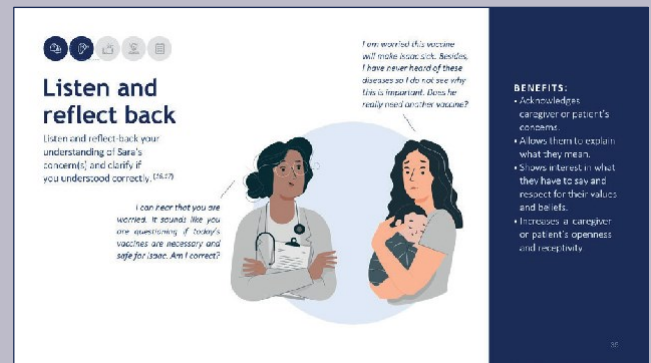
- Now that you have identified that Sara is not ready to vaccinate, you will use an open-ended question to explore the reasons behind her concern (1,6,19).
- Use open-ended questions such as: What? How? Tell me?; for example, "Could you tell me more about his reaction the last time and your concerns?" These questions allow the person to participate in the conversation and elaborate on their beliefs and position instead of giving a "yes" or "no" response (1,6,19).
- You want to be able to understand the person's concern in their own words before you start to give information.
- Responding to an open-ended question can help people put their fears or concerns into words so they can be properly addressed.



SUMMARY

- Asking an open-ended question invites the person to elaborate on their concerns and position and promotes a collaborative discussion.

Listen and reflect back



HOW TO PRESENT

- Explain how to listen and reflect back in this scenario.
- Discuss the benefits of using this MI technique.



TALKING POINTS

- Sara responds to your open-ended question by saying, "I am worried this vaccine will make Isaac sick. Besides, I have never heard of these diseases, so I do not see why this is important. Does he really need another vaccine?"
- You want to listen and reflect back what you have heard to confirm what Sara is saying (1,6,19). This is a very important skill and harder than it may seem. Often HWs are quick to address concerns before taking time to listen to the caregiver or patient and demonstrate that they are listening.
- The HW must show interest in what the person has to say and respect for their values and opinions (1,6,19). This is essential to person-centered care.
- An important part of reflective listening is to clarify if you understood the concern correctly, this demonstrates your interest and willingness to understand the person's perceptions. You can use simple reflection by directly repeating what the person says, or complex reflection by showing empathy and repeating what you think the person means (1,6).
- An example of simple reflection in this scenario would be: "You are worried this vaccine will make Isaac sick and you do not see why this is important, am I correct?"
- An example of complex reflection would be: "I can hear that you are worried, it sounds like you are questioning if today's vaccines are necessary and safe for Isaac, am I correct?"
- Using the listen and reflect back technique actively acknowledges Sara's concerns and gives her the opportunity to explain what she thinks.
- This technique has been shown to increase a person's openness and receptivity to discussing vaccination (1,6,19).



SUMMARY

- Reflecting back what you have understood respectfully acknowledges a person's concerns and allows a person to explain what they mean.

Give positive feedback

Give positive feedback

Encourage Sara and emphasize her strengths, *OKAY*

I can see that the health and safety of Isaac is very important to you. It is very good that you are thinking about the risks and benefits of vaccination and raise this important question.

BENEFITS:

- Provides reassurance by acknowledging motivations and good intentions to do what is best for one's health.
- Identifies common goals.
- Creates a comfortable environment where the caregiver or patient may be more open to change.



HOW TO PRESENT

- Explain how to give positive feedback in this scenario.
- Discuss the benefits of using this MI technique.



TALKING POINTS

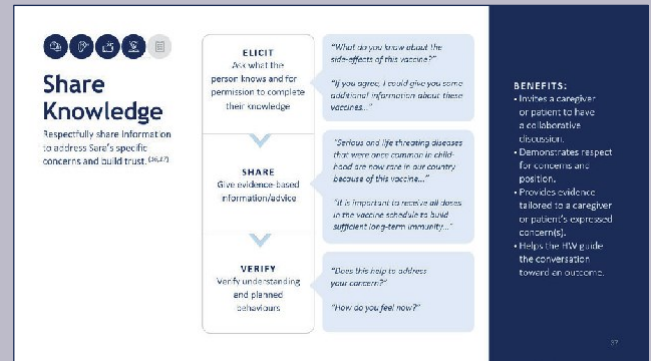
- Giving positive feedback requires you to recognize a person's strengths and validate their concerns as a strategy to identify common goals (1,6,19).
- You can use a positive statement that provides the caregiver or patient with encouragement (1,6).
- Encouraging statements and reassurance create a comfortable environment where a person may be more open to behaviour change.
- For example, in this scenario you could say to Sara, "I can see that the health and safety of Isaac is very important to you. It is very good that you are thinking about the risks and benefits of vaccination and raise this important question."



SUMMARY

- Encouraging statements provide reassurance by acknowledging motivations and good intentions.

Share knowledge



HOW TO PRESENT

- Explain how to share knowledge in this scenario, using the ELICIT-SHARE-VERIFY approach.
- Review each step in the ELICIT-SHARE-VERIFY approach and review the associated quotes with examples of how to respond to Sara.
- Discuss the benefits of this MI technique.



TALKING POINTS

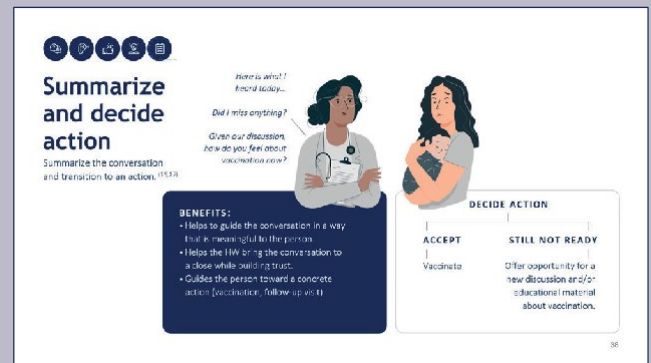
- In conversations with caregivers and patients who are not ready to vaccinate, you will need to share knowledge, to build trust and move a person towards vaccine acceptance.
- An MI technique to share knowledge or give your expert advice while building trust is the ELICIT-SHARE-VERIFY approach (1).
- This interaction technique is meant to explore concerns further and share expert information to address a person's specific concerns (1).
- First you ELICIT by asking information on what the person knows about vaccines and ask permission to give more information (1). This method promotes collaboration in a respectful manner to build trust.
- For example, with Sara you could say: "What do you know about the side-effects of this vaccine?"; followed by, "If you agree, I could give you some additional information about these vaccines."
- Based on what Sara says next, you will then SHARE by providing information tailored to her concern (1). This is also an opportunity for you to provide your strong recommendation for vaccination and explain why.
- For example, you could say: "Serious and life threatening diseases that were once common in childhood are now rare in our country because of this vaccine...It is important to receive all doses in the vaccine schedule to build sufficient long-term immunity. This is why I strongly recommend that Isaac receive these vaccines today."
- When you share expert information, you want to make sure you do not overwhelm with facts (1,6). This can move the person in the wrong direction on the continuum of vaccine acceptance. Instead provide enough information to respond to the main concern.
- Lastly, you want to VERIFY that Sara understood you and inquire about her planned behaviours, for instance, what is her intention now? (1). This helps to ensure the person understands what you have said and offers a moment for clarification. You are also guiding the conversation towards an outcome.
- For example, you could say to Sara: "Does this help to address your concern?", "How do you feel now?"
- The ELICIT-SHARE-VERIFY approach (1), invites Sara to be part of a collaborative discussion and demonstrates respect for her concerns and position.



SUMMARY

- The ELICIT-SHARE-VERIFY approach demonstrates collaboration and respect while providing evidence tailored to a person's concern.

Summarize and decide action



HOW TO PRESENT

- Explain how to summarize the conversation with Sara and guide her to decide an action.
- Discuss the benefits of using this MI technique.



TALKING POINTS

- The fifth MI technique is to summarize the conversation for the caregiver or patient. Summarizing is a form of reflective listening and demonstrates respect and empathy for the person (1,19). This technique provides a transition to a concrete action such as vaccination or an opportunity for a new discussion (1).
- If you have not yet determined any planned behaviours based on the techniques you have used so far in the conversation then it is necessary to summarize the conversation and help the person to decide an action (1).
- In this scenario, you could say to Sara, “Here is what I heard today, you shared your worry that these vaccines could make Isaac sick and questioned their importance. We discussed the main and very rare side-effects of these vaccines and talked about their strong safety profile. We also discussed the benefits of these vaccines and why they are very important for Isaac at his age... Did I miss anything? Given our discussion how do you feel about vaccination now?”
- This final statement transitions to an action and allows Sara to determine her decision based on the HW’s reflection of the conversation (1).
- Examples of concrete actions include: the person decides to accept vaccination, a follow-up visit is scheduled, or the person chooses to take home educational material and think about their decision.



SUMMARY

- Summarizing brings the conversation to a close in a way that is meaningful to the person and guides the person to take a decision.

The conversation objective

The conversation objective



HOW TO PRESENT

- Show the continuum of vaccine acceptance once again and emphasize the main objective of a conversation about vaccination with caregivers and patients who are not ready to vaccinate.



TALKING POINTS

- In conversations with those who are not ready to vaccinate your objective is to increase vaccine confidence using the five MI techniques we have discussed and move the person along the continuum towards vaccine acceptance.

Conversation steps to build confidence in vaccination



HOW TO PRESENT

- Provide an overview of the steps and the conversation techniques corresponding to the different positions on the continuum of vaccine acceptance.

- Explain to participants that they can use this job aid in practice to help guide effective conversations about vaccination with caregivers and patients.



TALKING POINTS

- This slide summarizes the three conversation steps and corresponding response techniques as discussed in this part of the training.
- Step 1 starts the conversation with a presumptive statement, presuming vaccine acceptance.
- Step 2 identifies perceptions and position by listening to the person's response and determining where the person is positioned on the continuum of vaccine acceptance.
- Step 3 responds to perceptions and position using the appropriate practice techniques.
- If the person accepts vaccination, you vaccinate according to the protocol and vaccination schedule.
- If the person is not ready, you use five MI techniques (1,19). Ask an open-ended question to explore the person's concern;

listen and reflect back to acknowledge the person's concern(s); give positive feedback; share knowledge respectfully by eliciting with permission what the person knows, then share your expert knowledge or advice, and verify the person's understanding about what you shared; summarize the interaction and help the person decide an action. If the person is still not ready for vaccination, offer an opportunity for a new discussion and/or educational material about vaccination.

- If the person opposes vaccination secure their trust and leave the door open for discussion.
- Everyone will receive this job aid as part of the training materials. It is recommended for use in your clinical practice setting to assist you with communication during vaccination consultations.
- It is intended to keep your conversations structured, tailored to a person's position about vaccination, person-centered and collaborative.



SUMMARY

- This job aid helps HWs have effective conversations with caregivers and patients that build confidence in vaccination.

Part 4. Applying the steps in conversations with caregivers and patients

Part 4:
Applying the steps
in conversations
with caregivers
and patients

BOX 5. Facilitator guidelines

OVERVIEW	In this part you will guide participants through a series of conversation scenarios with caregivers and patients about routine vaccination in a clinical setting and facilitate the role-play activity for this training. After each role-play scenario, you will discuss the conversation techniques and provide constructive feedback to participants. You will present the post-training self-reflection and evaluation and conclude the training session. This part of the training covers slides 41–62.
OBJECTIVES	<ul style="list-style-type: none"> • Facilitate role-play conversation scenarios applying the conversation steps. • Provide feedback to participants after each role-play. • Share resources for HWs. • Conduct the post-training self-reflection and evaluation. • Conclude the training.
DURATION	1 hour
MATERIALS AND PREPARATION	Laptop and projector, microphone, training slides, HW communication algorithm, conversation rubric, post-training self-reflection and evaluation.



HOW TO PRESENT

Introduce Part 4, which will cover learning outcome five: facilitate a clear and structured conversation to build confidence in vaccination.

Applying the conversation steps through role-play

Applying the conversation steps through role-play

The following four conversations are examples of potential scenarios HWs may encounter with caregivers and patients in the context of vaccination.

Role-play with these scenarios to practice applying the conversation steps.



HOW TO PRESENT

- Introduce the role-play activity, explaining that everyone will have the chance to practice the conversation steps and apply the response techniques through a series of conversation scenarios with caregivers and/or patients.
- Encourage participants to practice their own conversations and apply the techniques as they relate to their clinical practice settings.
- Have participants work in groups of three or four for each role-play scenario, to ensure each person has the opportunity to play the role of the HW.
- The conversation scenarios in this training can be adapted to the national and/or local context.
- The full dialogues of the scenarios in this training, and extra scenarios with adult patients are provided in Annex 3. The dialogues are only examples of how the communication techniques could be applied in practice.



TALKING POINTS

- In this part of the training, we will perform a series of role-plays to practice the conversation techniques we learned in Part 3.
- When you practice using the communication techniques, it will become easier to apply them in practice.
- Through this activity, everyone will have a chance to practice using the communication steps and techniques in smaller groups.
- Each scenario will present a caregiver or a patient who has a concern or expresses doubt about vaccination.
- It will be up to the person playing the role of the HW to apply the appropriate conversation techniques and move the person towards vaccination. You should each have a copy of the HW communication algorithm and the conversation rubric.



SUMMARY

- The more you practice the conversation techniques the easier it will be to use these skills in conversations to build vaccine confidence among caregivers and patients.

Conversation considerations for the role of the HW

Conversation considerations for the role of the HW^(1,8)



- Take a guiding approach.
- Work collaboratively with the caregiver or patient to build trust.
- See the concern from their perspective to understand their perceptions and position about vaccination.
- Listen attentively without interrupting.
- Respond to the main concern, providing clear and concise messages.



- Avoid the traditional style of telling the patient or caregiver what to do.
- Do not assume to know the cause of concern without first listening and understanding the concern(s).
- Do not argue or make judgmental statements.
- Do not overwhelm the caregiver or patient with evidence and arguments unrelated to their expressed concern.
- Avoid a lengthy discussion that is unproductive.

43



HOW TO PRESENT

- Before beginning the role-play activity, review these conversations considerations with all participants explaining the role of the HW.
- These considerations provide guidance on what the HW should do and should not do during the conversation and will help to keep the conversations focused and effective.


Conversation scenario 1: Necessity of vaccines

CONVERSATION SCENARIO 1
Necessity of vaccines

Anton has brought his 4-year-old son Ivan to the local primary health care facility for a periodic medical examination. The doctor sees that during the COVID-19 pandemic Ivan fell behind on his routine immunizations. The doctor tells Anton that Ivan is eligible to get his routine vaccines today, which include measles-mumps-rubella (MMR) and diphtheria, tetanus, and pertussis (DTaP) vaccines.

Anton replies:
"Oh, the nurse usually calls us to the clinic for an appointment for that. Ivan did not receive any vaccinations in the last year so we thought he must not need it. I do not really see the need to do it today. Maybe son can wait a little longer. After all, Ivan is a healthy boy."

*Example dialogue available in Annex 2



The **objective** of this activity is to practice using all the conversation steps and appropriate conversation techniques with the caregiver to build his confidence in vaccination.



HOW TO PRESENT

Before you get started, explain the following:






- Each person should have a copy of the HW communication algorithm and the conversation rubric.
- One person in each group will play the role of the HW who must apply the conversation steps and techniques discussed in Part 3.
- The second person will play the role of the caregiver as presented in the scenario.
- The third (and/or fourth) person will play the role of the observer, who listens to the conversation and follows the conversation rubric and HW communication algorithm to identify which skills were applied by the HW in the conversation and which skills could have been applied if not used in the conversation.

Start by reading conversation scenario 1 for all participants.

- Provide 5 minutes for the role-play in the small groups.
- You will move around to each group and take note of what you hear.

Alternatively: If the participant group is large, for example over 30 people per one facilitator, if this training is conducted online, or if time is a constraint, consider asking two participants to play the roles of the HW and the caregiver for the larger group. Then reflect on the conversation and provide feedback as one large group.

Conversation scenario 1: Role-play feedback and discussion

CONVERSATION SCENARIO 1 ROLE-PLAY FEEDBACK AND DISCUSSION		
Necessity of vaccines		
Conversation Steps	Sample Responses	
1. PRELUDE UNLOCKING	Good friend: We can get him caught up on his routine vaccine shots. There's nothing the APRN and QIP can't do.	
2. OBSERVE PROBLEM AND POSITION	Amber: I've been asking for vaccines and it's surprising to hear longer instead of something really direct to not ready to accept vaccination.	
3. REFLECT TO POSITION	<div>  <p>Ask open ended question to explore concerns</p> </div> <div>  <p>If you can't reflect back to ask another question</p> </div> <div>  <p>Give positive feedback or provide encouragement</p> </div> <div>  <p>Check, share knowledge, clarify, reassuring</p> </div> <div>  <p>Summarize and decide action</p> </div>	<p>"Travis, what makes you want to wait and get vaccinated later on?"</p> <p>"Travis not sure why it's important now and vaccines that have been shown to be very effective at preventing it. Is that correct?"</p> <p>I'm understanding your concerns. It is great that you are taking these questions and thinking about what to do next for you.</p> <p>If you wish, we could share some information about the importance of vaccines for everyone today by continuing the education and explain why we recommend these vaccines.</p> <p>If we can we would like to see you in our office to help you get your vaccines recommended for you. Considering what we have discussed, would you then you want to do?</p>

42



HOW TO PRESENT

- After the role-play conversation, facilitate a discussion with all participants by asking each group to reflect on the conversation and provide feedback on what was done well and what could be improved.
- Begin by asking observers to provide a short summary of what they identified.
- If you listened to the conversation, you should provide your feedback on what the HW did well and what they could improve.
- Use this slide to review the conversation steps and offer sample responses that use MI for guidance and inspiration.
- Emphasize that an effective conversation with a person who is not ready to vaccinate, includes all three steps and the five MI techniques.
- Remember, these responses are only examples, encourage participants to come up with their own responses using the steps and techniques learned.
- Provide 10 minutes for this group discussion.

Conversation scenario 2: Fear of vaccines

CONVERSATION SCENARIO 2
Fear of vaccines

Tim and Dinias are new parents. They are in your office with their 3-month-old baby Adam for an examination. You welcome them and start the conversation to let them both know that today Adam can start the routine immunization schedule. He will receive 8 vaccines to protect him against 8 serious diseases. These include, rotavirus, pneumococcal disease, diphtheria, tetanus, whooping cough, haemophilus influenzae type b infection, polio, and hepatitis B.

Tim replies:
"This makes me so nervous. I have never heard of these diseases, and why does he need so many vaccines?"



*Example dialogue available in Annex 2

The objective of this activity is to practice using all the conversation steps and appropriate conversation techniques with the parents to build their confidence in vaccination.



HOW TO PRESENT

Before you get started:

- Ask participants to rotate their roles for this scenario, so that a different person in each group will play the role of the HW, the parents as presented in the scenario and the observer.
- The HW should use the three conversation steps and appropriate conversation techniques with the caregivers to build their confidence in vaccination.
- The role of the observer is to listen to the conversation and follow the conversation rubric and the HW communication algorithm to identify which skills were applied by the HW in the conversation and which skills could have been applied if not used in the conversation.
- Participants can refer to the HW communication algorithm and the conversation rubric for guidance.

Start by reading conversation scenario 2 for all participants.

- Provide 5 minutes for the role-play.
- You will move around to each group and take note of what you hear.

Alternatively: If the participant group is large, for example over 30 people per one facilitator, if this training is conducted online, or if time is a constraint, consider asking two or three participants to play the roles of the HW and the caregiver(s) for the larger group. Then reflect on the conversation and provide feedback as one large group.

Conversation scenario 2: Role-play feedback and discussion

CONVERSATION SCENARIO 2 ROLE-PLAY FEEDBACK AND DISCUSSION		
Fear of vaccines		
<p>• What did you hear about? • What could be improved? • Sample responses are provided for guidance and inspiration.</p>		
Conversation Steps	Sample Responses	
1 PRELUDE INTRODUCTION	Now that Adam is 1 year old, he can start the routine immunization schedule. Today, he will receive a vaccine to protect him against serious diseases...	
2 OBSERVE INTERVIEW AND POSITION	The 3 nurses investigate the need for vaccines. The 3 are ready to accept vaccine information for the child.	
3 REFLECT TO POSITION Use motivational problem-solving techniques	Ask open-ended questions to explore concerns.	I can hear that you are worried. Tell me, what is it that concerns you the most about Adam getting vaccines today?
	If you could reflect back to Adam what you heard, what would you say?	It sounds like you are concerned about the number of vaccines recommended for Adam and you are questioning why they are important for him. Is this correct?
	Give positive feedback to provide encouragement.	There are very good questions and very important that you both voice your concerns about getting Adam vaccinated.
	Click, slide for knowledge, and for understanding.	If today, I can share some information about the safety and reasons for multiple vaccines at this time and explain why they are so important for Adam.
	Summarize and decide next steps.	Thank you for sharing about the concerns recommended for Adam today, what do you think you want to do?



HOW TO PRESENT

- After the role-play conversation, facilitate a discussion with all participants by asking each group to reflect on the conversation and provide feedback on what was done well and what could be improved.
- Begin by asking observers to provide a short summary of what they identified.
- If you listened to the conversation, you should provide your feedback on what the HW did well and what they could improve. Be sure to acknowledge any improvements made in comparison to the first scenario.
- Use this slide to review the conversation steps and offer sample responses that use MI for guidance and inspiration.
- Reinforce the importance of the steps and sequence of the MI techniques to help structure an effective conversation, emphasizing that while the reasons for concern differ from person to person, the conversation steps and MI techniques remain the same.
- Remember, these responses are only examples, encourage participants to come up with their own responses using the steps and techniques learned.
- Provide 10 minutes for this group discussion.

Conversation scenario 3: Understanding risk



The **objective** of this activity is to practice using all the conversation steps and appropriate conversation techniques with the caregiver to build his confidence in vaccination.



HOW TO PRESENT

Before you get started:

- Ask participants to alternate roles of the HW, caregiver and observer for this scenario, so that the person who has not yet played the HW assumes this role.
- The role of the HW is to apply the conversation steps and techniques discussed in Part 3.
- The second person will play the role of the caregiver as presented in the scenario.
- The third (and/or fourth) person will play the role of the observer, who listens to the conversation and follows the conversation rubric and the HW communication algorithm to identify which skills were applied by the HW in the conversation and which skills could have been applied if not used in the conversation.
- Each person should have a copy of the HW communication algorithm and the conversation rubric.

Start by reading conversation scenario 3 for all participants.

- Provide 5 minutes for the role-play.
- You will move around to each group and take note of what you hear.

Alternatively: If the participant group is large, for example over 30 people per one facilitator, if this training is conducted online, or if time is a constraint, consider asking two participants to play the roles of the HW and the caregiver for the larger group. Then reflect on the conversation and provide feedback as one large group.

Conversation scenario 3: Role-play feedback and discussion

CONVERSATION SCENARIO 3 ROLE-PLAY FEEDBACK AND DISCUSSION		
Understanding risk		
<ul style="list-style-type: none"> • What did the HW do well? • What could be improved? <ul style="list-style-type: none"> • Sample responses are provided for guidance and inspiration. 		
Conversation Stage	Sample Responses	
1. PRELUDE (10 MINUTES)	<p>Slide will be covering the just closed the MPT session today to provide our expert insights, review and reflect.</p>	
2. OBSERVER FEEDBACK (10 MINUTES)	<p>After we discuss the quality of the MPT session, we will not only be asked to reflect on the session for the study.</p>	
3. RESPONSE TO FEEDBACK (10 MINUTES)	<p>Advise a critical question to the audience (e.g., 'What do you think about the session?')</p>	<p>Thank you, what have you heard about the session that makes you concerned about its safety?</p>
	<p>Listen and reflect back to acknowledge concerns.</p>	<p>You just completely made me feel that I'm not alone, as I've been the same one who. But you are worried about what you could possibly do about the session, is that right?</p>
	<p>Give positive feedback to generate encouragement.</p>	<p>I can see that you have put a lot of thought into this. This very specific that you are taking the time to look for information about this session.</p>
	<p>First, share knowledge, verify, understanding.</p>	<p>If you agree, I can share some information about our safety MPT session that you may find helpful.</p>
	<p>Summarize and discuss action.</p>	<p>Today we discussed the quality of the MPT session and why it is important for safety. What do you want to do?</p>



HOW TO PRESENT


- After the role-play conversation, facilitate a discussion with all participants by asking each group to reflect on the conversation and provide feedback on what was done well and what could be improved.
- Begin by asking observers to provide a short summary of what they identified.
- If you listened to the conversation, you should provide your feedback on what the HW did well and what they could improve.
- Use this slide to review the conversation steps and offer sample responses that use MI for guidance and inspiration.
- Reinforce the importance of the conversation steps and sequence of the MI techniques to help structure an effective conversation.
- Advise participants to follow the suggested sequence of MI techniques before jumping to providing expert knowledge and information.
- Remember, these responses are only examples, encourage participants to come up with their own responses using the steps and techniques learned.
- Provide 10 minutes for this group discussion.

Conversation scenario 4: Distrust of vaccines

CONVERSATION SCENARIO 4
Distrust of vaccines

Maryam has brought her 18-month-old daughter Fatima to the primary health care facility after she received a call from the nurse inviting Fatima for a scheduled child immunisation with the doctor. At the examination you let Maryam know that Fatima has missed some important childhood vaccines and she is eligible to get caught up on her routine vaccines today.

Maryam responds: "This way, I will never vaccinate my children. I do not believe in vaccines. Besides, natural protection is best for Fatima."



*Example dialogue available in Annex 2

The objective of this activity is to practice using all the conversation steps and appropriate conversation techniques with the caregiver to secure their trust.



HOW TO PRESENT

Before you get started:

- Ask participants to alternate roles of the HW, caregiver and observer for this scenario, so that anyone who has not yet played the HW assumes this role.
- The role of the HW is to apply the conversation steps and appropriate techniques to respond to a person who opposes vaccination as discussed in Part 3.
- The second person will play the role of the caregiver as presented in the scenario.
- The third (and/or fourth) person will play the role of the observer, who listens to the conversation and follows the HW communication algorithm to identify which techniques were applied by the HW in the conversation and which skills could have been applied if not used in the conversation.
- Each person should have a copy of the HW communication algorithm which includes the considerations when responding to a person who opposes vaccination.

Start by reading conversation scenario 4 for all participants.

- Provide 5 minutes for the role-play.
- You will move around to each group and take note of what you hear.

Alternatively: If the participant group is large, for example over 30 people per one facilitator, if this training is conducted online, or if time is a constraint, consider asking two participants to play the roles of the HW and the caregiver for the larger group. Then reflect on the conversation and provide feedback as one large group.

Conversation scenario 4: Role-play feedback and discussion

CONVERSATION SCENARIO 4 ROLE-PLAY FEEDBACK AND DISCUSSION		
Distrust of vaccines		
Conversation Steps		Sample Responses
1 PRELUDE VACCINATION	I want to tell you some that Father can get caught up on her vaccine routine today.	
2 OBSERVE PRACTICE AND POSITION	Morgan agrees to see if getting another immunisation today.	
3 REVIEW TO FORTIFY	<div> <p>✓ Acknowledge and tie one response(s)</p> <p>✓ Share her knowledge with participants</p> <p>✓ Give your closing recommendation</p> <p>✓ Inform about risks</p> <p>✓ Secure trust – leave the door open for discussion</p> </div>	<p>Father! He is understanding your situation, use this as an example.</p> <p>From now you have done a lot of thinking about this and understand your own responsibility about vaccine. It's always with you, I would like to share with you what I know about it.</p> <p>Considering the high risk of severe complications from these diseases, it's highly recommended that all children follow a age-appropriate vaccination schedule.</p> <p>Father! I think that you have decided not to vaccinate today. I would like you to keep in mind the risks...</p> <p>It's always welcome to come back to our other presentation.</p>



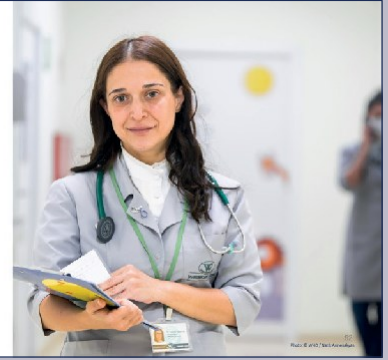
HOW TO PRESENT

- After the role-play conversation, facilitate a discussion with all participants by asking each group to reflect on the conversation and provide feedback on what was done well and what could be improved.
- Begin by asking observers to provide a short summary of what they identified.
- If you listened to the conversation, you should provide your feedback on what the HW did well and what they could improve.
- Use this slide to review the conversation steps and offer sample responses that use the communication techniques for responding to a caregiver or patient who opposes vaccination.
- Remember, the responses provided on this slide are only examples, encourage participants to come up with their own responses using the steps and techniques learned.
- Provide 5 minutes for this group discussion.

Keep in mind

Keep in mind

- The goal of these conversations is to move the person towards acceptance of vaccination. This may take more than one visit. The short-term goal may be to win their confidence.
- Conversations that guide the person to explore their perceptions and position can help increase confidence and trust in vaccination, and in you as their HCP.
- Adequate training and practice can help lead to an increase in positive outcomes.
- Your strong recommendation matters!



HOW TO PRESENT

- This slide concludes the role-play training activity.
- Summarize by recapping the key learnings from the role-play scenarios and reinforce that the goal of these conversations is to move the person towards acceptance of vaccination.
- Give your positive encouragement to continue to use the communication steps and techniques learned in this training in participants' own practice settings.
- Review the considerations on this slide for participants to keep in mind once they return to their health-care settings.
- You will end by thanking everyone for their participation in this activity.



SUMMARY

- The more you practice these conversations steps the more likely you are to see a change in vaccination behaviour.
- Your strong recommendation to get vaccinated can encourage a person to accept vaccination.

Worried parents/beliefs	World Health Organization (WHO)
WHO vaccine position papers	WHO
The immunological basis for many vaccine beliefs	WHO
WHO recommendations for vaccine introduction on country level	WHO
WHO global vaccine update	WHO
Workshop and consultation with UK stakeholders	WHO (2017)
Vaccine safety and effectiveness surveillance systems	WHO Regional Office for Europe (2016)
Much and focus about misinformation	WHO Regional Office for Europe (2015)
How to respond to vaccine misinformation: WHO vaccine advisory committee	WHO Regional Office for Europe (2018)
UK case benefits of evidence for research the risks WHO vaccine safety supporting documents	WHO Regional Office for Europe (2018)
Talking with parents about vaccines for children	WHO
Vaccine safety fact	WHO
Communicating vaccine safety	European Union Agency for Medicines and Healthcare (EMA)
Not so good news available for parents too	UNICEF
Worried parents/beliefs	European Centre for Disease Prevention and Control (ECDC)
Vaccination confidence on introduction	ECDC
Let's talk about protection against childhood vaccination uptake	ECDC (2016)
Let's talk about how we can work together to increase vaccine uptake	ECDC (2019)
Questions and answers about childhood vaccinations	ECDC
Eurosurveillance for vaccine coverage	European Union
Provide resources for vaccine conversations with parents	Center for Disease Control and Prevention
Growing knowledge about vaccine risks	National Center for Immunization Research and Surveillance



- ## TALKING POINTS

- ## SUMMARY

- Identify national and local resources for HWs in your health-care settings.

Post-training self-reflection and evaluation

Post-training self-reflection and evaluation



HOW TO PRESENT

- Ask all participants to complete the anonymous post-training self-reflection survey and evaluation and submit their results to you.
- The same 10 questions used in the pre-training survey are asked again to assess the level of confidence that the HW has in their professional capacity to address caregivers' and patients' concerns, and support their information needs about routine vaccination.
- The goal is for participants to be able to identify an immediate improvement in their own confidence level as a result of participating in this training.
- The evaluation questions assess participants' satisfaction and intent to use the skills learned in their health-care settings. Completion is important to consolidate learning and evaluate the module.
- Provide 10 minutes to complete this survey and evaluation.
- The surveys are available in Annex 1. Questions can be made available in the local setting through an online survey tool, and a link or QR code can be inserted on this slide.
- Conclude the training session by thanking participants and those who supported the training coordination and implementation.



TALKING POINTS

- Please take some time to complete this short anonymous post-training self-reflection and evaluation.
- You will be asked the same 10 questions from the pre-training survey to assess your level confidence now that you have participated in the training.
- The aim of the module evaluation is to determine if the training is effective at meeting the outcomes and whether it was useful and satisfactory to you. Your feedback can help improve this training for future use.
- Thank you for taking time from your busy work schedule to participate in this training session. We hope it has been useful for you and we wish you success in your practice communicating with caregivers and patients about vaccination.
- Thank you to everyone who has supported this training.

SLIDE 55

Training module references

SLIDE 56-61

Training module annexes

SLIDE 62

End page

References¹

1. Gagneur A. Motivational interviewing: a powerful tool to address vaccine hesitancy. *Can Commun Dis Rep.* 2020;46(4):93–97 (<https://doi.org/10.14745/ccdr.v46i04a06>).
2. MacDonald EN, Dubé È. Addressing vaccine hesitancy in immunization programs, clinics and practices. *Paediatr Child Health.* 2018;23(8):559–60 (<https://doi.org/10.1093/pch/pxy131>).
3. US CDC COVID-19 Response Vaccine Task Force. Building confidence in COVID-19 vaccines among your patients: tips for the healthcare team. Atlanta: Center for Disease Control; 2021 (<https://stacks.cdc.gov/view/cdc/142817>).
4. Lewandowsky, S., Cook, J., Schmid, P., Holford, D. L., Finn, A., Leask, J., et al. The COVID-19 Vaccine Communication Handbook. A practical guide for improving vaccine communication and fighting misinformation. 2021 (<https://sks.to/c19vax>).
5. Leask J, Kinnersley P, Jackson C, Cheater F, Bedford H, Rowles G. Communicating with parents about vaccination: a framework for health professionals. *BMC Pediatrics.* 2012;12:154 (<https://doi.org/10.1186/1471-2431-12-154>).
6. Communicating with patients about COVID-19 vaccination: evidence-based guidance for effective conversations to promote COVID-19 vaccine uptake. Copenhagen: WHO Regional Office for Europe; 2021 (<https://iris.who.int/handle/10665/340751>). License: CC BY-NC-SA 3.0 IGO
7. Vaccine hesitancy among healthcare workers and their patients in Europe. A qualitative study. Stockholm: European Centre for Disease Prevention and Control; 2015 (<https://www.ecdc.europa.eu/en/publications-data/vaccine-hesitancy-among-healthcare-workers-and-their-patients-europe>).
8. Habersaat KB, Jackson C. Understanding vaccine acceptance and demand – and ways to increase them. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz.* 2020;63(1):32–39 (<https://doi.org/10.1007/s00103-019-03063-0>).
9. Vaccination and trust. How concerns arise and the role of communication in mitigating crises. Copenhagen: WHO Regional Office for Europe; 2017 (<https://iris.who.int/handle/10665/343299>).
10. Global manual on surveillance of adverse events following immunization. Geneva: World Health Organization; 2016 (<https://iris.who.int/handle/10665/206144>).
11. Canadian Immunization Guide: part 1 – key immunization information. Communicating effectively about immunization. Ottawa: Public Health Agency of Canada; 2021 (<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information.html>).
12. Communicating about vaccine safety: guidelines to help health workers communicate with parents, caregivers, and patients. Washington, DC: Pan American Health Organization; 2020 (<https://iris.paho.org/handle/10665.2/53167>).
13. Measles vaccines: WHO vaccine position paper – April 2017. *Weekly Epidemiological Record.* 2017;92(17) (<https://www.who.int/publications/i/item/who-wer9217-205-227>).
14. MacDonald NE; SAGE Working Group on Vaccine Hesitancy. Vaccine hesitancy: definition, scope and determinants. *Vaccine.* 2015;33(34):4161–4 (<https://doi.org/10.1016/j.vaccine.2015.04.036>).
15. MacDonald NE, Dubé È. Addressing vaccine hesitancy in immunization programs, clinics and practices. *Paediatr Child Health.* 2018;23(8):559 (<https://doi.org/10.1093/pch/pxy131>).

¹All references were accessed 3 September 2024.

16. Brewer NT, Hall ME, Malo TL, Gilkey MB, Quinn B, Lathren C. Announcements versus conversations to improve HPV vaccination coverage: a randomized trial. *Pediatrics*. 2017;139(1):e20161764 (<https://doi.org/10.1542/peds.2016-1764>).
17. Opel DJ, Heritage J, Taylor JA, Mangione-Smith R, Salas HS, Devere V et al. The architecture of provider-parent vaccine discussions at health supervision visits. *Pediatrics*. 2013;132(6):1037–46 (<https://doi.org/10.1542/peds.2013-2037>).
18. Sharing Knowledge About Immunisation (SKAI). E-Learning Module. Sydney: National Centre for Immunization Research and Surveillance; 2020 (<http://www.ncirs.org.au/health-professionals/skai-supporting-health-professionals>).
19. Gagneur A, Gosselin V, Dubé È. Motivational interviewing: a promising tool to address vaccine hesitancy. *Vaccine*. 2018;36(44):6553–55 (<https://doi.org/10.1016/j.vaccine.2017.10.049>).
20. Nyhan B, Reifler J, Richey S, Freed GL. Effective messages in vaccine promotion: a randomized trial. *Pediatrics*. 2014;133(4):835–42 (<https://doi.org/10.1542/peds.2013-2365>).
21. Dubé E, Laberge C, Guay M, Bramadat P, Roy R, Bettinger J. Vaccine hesitancy: an overview. *Hum Vaccin Immunother*. 2013;9(8):1763–73 (<https://doi.org/10.4161/hv.24657>).

Annexes

ANNEX 1. PRE- AND POST-TRAINING SELF-REFLECTION SURVEY, EVALUATION AND FEEDBACK SURVEY

Pre- and post-training self-reflection survey

Ten questions assess the level of confidence that a health worker (HW) has in their professional capacity to address a person's concerns, and support their information needs about routine vaccination. The goal is for HWs to be able to identify an immediate improvement in their own confidence level as a result of participating in this training. Provide 5 minutes to complete the survey.

For each of the following questions please rate your confidence on a scale of 1–5 (where 1 = not at all confident; and 5 = very confident). Responses are anonymous.

How confident are you in your ability to:	1	2	3	4	5
1.Talk to caregivers and patients about vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.Talk to caregivers and patients about vaccine-preventable diseases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.Talk to caregivers and patients about the benefits of vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.Talk to caregivers and patients about the risks of vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.Identify questions and concerns caregivers and patients have about vaccines and vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.Respond to questions and concerns caregivers and patients have about vaccines and vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.Recommend vaccination when caregivers or patients are not ready to accept vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.Continue to discuss and recommend vaccination at following visits with caregivers and patients who delay or refuse vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.Maintain trust with caregivers and patients who refuse vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.Access reliable information and resources for health professionals about routine immunization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from: Gagneur A, Gosselin V, Bergeron J, Farrands A, Baron G. Development of motivational interviewing skills in immunization (MISI): a questionnaire to assess MI learning, knowledge and skills for vaccination promotion. Hum Vaccin Immunother. 2019;15(10):2446–52 (<https://doi.org/10.1080/21645515.2019.1586030>).

Evaluation and feedback survey

This survey aims to determine if the training is effective at meeting the outcomes proposed, whether it is relevant, satisfactory, and useful to participants and whether it can influence communication behaviour among HWs in the context of vaccination. Completion and feedback is important for follow-up analysis and can help improve this training for future use.

1. Please select your professional group.

- ☐ General practitioner ☐ Specialist doctor ☐ Nurse ☐ Midwife ☐ Pharmacist ☐ Programme manager ☐ Other
-

Please indicate the extent to which the following five learning outcomes were addressed through this training module:

2. Take a proactive role as a health worker in contributing to vaccine confidence;

- ☐ Not met ☐ Partially met ☐ Entirely met

3. Effectively communicate benefits and risks to support a vaccination decision;

- ☐ Not met ☐ Partially met ☐ Entirely met

4. Identify different perceptions and positions regarding vaccination;

- ☐ Not met ☐ Partially met ☐ Entirely met

5. Respond to concerns about vaccination using motivational interviewing techniques;

- ☐ Not met ☐ Partially met ☐ Entirely met

6. Facilitate a clear and structured conversation to build confidence in vaccination.

- ☐ Not met ☐ Partially met ☐ Entirely met
-

Please answer the following questions about your impression of the training:

7. Was this training module relevant to your practice?

- ☐ Yes ☐ No

8. How would you rate your overall satisfaction with this training module?

- ☐ Not satisfied ☐ Partially satisfied ☐ Entirely satisfied

9. Was this training module interesting to you?

- ☐ Not interesting ☐ Partially interesting ☐ Entirely interesting

10. Was this training module useful to you?

- ☐ Not useful ☐ Partially useful ☐ Entirely useful

11. Was this training module easy to follow?

- ☐ Not easy to follow ☐ Partially easy to follow ☐ Entirely easy to follow

12. Do you intend to use the communication strategies you learned from this training in your practice?

- ☐ Yes, I intend to use all of the strategies discussed in my practice
- ☐ Yes, I intend use some of the strategies discussed in my practice
- ☐ No, I do not intend to use the strategies discussed in my practice

13. Do you think this training was sufficient to learn these skills?

- ☐ Yes ☐ No

14. Would an additional follow-up training on these communication skills be useful?

- ☐ Yes ☐ No

15. What MAIN reason motivated you to complete this training module? (select only one)

- ☐ Relevant to my practice (i.e. I communicate with caregivers and patients about routine immunization)
- ☐ I am interested in improving communication skills during vaccination consultations
- ☐ I am interested in vaccination professionally
- ☐ I was required by my work or health authority to participate in this training
- ☐ I wanted to learn more about professional resources for routine immunization
- ☐ Other (please specify in the next question)

If you stated "Other" in the previous question, please specify below:

16. (OPTIONAL) Please provide any other feedback or suggestions for the improvement of this training module:

Thank you for completing this survey. We value your feedback.

ANNEX 2. COMMUNICATION SCENARIO FOR AN ADULT PATIENT

A 60-year-old male is in your office for a routine follow-up visit. He has a diagnosis of chronic obstructive pulmonary disease and had a heart attack two years ago. He smokes one pack of cigarettes a day and lives on his own. You notice he is due for his second dose of the coronavirus disease (COVID-19) Pfizer vaccine. You let him know he can get the vaccine today. He responds by saying that he felt unwell after the first dose.

Instructions to participants

Turn to the person next to you and briefly discuss the key points you would want to include in a risk/benefit discussion with this patient.

Guidance for discussion

Examples of key points to include in your conversation with this patient to increase his confidence in receiving the COVID-19 vaccine include the following:

Risks of COVID-19 disease:

- Chronic obstructive pulmonary disease, cardiovascular disease and tobacco smoking all increase this patient's risk of severe COVID-19 disease, hospitalization and even death.
- Social isolation may limit access to health care.

Benefits of COVID-19 vaccines:

- The vaccine prevents hospitalization and death.

Risks of COVID-19 vaccines:

- Vaccine side-effects are short-lived and mild in comparison to severe illness from COVID-19 disease.
- Serious allergic reactions are rare.

ANNEX 3. CONVERSATION SCENARIOS AND EXAMPLE DIALOGUES WITH ADULTS

CONVERSATION SCENARIO 1. NECESSITY OF VACCINES

Anton has brought his six-year-old son Ivan to the local primary health care facility for a periodic medical examination. The doctor identifies that during the COVID-19 pandemic Ivan fell behind on his routine immunizations. The doctor tells Anton that Ivan is eligible to get his routine vaccines today, which include measles mumps rubella (MMR) and diphtheria, tetanus, acellular pertussis (DTaP) vaccines.

Health

Worker

(HW): Anton I have good news; we can get Ivan caught up on his vaccines today. These include the MMR and DTaP vaccines.

Anton: Oh, the nurse usually calls us for an appointment for that. We have not been notified about any vaccines for a long time, so we thought he must not need it. I do not really see the need to do it today.

HW: You are right the nurse usually calls. The pandemic caused some delays for us, and Ivan has not received some important vaccines. Now we are doing our best to catch up. I can see from Ivan's records that he has received these vaccines in the past. Tell me, what is your reason for not feeling you want to vaccinate Ivan today?

Anton: Well, I know that vaccines can protect him from different diseases. I just do not see why he needs these now. After all this time through the pandemic, he did not get very sick from COVID or anything else. So why now? And if he missed vaccines, I do not want him to go through the pain of starting the vaccines all over again.

HW: I want to make sure we address your concerns today. It sounds like you are questioning why it is important for Ivan to get vaccinated today, and you are worried that Ivan may have to start the vaccine schedule all over again. Is this correct?

Anton: Yes.

HW: Okay, I can understand your concerns. It is great that you are asking these questions and thinking about what is best for Ivan. First, I can reassure you that Ivan will not have to start the routine immunization schedule from the beginning. It is great Ivan has received some doses which has given him good protection so far, but more is still needed. If it is okay with you, I could share some information about the important vaccines Ivan can receive today by continuing the schedule and explain why I recommend these vaccines.

Anton: Sure.

HW: You are right, vaccines do protect against some very serious diseases. These diseases continue to pose a serious health risk. They are still circulating in some places and can reappear anywhere. And they can easily spread to unvaccinated or under vaccinated persons no matter what their age. The vaccination schedule includes more than one dose of some vaccines to enable children to develop full and long-lasting immunity. If children like Ivan remain only partially vaccinated, they are vulnerable to catching these diseases which may cause pneumonia, deafness, brain damage or even death. If fewer children are fully protected this could lead to a potential outbreak of any of these diseases and the impact could be fatal. This is why I strongly recommend that all children get fully vaccinated as soon as possible to gain the best protection against these harmful diseases. Ivan should receive 2 vaccines today. The first protects against measles, mumps and rubella. The second protects against diphtheria, tetanus and whooping cough. Does this help to clarify why Ivan would benefit from being vaccinated today?

Anton: Yes, this is helpful to know, I feel better about it now.

HW: I am glad we could talk about your concerns. Considering what we have discussed, what do you think you want to do?

CONVERSATION SCENARIO 2. FEAR OF VACCINES

Tina is a new mom. She is in your office with her husband Dimas and 2-month-old baby Adam for an examination. You welcome them and start the conversation to let them both know that today Adam can start the routine immunization schedule.

HW: Now that Adam is 2 months old, he can start the routine immunization schedule. Today he will receive three vaccines to protect him against eight different serious diseases. These include, rotavirus, pneumococcal disease, diphtheria, tetanus, whooping cough, haemophilus influenzae type b infection, polio, and hepatitis B.

Tina: This makes me so nervous. I have never heard of these diseases, and why does he need so many vaccines?

HW: I can hear that you are worried. Tell me, what is it that concerns you the most about Adam getting vaccines today?

Tina: Three vaccines seem like a lot. I am worried it will be too much for his little body to handle. Are they all really necessary?

Dimas: I did not get some of these vaccines when I was younger, and I was fine.

HW: It sounds like you are both concerned about the number of vaccines recommended for Adam, and you are questioning why they are important for him. Is this correct?

Tina: Well, yes... I wonder if it is safe for him to get all of these vaccines and at the same time? Could they harm him if his body is not strong enough yet?

HW: These are very good questions and very important that you voice your concerns. Many parents with new infants have the same concerns. If it is okay, I can share some information about why it is so important that Adam is protected against many diseases as soon as possible, as well as the safety of multiple vaccines given at the same time.

Tina: Sure, I would like to know more about this.

HW: Infants like Adam need vaccines early because they are especially vulnerable to harmful diseases at a young age. Many vaccine-preventable diseases have no treatment or cure and can be life threatening. Infants are given vaccines to protect them during the vulnerable early stage of their lives. The vaccines recommended for Adam today are given together to protect against several diseases at once. Research shows that it is safe for infants and young children to receive multiple vaccines at the same time. In fact, because infants face hundreds of microbes every day, their bodies are well trained to deal with each one separately, even at the same time. Getting several vaccines at the same time does not cause any health problems. Instead, it will help to ensure that Adam gets the best protection. Also, giving several vaccines at the same time means fewer clinic visits. This saves you time and can be less traumatic for Adam. You are right, there are some vaccines, such as the rotavirus vaccine, that are relatively new in our country, which is why you were not offered it when you were a child. This vaccine is given by droplets in the mouth to prevent severe diarrhea in small children. Cases of severe diarrhea caused by rotavirus have gone down dramatically in the years since this vaccine has been available. Does this help to clarify your main concerns?

Tina: Yes, I think so.

Dimas: Yes, thank you.

HW: Good, I am glad we could address your concerns today. Today we have talked about the vaccines recommended for Adam at his age and the safety of multiple vaccines. Given our discussion, what you want to do next is ... (provide guidance on what to do to get Adam vaccinated).

CONVERSATION SCENARIO 3. UNDERSTANDING RISK

Alex is in your office with his daughter Silvia for her 1-year-old visit. You announce that Silvia will be receiving her first dose of the MMR vaccine today. Alex expresses his concern about the safety of the MMR vaccine.

HW: As part of today's visit, Silvia will be receiving her first dose of the MMR vaccine to protect her against measles, mumps and rubella.

Alex: I have read a lot about this vaccine online. I heard it can be very damaging for children. It seems to me this vaccine does more harm than good. I am not sure it is safe for Silvia.

HW: Tell me, what have you read about this vaccine that makes you question its safety?

Alex: You know, I have talked about it with other parents. A lot of people are worried about the link between the measles vaccine and autism. I even read there is something harmful in this vaccine that can cause these development problems in kids. I know vaccines protect against diseases, but I do not feel good about this one.

HW: So, you feel comfortable with vaccines that protect against diseases when vaccines are safe, but you are worried about what you read regarding autism and the measles vaccine. Is this right?

Alex: Well, yes.

HW: I can see that you have put a lot of thought into this. It is very good that you are taking the time to look for information about this vaccine. If you agree, I can share some information about studies on autism and the MMR vaccine that you may find helpful.

Alex: Yes please, I want to have all the right information and know exactly what is going on.

HW: Of course, I can understand that. One publication many years ago suggested a link between the measles vaccine and autism, but this study was proven to be false, and the author lost his medical licence as a result. Since then, hundreds of additional credible studies around the world and the WHO have determined that there is no link between the MMR vaccine and autism. In fact, studies have shown that autism occurs both among the unvaccinated and vaccinated with the same frequency. What may confuse people is that autism generally develops around the age when a measles vaccine is administered. We have substantial evidence that measles can cause serious complications in unvaccinated children, including pneumonia, seizures, brain damage and even death. Mumps and rubella can also lead to serious complications, for example, brain damage, hearing loss and problems in pregnancy. All three diseases are highly infectious conditions and can spread easily between unvaccinated people. In fact, we have seen an increase in measles cases in the European region among unvaccinated persons. This is why I strongly recommend that Silvia get fully vaccinated as soon as she is eligible, to give her the best protection against these diseases. With this vaccine, there are some mild reactions that may occur such as soreness from the injection or redness where the vaccine is given, fever, or a mild rash. Does this information help to clarify your concern?

Alex: Yes, I think it is a bit clearer now.

HW: I am happy we could have this discussion about the safety of MMR vaccine and why it is important for Silvia. Given our discussion, what you want to do next is ... (provide guidance on what to do to get Silvia vaccinated).

CONVERSATION SCENARIO 4. DISTRUST OF VACCINES

Maryam has brought her 18-month-old daughter Fatima to the primary health care facility after she received a call from the nurse inviting her for a standard child examination with the doctor. At the examination you let Maryam know that Fatima has missed some important childhood vaccines and she is eligible to get caught-up on her routine vaccines today.

HW: Maryam, it looks like Fatima missed some important vaccines in the last year. I want to let you know that she can get caught-up on her routine vaccines today.

Maryam: No way, I will never vaccinate my children again. I do not believe in vaccines. Besides, natural protection is best for Fatima.

HW: Maryam, I would like to understand your decision. Can you tell me more about why you do not believe in vaccines?

Maryam: Well, my cousin's baby had a seizure after a vaccine. I cannot remember which one or the details of what happened exactly. Ever since then I do not trust vaccines. When I grew up, we did not have all of these vaccines. It was normal to get a bit sick. I just think natural immunity is better than the kind from vaccines.

HW: Your cousin's experience sounds worrying. I would be concerned too if I was in your position. I can see you have done a lot of thinking about this. If it is okay with you, I would like to give you my view on why I recommend vaccination.

Maryam: Sure, but it will not change my mind.

HW: I understand you have concerns. It is important to remember that the consequences of vaccine-preventable diseases can be extremely damaging and, in some cases, life threatening. These include paralysis, brain injury, liver cancer, deafness, blindness, and more. You are right that an infection caused by a vaccine-preventable disease produces antibodies providing some immunity. However, not vaccinating Fatima leaves her vulnerable to harmful diseases such as diphtheria which causes death in 1 out of 10 people who contract it. Young children like Fatima also have the highest risks of complications from these diseases that could lead to hospitalization or even death. Unfortunately, many vaccine-preventable diseases have no treatment or cure. When you consider the seriousness of these risks, vaccination is definitely the better choice. Serious reactions caused by routine vaccines are very rare, and even in those cases as health professionals we are trained on how to respond. More common reactions are mild and tend to resolve on their own. Considering the much higher risk of severe complications from these diseases, I highly recommend that all children Fatima's age get fully vaccinated as soon as possible. If you would like, I could share some evidence with you that can help you weigh the risks of the vaccines and the diseases.

Maryam: I can take it with me, but I am still not comfortable with Fatima getting vaccines today.

HW: I understand that you have decided not to vaccinate today. Please know you are taking an important responsibility. I would like you to consider some things. What this means is that Fatima is highly vulnerable to these diseases whenever she gets exposed. This is why she needs to be vaccinated as soon as possible. Even if it is past the scheduled time, Fatima can still be vaccinated, and start being protected as soon as she receives the missing doses. I will share with you today some information and other credible sources where you can learn more about vaccination. Please know, you are welcome back to the clinic any time if you have questions or have a change of mind.

Maryam: Okay, thanks.

CONVERSATION SCENARIO 5. EFFICACY AND THE INFLUENZA VACCINE

Layla is a 70-year-old patient in your practice. She has mobility issues, heart disease and diabetes type two. She is in your office today for a routine visit. You let her know the flu season is here and recommend that she get vaccinated against the flu today. Layla responds to say “last year I was so sick after I got the flu vaccine. I do not think I should get it again. It does not work.”

HW: Layla, now it is time for you to receive the flu vaccine.

Layla: Last year I was so sick after I got the flu vaccine. I do not think I should get it again. It does not work.

HW: I am sorry to hear you were sick. Tell me more about how you felt after you received the flu vaccine?

Layla: I had a really bad cough and a sore throat, and I was sneezing all the time. I had terrible body aches, and I could not sleep. I hear these vaccines can have these effects. It took me so long to get better and I do not want to take any risks with my conditions.

HW: That must have been a lot to handle, and I can understand you are concerned for your health. It sounds like you felt very unwell, and you are worried that the vaccine made you feel this way. Is this correct?

Layla: Well yes, I have heard some people get sicker from the vaccine than having the flu.

HW: I think it is really important that you are thinking about what is best for your health. If it is okay with you, I would like to share what I have learned about this vaccine and why I recommend it to all my patients like you.

Layla: Okay, I would like to hear what you have to say.

HW: You are right, the flu vaccine does have side-effects that begin soon after vaccination, however side-effects are mild and resolve on their own in 1-2 days. These include, soreness, redness and swelling at the injection site, body aches and fatigue. This flu vaccine is inactivated which means you cannot get influenza from a flu vaccine. On the contrary, the flu vaccine creates antibodies in your body about two weeks after vaccination to provide protection against flu illness.

Now, it is possible to get sick with flu even if you have been vaccinated. For instance, you may be exposed to a flu virus shortly before getting vaccinated or during the period that it takes the body to gain protection after vaccination. This exposure may result in you becoming ill with flu before the vaccine begins to work. Seasonal flu vaccines are designed to protect against the influenza viruses that research indicates will be most common during the upcoming season. So, it is also possible that you are exposed to a flu virus or other respiratory viruses that are not included in the seasonal flu vaccine.

While some people who get a flu vaccine may still get sick with influenza, flu vaccination has been shown in several studies to reduce the severity of illness. Given your health status, I strongly recommend that you get vaccinated today. Does this information help to clarify your concern?

Layla: Yes, I feel better about the vaccine now. Thanks for taking the time to talk to me about it.

HW: I am glad we could have this discussion today. Now that we have talked about the risks and the benefits of flu vaccination, what do you think you would like to do?

CONVERSATION SCENARIO 6. COVID-19 VACCINE SAFETY

David is a 76-year-old male who regularly experiences shortness of breath. He is visiting the nurse for a blood pressure check. He lets the nurse know he received a letter from the clinic recommending he book a time for the COVID-19 vaccine.

David: I got this letter from the clinic, to say I should book an appointment for the COVID-19 vaccine.

HW: David, the letter was correct, and in fact, you can get your COVID-19 vaccine today. (Presumptive statement)

David: I do not know if I trust the vaccine, I am worried that it was rushed too quickly and I cannot be sure that it is safe. This vaccine makes me nervous, I do not know if it has been fully tested... Maybe they skipped some steps. You know these companies just want to make money.

HW: I can hear that you are worried. Tell me, what have you heard about the vaccine development that makes you uncertain about its safety?

David: Well, I have been talking to my family and friends. A lot of people are worried about the vaccine being too rushed. I read that vaccines take years to develop but this one only took months, so I just don't know if corners were cut and whether it is really safe.

HW: If I understand you correctly, you are worried about this vaccine because it is new and was developed quickly in comparison to other vaccines. Is this correct?

David: Yes that is right.

HW: I can understand your worry. I think it is important that you voice your concern, and you are thinking about safety issues. If you agree, I could share with you some additional information about the vaccine development and explain why I recommend this vaccine for you.

David: Well, okay sure...

HW: You are right that the vaccine was developed quite fast in comparison to other vaccines. Because of the high risk from COVID-19 and rapid infection rates around the globe, the clinical trials proceeded faster than has been possible with other vaccines. This is because many tens of thousands of people quickly signed up to participate in vaccine trials, compared to the more usual 12 to 18 months it takes to recruit a fraction of that for other vaccines. In the case of COVID-19, a lot of resources, including worldwide scientists and investments were rapidly put toward the development of a vaccine. All vaccines have to go through pre-clinical and three phases of clinical trials. The testing processes for the vaccines didn't skip any steps, instead vaccine developers conducted some stages of the process simultaneously to gather as much data as quickly as possible.

For the COVID-19 vaccines regulatory bodies set up rigorous standards of safety, quality and effectiveness that must be met before a vaccine can be authorized for use. Once vaccines are authorized for use, safety data are continuously monitored by national authorities and the WHO. Let's remember, millions of people across the world have safely received this vaccine since it was authorized for use in our country.

Does this new information help to clarify things for you?

David: Well, it helps to know this background. But what about the vaccine side-effects?

HW: Yes, it is important you are informed. In terms of side-effects, you might expect mild ones such as a sore arm, headache, fatigue, muscle aches, fever and chills. Most importantly you will also have protection against COVID-19. I can highly recommend this vaccine to protect your health. Without vaccine protection you are vulnerable to severe illness and potentially serious complications that could put you in the hospital. Getting vaccinated is a less risky way to protect yourself compared to getting sick with the virus that causes COVID-19. I can confidently say to you, the benefits of the vaccine far outweigh the risks. Do you have more questions about the vaccine you would like to discuss?

David: No, I think it is a bit clearer now.

HW: So, David, given our discussion on the vaccine's safety, would you be willing to have it now?

Conversations to build confidence in vaccination

A rubric for health workers (HWs) during role-play

STEP 1. Presume vaccination

Did the HW start the conversation with a confident statement or announcement presuming vaccination?

☐

STEP 2. Identify perceptions and position

Did the HW listen attentively to the person's response?

☐

STEP 3. Respond to perceptions and position with motivational interviewing

Ask
open-ended
questions

Did the HW ask open-ended questions to explore the person's primary concern(s) about vaccination?

☐

Listen and
reflect back

Did the HW listen to the person's responses?

☐

Did the HW reflect back their understanding of the person's primary concern?

☐

Give positive
feedback

Did the HW provide reassurance and encouragement?

☐

Share
knowledge

Did the HW ask what the person knows before sharing knowledge?

☐

Did the HW ask permission before sharing knowledge or advice?

☐

Did the HW share appropriate information to address the person's main concern?

☐

Did the HW verify that the person understood the information shared?

☐

Summarize
and decide
action

Did the HW briefly summarize the conversation?

☐

Did the HW help the person to decide on an action?

☐

Conversation steps to build confidence in vaccination



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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