



International  
Pharmaceutical  
Students' Federation

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# **IPSF**

# **VACCINE HESITANCY**

## ADVOCACY TOOLKITS

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**PREPARED BY**

IPSF Policy Committee 2019-2020

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# **IPSF** **VACCINE HESITANCY** ADVOCACY TOOLKIT

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## SECTION 1

### Understanding Advocacy for IPSF

#### 1.1 Background: IPSF's mission

IPSF is the leading international advocacy organisation for pharmacy and pharmaceutical science students and recent graduates with the aim to promote improved public health through the provision of information, education, and networking opportunities as well as a range of publications and professional initiatives.

IPSF aims to identify global challenges in health, health education and workforce strategies. IPSF has been active in policy and advocacy in different fields such as public health, pharmacy education and pharmacy profession advocacy, as the Policy Committee develops policy statements which identify and investigate relevant issues in health, as well as pave ways for IPSF to carry out a body of work in line with approved policy statements.

Specifically, IPSF has published a Declaration on Vaccine Hesitancy at the 65th General Assembly in Kigali, Rwanda. IPSF aims to continue the efforts to minimize vaccine hesitancy and encourage the efficient use of vaccines through policy and advocacy.



#### 1.2 Defining Advocacy for IPSF

Advocacy for IPSF is a set of targeted actions directed at decision makers in support of a specific health related policy issue. It may occur over an unspecified period of time, sometimes brief, and often lengthy. It is also strategic and targets well-designed activities to key stakeholders and decision makers. Our advocacy is always directed at influencing policy, laws, regulations, and programs or funding related to the pharmacy profession or public health issues in general.





## SECTION 2

### What is this Advocacy Toolkit about?

This Advocacy Toolkit will provide tools and information about how to carry out advocacy initiatives on the vaccine hesitancy issue and how to influence policies/decisions through the set of actions addressed and agreed on by the IPSF members globally through the [IPSF Declaration of Vaccine Hesitancy](#).

Vaccine hesitancy refers to a delay in acceptance or refusal of vaccination despite the availability and benefits of vaccination services. The WHO has listed a number of factors that could influence vaccine hesitancy including complacency, convenience and confidence. Other factors that are commonly cited to attribute to vaccine hesitancy include poor communication between healthcare professionals and patients especially in low-middle income countries and low income countries, limited availability of resources that provide counter arguments for negative information about vaccines and the lack of community support for vaccination programmes.

Vaccine hesitancy has become a global problem in recent years due to the rise of communities that oppose vaccination. Misinformation is prevalent in such communities, and this is often aided by the lack of educational information on the benefits of vaccination. As a new generation of health workers, we must be aware of this global health problem and work together to remove the stigma and advocate the evidence-based use of vaccines. According to UNESCO statistics, half the global population are under 30 years old. The large global youth community could serve as champions in the movement to combat vaccine hesitancy.



## SECTION 3

### Who's this Toolkit for?

All health care students and youth who want to make changes and to influence policies related to this issue locally.

## SECTION 4

### Why develop an advocacy strategy?

The backbone of effective advocacy, strategic advocacy is a disciplined effort to produce fundamental decisions and actions that guide an organisation and shape its course for a specific issue. For advocacy to be effective, it is essential that you are tactical in your approach.

Planning is imperative, and the following are some of the reasons why:



Planning aids in effective usage of resources such as time, skills and finances.



Planning ensures risk minimisation and opportunity maximisation for advocacy.



Planning helps advocates navigate the complicated, ever-changing and diverse contexts in which IPSF operates.



Planning helps align advocacy with other areas of work and organisational goals, both long term and short term.



## SECTION 5

### Developing an Advocacy Strategy

Creating an advocacy strategy is useful in order to understand the situation, the stakeholders involved and their relative power. In addition, an advocacy strategy enables you to understand how change happens, to identify target audiences, the correct messages, and the suitable individual(s) to deliver it, as well as to identify your goals, the existing gaps and opportunities, and subsequently monitor and evaluate outcomes of the advocacy.



## SECTION 6

### Steps involved in the Advocacy Process

Having defined and identified the vaccine hesitancy issue, you need to plan your vaccine hesitancy advocacy strategy and this involves asking yourself the following questions:

- What do we want?
- Who can make it happen?
- What are the key messages that we want them to hear?
- Who can deliver those messages?
- How can we make sure it has been delivered to them?
- What do we have?
- What do we need?
- How do we begin to take action?
- How can we tell if it's working?

In order to apply the above questions, the following steps must be carried out:

#### 6.1 Define/Identify the Issue

Advocacy begins with your main issue or a problem that your organisation intends to support in order to promote a policy change accordingly. Ways of identifying issues include:

- **Data collection** which is important during your advocacy process. You should collect and analyse data about vaccination and vaccine hesitancy in your country. This will help you identify and select the main issues as well as develop your advocacy objectives, craft the advocacy message and influence the policy makers. It will continue for the duration of your campaign, and sometimes extend to after the campaign to analyse the impact.
- **Brainstorm and address gaps:** Organising issue identification meetings or workshops and confirm that the issues identified are the main gaps influencing the vaccine hesitancy issue.





## SECTION 6

### Steps involved in the Advocacy Process

#### 6.2 Set Goals and Objectives



A goal is a general statement of what an organisation hopes to achieve in the long term (three to five years). The advocacy objective describes short-term, specific, measurable achievements that contribute to the advocacy goal. Your goals should be directed towards this question:

What would you like to change, add, and improve in terms of the vaccine hesitancy issue in your country and what are the current gaps?

Examples of **some** issues/gaps/improvements:

##### **Policies:**

Does your country need policy enforcement to regulate and control vaccination?

##### **Misconceptions:**

Are there common misconceptions that influence people's decisions and preferences that you believe need to be changed? What is the media's role in these misconceptions and how can they help you in changing those misconceptions?

##### **Awareness:**

Are there campaigns, workshops for health cadres/vaccinators, media coverage and different tools that would meet the level of understanding in your community?

##### **Frameworks:**

Do you believe that there are no clear frameworks or guidelines that govern both the vaccinators and vaccination process?

##### **Education:**

Is there a structured and tailored curriculum and education system specifically for pharmacists and health cadres in general?



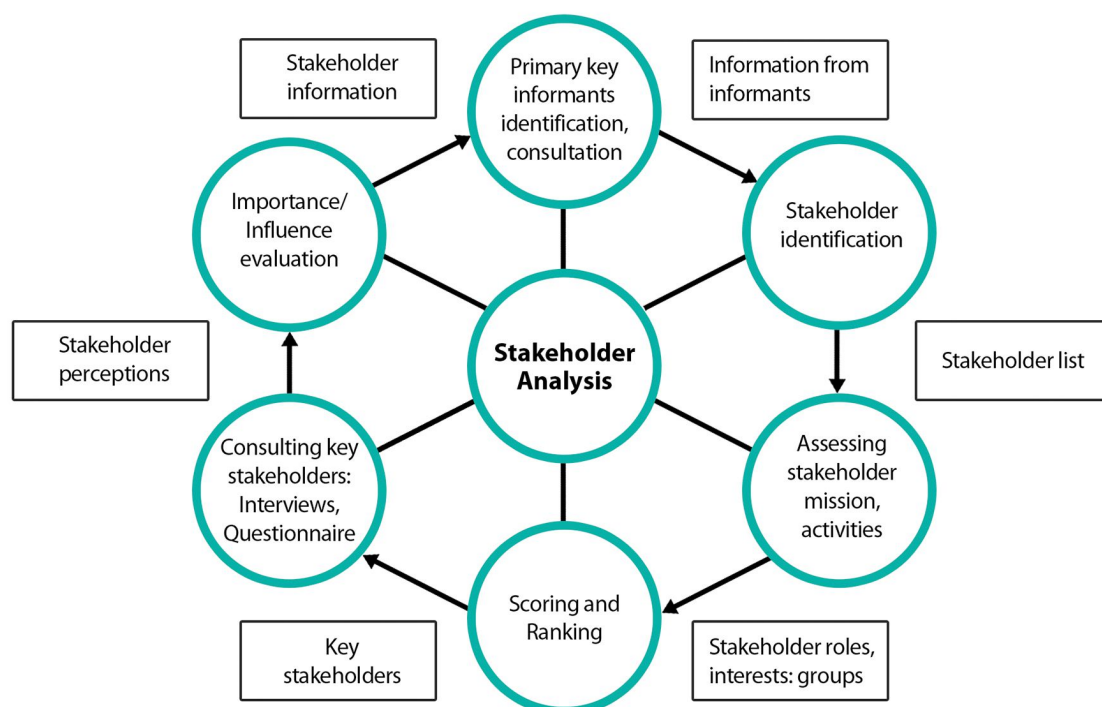


### 6.3 Identify Target Audiences

The primary target audience includes the decision makers who have the authority to bring about the desired policy change. The secondary target audience includes people who have access to and are able to influence the primary audience – other policy makers, friends or relatives, the media etc. You must identify individuals in the target audience, their position and relative power base and then determine whether the various individuals support, oppose, or are neutral to the vaccine hesitancy issue.

Examples of relevant stakeholders to the vaccine hesitancy issue:

- Government, and this is not only limited to the Ministry/Department of Health but can include the Ministry of Finance, Education, etc.;
- Non-governmental organisations and the not-for-profit sector;
- Community groups;
- Civil society organisations;
- Business and the private sector;
- Academic institutions and professors
- Political parties;
- Local government and authorities;
- Health insurers and healthcare funders;
- Donors and aid agencies, including global health initiatives;
- UN agencies, including WHO;
- Health workers' professional organisations (e.g. pharmaceutical societies) and health care providers' networks; and
- Patients and health service users.





## SECTION 6

### Steps involved in the Advocacy Process

#### 6.4 Build support

Building a community to support your advocacy efforts is crucial for success. The larger the support base, the greater are the chances for success. An organisation can reach out to create alliances with other organisations, networks, professional associations and individuals who support the issue and work together to achieve the advocacy goal.

Potential collaborators can be identified at conferences, seminars, and public meetings through review of publications and the use of the media and internet.

Examples of alliances which can be part of the stakeholders:

- Student based organisations;
- Youth organisations;
- Vaccination organisations;
- Professors.

#### 6.5 Develop the Message

Advocacy messages are developed and tailored to specific target audiences in order to frame the issue and persuade the receiver to support you or your organisation's position. There are three important questions involved during message development for advocacy:

- Who is the target audience to be reached with the message?
- What is to be achieved with the message?
- What is required of the recipient to do as a result of the message (the action to be taken)?

IPSF Declaration on Vaccine Hesitancy addressed the main messages and actions to be taken by the different stakeholders which can be used as a good guide for you to tailor your messages based on the local context you are in.





#### 6.6 S.W.O.T. Analysis

S.W.O.T. stands for Strengths, Weaknesses, Opportunities, and Threats and it is a useful analysis of these four attributes that you should conduct in your campaign and advocacy work to tackle vaccine hesitancy. The tool is useful for the development of a robust strategy, ensuring that all aspects of the campaign's strengths, weaknesses, opportunities and threats have been taken into consideration. The first two elements of the analysis, strengths and weaknesses, are internal and therefore can be altered whereas the last two, opportunities and threats, are external and as a result you often have no control over them. We encourage you to conduct the analysis as a group to get a broad and complete picture of all the items for analysis, taking into consideration the diverse perspectives that exist for your organisation. It is also an opportune time for team building and aligning all individuals to the campaign's strategy, objectives and proposed end goals. In particular, you should reflect on your strengths by asking the question **"what do we have?"** and on the opportunities by asking yourselves **"what do we want?"**

#### 6.7 Select Channels of Communication

Selection of the most appropriate medium for vaccine hesitancy advocacy messages depends on the target audience. The choice of medium varies for reaching the general public, influencing decision makers, and educating the media. Some of the more common channels for advocacy initiatives include press kits and press releases, press conferences, fact sheets, a public debate, a conference for policy makers, and many others.



#### 6.8 Fundraising

Vaccine hesitancy advocacy campaigns can benefit from funds and other resources. Resources can help support the development and dissemination of materials, cover you and your organisation's travel costs to meet with decision makers, etc. It is crucial to develop a fundraising strategy at the onset of the vaccine hesitancy campaign to identify potential collaborators of financial and other resources.

#### 6.9 Monitor and Evaluate

Monitoring and evaluation occur throughout the vaccine hesitancy advocacy process. Before undertaking the advocacy campaign, you must first determine how you will monitor your implementation plan, evaluate or measure progress and results.





## SECTION 7

### Ways to carry out advocacy

There are different ways advocacy can be carried out. They include:



Conducting advocacy research through studies, gathering data on different opinions on a particular issue, etc.



Drafting policy recommendations and proposals of frameworks or guidelines



Provision of education about a particular issue through awareness campaigns.



Conducting a direct campaign such as writing letters, lobbying decision makers, conducting a public hearing, electronic advocacy, etc.



Usage of media advocacy through creating newsworthy stories.



Organisation of citizen-driven/professionally driven petitions



National Youth Town halls with the relevant stakeholders, specifically policy makers





## 8.1 Communication Skills

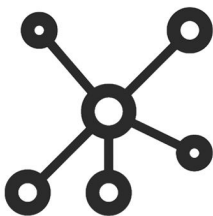
Influencing decisions requires effective communication skills which can be used as a tool to bring about the desired change. Such skills to be gained include:



- The ability to listen
- Clarity and concision in an oral or written message
- Confidence in interactions
- Empathy and respect of opinions
- Open mindedness
- Provision of feedback
- The ability to decide on the right medium for communication

## 8.2 Negotiation Skills

Negotiation is simply a process by which compromise or agreement is reached while avoiding disputes or arguments. In negotiation, the principles of fairness, seeking mutual benefit and maintaining a relationship are key to achieving success. An important skill essential for negotiation is interpersonal skills both in formal situations and in less formal or one to one situations. Good interpersonal skills include:



- Listening
- The ability to reduce misunderstanding
- Rapport building
- Effective verbal communication
- Problem solving
- Decision making
- Assertiveness
- The ability to deal with difficult situations



## SECTION 9

### Why we need an IPSF global campaign

A complex and rapidly changing global health threat that requires ongoing monitoring, vaccine hesitancy is defined by the World Health Organization (WHO) as **“a delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccine. It includes factors such as complacency, convenience and confidence”**.<sup>2,3</sup>

For effective and efficient understanding of the extent and the setting of the vaccine hesitancy problem within a country and/or subgroup, there is a need to **diagnose the root causes** of vaccine hesitancy and to **tailor evidence-based strategies** to address the causes. In addition, there is a need for **monitoring and evaluation** so as to ascertain the intervention’s impact and whether vaccine acceptance has improved, as well as ongoing monitoring to promptly detect if the problem recurs.<sup>2,3</sup>

There are a number of determinants of vaccine hesitancy and these can be grouped as follows:

#### 9.1 Contextual influences

These are influences that are due to historical, sociocultural, religious, environmental, health system/institutional, economic, or political factors. The **communication and media environment**, for instance, has the power to create a negative (or positive) vaccine sentiment in the public and provides a platform for lobbies and influential opinion leaders to freely voice their opinions and experiences against (or for) vaccines. Secondly, community leaders, celebrities, and influencers in certain settings have had significant influence in contributing to vaccine hesitancy.



Politics and policies are an everyday reality. **Mandated vaccinations** can have the unintended consequence of resulting in vaccine hesitancy and not necessarily because of safety or other such concerns, but because of the mere fact that they are mandated. In other cases, vaccine hesitancy is a result of the health centre being too far to access even though the population has confidence in the health system enforce and is motivated to receive a vaccine.<sup>2,3</sup>







## 9.2 Individual and group influences



These are influences that arise from either **personal perceptions** of the vaccine or the influences of the **social/peer environment**. Past negative (or positive) experiences with a specific vaccination influence vaccine hesitancy or the willingness of the people to vaccinate. In some instances, being aware of someone who suffered from a Vaccine Preventable Disease (VPD) as a result of not being vaccinated can enhance acceptance of vaccinations. On the other hand, a personal experience or being aware of someone who experienced an Adverse Event Following Immunisation (AEFI) can also influence vaccine hesitancy.

The world is diverse and people have different beliefs and attitudes when it comes to health and prevention. In relation to this diversity, vaccine hesitancy can be caused by (1) beliefs that VPDs are important for building immunity and that vaccines destroy crucial natural immunity, or (2) beliefs that behaviours such as breastfeeding, traditional/alternative medicines or naturopathy are as important, if not more important than vaccination, to maintaining good health and preventing VPDs.

**Knowledge and awareness** impacts vaccinations and decisions to either be vaccinated, or not to be, are influenced by factors that will include knowledge and awareness. Vaccine hesitancy (or acceptance) is influenced by whether people have information that is accurate, a lack of awareness as a result of there being no available information, or misconceptions due to misinformation. In countries where the citizens distrust their government or local authorities, there is a tendency to mistrust vaccines and vaccination programmes that are delivered or sanctioned by that very government, ultimately leading to hesitancy. In addition, in places where there are complicated system procedures and difficult personal interactions, vaccine hesitancy often results.<sup>2,3</sup>



## SECTION 9

### Why we need an IPSF global campaign

#### 9.3 Vaccine/vaccination specific issues.

In relation to vaccines, the risk/benefit ratios provide scientific evidence for whether or not to accept the respective vaccinations. In addition, a history of safety issues can make people hesitate, even if the safety issues have since been clarified or rectified.

Human beings are creatures of habit and accepting change is often hard. Therefore, the introduction of a new vaccine or formulation may make people hesitant, especially when it has not been used before or yet tested for a long period of time. These factors contribute to society being of the opinion that the new vaccine is not needed and they do not see the direct impact of the vaccination (e.g. the prevention of cervical cancer using the HPV vaccine). For some people, the mode of administration of the vaccine can impact whether or not the individual will want to be vaccinated; for example people who fear injections will opt out of vaccinations if the vaccine is administered in that way. Oral or nasal administrations will be viewed as the more convenient and acceptable methods.

For most of our countries, vaccines are procured elsewhere and vaccine hesitancy can result when individuals lack confidence in the ability of the system to provide vaccines safely (i.e. having a robust supply chain structure) or when the production site or source of the vaccines is in a country/culture the individual is suspicious of. Health workers, being the people who administer vaccines, may also be hesitant to administer a vaccine if they are not confident that the supply will not be stopped as such cessations diminish the trust that patients have in them. In some instances, hesitancy may be for a simple reason such as cost of the vaccination; there are individuals who have complete trust in the health care system and want to be vaccinated but simply cannot afford the cost associated with such vaccination for either themselves or their child(ren). On the other hand, there are local authorities and health centres that, in response to this challenge, provide free vaccinations. However, individuals may not see the value of vaccinations if provided for free. This is made worse by health care professionals who hesitate, for whatever reason, to be vaccinated and it consequently influences their patient's willingness to vaccinate.<sup>2,3</sup>

Based on this background provided above that aims to highlight why we need this global campaign, and it is by no means exhaustive of all the factors resulting in vaccine hesitancy, you are invited to join this campaign, help raise awareness and the understanding of this urgent vaccine hesitancy problem as well as spark the change needed to ensure vaccine hesitancy ceases to be a global health threat.

There has been overwhelming evidence that demonstrates the benefits of immunisation and it is one of the most successful as well as cost-effective interventions to improve health outcomes globally. However, high uptake rates of vaccines must be achieved in order to prevent the associated morbidity and mortality resulting from vaccine preventable diseases and their complications. This toolkit has been designed to provide you with the essential information you need to take part in the campaign. We hope that it will help motivate and facilitate you to develop your own local activities.





#### 9.4 Campaign objectives

- To make vaccine hesitancy a globally recognised health issue;
- To increase recognition of the role that various stakeholders must all play in tackling vaccine hesitancy;
- To advocate for the pharmacy profession as a crucial stakeholder in immunisation efforts and a key partner in ending vaccine hesitancy;
- To encourage behaviour change in the public and to convey the message that vaccinations remain a pivotal preventive measure of infection;
- To create public awareness about vaccinations and provide assurance of the safety and effectiveness of vaccines that prevent millions of deaths caused by vaccine-preventable diseases worldwide; and
- To fight myths regarding vaccinations that are spread through various types of social media and to educate the public on the benefits of vaccines.

#### 9.5 Key Messages

- Vaccines are one of the most cost-effective public health interventions that can prevent 2.5 million deaths annually.
- Pharmacists are one of the most accessible health care professionals and the expanded role of pharmacists in immunisation needs to be emphasised.
- There is a resurgence of vaccine-preventable diseases brought about by the decline in immunisation rates and the rising threat of vaccine hesitancy.
- Vaccine hesitancy is not a new problem but a problem increasingly being recognised and it is more likely with new or newly introduced vaccines than with older, locally well-accepted vaccines.
- Vaccine Hesitancy is a global problem that varies between and within countries, contexts, and time.
- Vaccine hesitancy may be caused by individual, group, contextual influences and vaccine-specific issues.
- A range of factors influence whether a person is vaccinated or not. What people think and feel and social influences will affect motivation to vaccinate.
- The most effective interventions are multi-component and interventions should be dialogue based and directly targeted to a specific under-vaccinated population group.
- Being a complicated behavioural phenomenon, vaccine hesitancy has no single best practice intervention and in order to address it in all its various contexts, a more nuanced, locally crafted and multicomponent approach is required.
- In relation to vaccination, hesitancy may affect motivation, resulting in people declining it for either themselves or their children.
- Vaccine hesitancy is more likely with mass campaigns than with routine immunisation.





## SECTION 10

### Calls to action for key audiences

#### 10.1 How the public can help:



Ensure that the information regarding vaccines is obtained from a reputable source; and

Recognise the multi-faceted role of the pharmacist in issues concerning vaccinations and the threat of vaccine hesitancy.

#### 10.2 How the policy makers can help:



Ensure that all countries take steps to understanding both the extent and nature of vaccine hesitancy at a local level on a continuing basis;

Put in place policies that ensure the development of a strategy to increase acceptance and demand for vaccination which should include ongoing community engagement and trust-building, active prevention of vaccine hesitancy, frequent national assessments of concerns, and crisis response planning;

Create legal frameworks for pharmacists to be authorised to administer immunisations with proper training and certification; this includes increasing the number of vaccines which may be administered by pharmacists in countries where pharmacists may vaccinate;

Ensure academic institutions undergo curriculum reform to incorporate training on the administration of vaccines in pharmacy schools and departments;

Ensure access, that is based on the principles of equity, to affordable vaccines that are safe, efficacious, and of high quality through effective implementation of vaccination programmes, public-private partnerships (where applicable), and ensuring the integrity of vaccines throughout the supply chain as products that require cold chain management;

Recommend the adoption of the Community Engagement Framework (CEF) to curb vaccine hesitancy in local communities;

Create a structured long-term plan on educating the public regarding vaccinations and vaccine hesitancy, as well as fighting complacency;

Ensure that vaccines are affordable to persons in all stages of life;

Incorporate a plan to measure and address vaccine hesitancy into their country's immunisation programme as part of good programme practices;

Use and validate the compendium of potential vaccine hesitancy survey questions as one of the other possible tools as this facilitates inter-country comparisons;

Further undertake education and training of health care workers to empower them to address vaccine hesitancy issues in patients and parents; and

Share country information on vaccine hesitancy and lessons learned among member states.



### 10.3 How health professionals can help:



Educate the public on the safety and efficacy of vaccines;

Condemn the misinformation disseminated by the anti-vaccine movement and the consequent effects it has on vaccine hesitancy;

Help to debunk myths and misinformation on the safety and efficacy of vaccines through the conduct of various campaigns in our local communities and social media;

Ensure that campaigns are accessible to local communities especially to populations that are most vulnerable to vaccination misinformation;

Encourage collaborative engagement among professional organisations to foster information sharing and partnership in vaccine delivery; and

Address vaccine hesitant behaviours within health care workers.

### 10.4 Pharmacists:



If not already commonplace, advocate for the professional responsibility to vaccinate patients in order to increase access to vaccines;

Offer community pharmacy-based immunisation services to make a positive impact on vaccination rates due to increased accessibility to vaccinations, including educating patients regarding vaccine schedules, as well as promoting adherence;

Condemn the misinformation disseminated by the anti-vaccine movement and the consequent effects it has on vaccine hesitancy;

Help to debunk myths and misinformation on the safety and efficacy of vaccines through the conduct of various campaigns in our local communities and through social media; and

Ensure that such campaigns are accessible to local communities, especially to populations that are most vulnerable to this misinformation.

### 10.5 Healthcare Industry:



Invest in research and development of new vaccines, new formulations and therapeutic options;

Invest in research and development efforts for halal and vegan alternatives to pig-derived gelatine used in some vaccines;

Condemn the misinformation disseminated by the anti-vaccine movement and the consequent effects it has on vaccine hesitancy; and

Help to debunk myths and misinformation on the safety and efficacy of vaccines through the conduct of various campaigns in our local communities and through social media.



## SECTION 11

### Core materials & activities



#### **Publications:**

Demonstrating gaps/issues about vaccines hesitancy and proposing solutions.

#### **Videos:**

A series of short videos with key messages to raise awareness of the need to immunise and get immunised.

#### **Infographics:**

With key facts, data & information about vaccine hesitancy presented in a visually appealing & shareable format.

#### **Online quiz:**

See how much you know about vaccine hesitancy & share your results & key facts with friends.

#### **Posters:**

Targeting the public, health workers, and policy.

#### **Gifs:**

A GIF displaying some of the main causes of vaccine hesitancy.

#### **Radio script:**

Public service announcement explaining the issue & what can be done to address it.

#### **Social media:**

Posts using relevant hashtags on social media platforms.

#### **Fact sheet:**

Fact sheet on vaccine hesitancy - provides background & context to media & the public.

## SECTION 12

### How to get involved

You have a vital role to play in the success of this campaign. Here are some of the ways you can help to increase awareness and understanding of vaccine hesitancy and the need to address it:

Promotion of IPSF-led vaccine hesitancy advocacy initiatives in your national and local association as well as on social media.

Everyone, everywhere can make use of existing campaign materials such as posters, infographics, and videos.

Engage with grassroots groups, non-governmental organisations and community bodies. Make it clear that you think vaccine hesitancy is a priority issue and that you want it addressed.

Share a success story or case study on what you have done to help tackle vaccine hesitancy and inspire others through social media, your website or newsletter, an event, or email us.

Planning of workshops to advance vaccine hesitancy advocacy initiatives in your country with help from the policy committee.

Organising town hall meetings and debates around vaccine hesitancy issues.

Organising campaigns either individually or with a group of friends to advocate about vaccine hesitancy.

Making scheduled visits to individuals who can help influence and promote vaccine hesitancy advocacy.



## SECTION 13

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## INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION

The International Pharmaceutical Students' Federation (IPSF) was founded in 1949 by eight pharmacy student associations in London, United Kingdom. The Federation now represents approximately 350,000 pharmacy students and recent graduates in 80 countries worldwide. IPSF is the leading international advocacy organisation for pharmacy and pharmaceutical science students. We promote improved public health through the provision of information, education, and networking opportunities as well as a range of publications and professional activities.



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