

From addressing Hesitancy to ensuring Confidence: Investigating the Effects of the Vaccine Trust Course (VTP) of the International Pediatric Association

This study explores the impact of the Vaccine Trust Course developed by the International Pediatric Association. The study aims to understand how the VTP can address vaccine hesitancy and foster greater confidence in vaccination among parents and healthcare providers.

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INTRODUCTION

The International Pediatric Association (ipa-world.org/) exists to create a world where all children, regardless of age, location or family situation can live healthy lives.

For over 100 years, IPA has been the only global body representing the professional societies of pediatricians. IPA represents pediatricians from over **154 countries** in over **176 member societies**, enabling them to work together to improve the physical, mental and social health and wellbeing of all children, from birth through adolescence.

IPA Vaccine Trust Course (ipa-vaccine-trust-project.php):

- To Equip and galvanize health professionals to advocate for the recommended vaccination · Create resilient public health communications ecosystems.
- IPA acknowledges WHO Euro, UNICEF, First Draft, and Sanofi Pasteur for providing access to resources developed by them in the preparation of the 7 modules in 7 languages. All modules are evidence-based and will be continuously reviewed in the face of evolving evidence and modified accordingly.

BACKGROUND AND RATIONALE

1 Vaccine Hesitancy Concerns

Despite the proven efficacy of vaccines, some parents and communities remain hesitant about vaccination due to misinformation and misconceptions.

2 Need for Targeted Interventions

There is a growing recognition that tailored educational programs can help improve vaccine knowledge and acceptance.

3 Role of Pediatricians

Addressing vaccine hesitancy is crucial for public health, and pediatricians play a pivotal role in promoting vaccine acceptance and confidence among parents and caregivers.

OBJECTIVES OF THE STUDY

- 1) To compare the pre-and post-training knowledge levels regarding vaccination among the participants of the course.
- 2) To assess participant feedback on the quality of the delivery of each module, including speaker quality, accessibility, and timeliness.
- 3) To ascertain the participants' professional backgrounds and demographic information, including their employment in the healthcare industry.
- 4) To determine the participants' country-wise geographic distribution.

METHODOLOGY

SETTINGS

The online Vaccine Trust Course was promoted globally via the IPA's website, social media channels, member societies, partner organizations, and email listserv. The course was promoted primarily through IPA's networks, IPA national member associations, those who had registered and completed the Vaccine Trust Course to promote this with colleagues, and via emails, social media, and regular WhatsApp messages.

RESEARCH QUESTION

How does the vaccination knowledge level among participants change before and after training, and what are the perceptions of participants regarding the quality of delivery, including speaker quality, accessibility, and timeliness, in each module?

3.2 STUDY DESIGN

The research methodology incorporates quantitative methods, notably Secondary Data Analysis to investigate.

STUDY POPULATION

A total of 1527 healthcare professionals who have finished the Online Vaccine Trust Course offered by the IPA make up the study population for this investigation.

A broader cadre of HWs including pediatricians, nurses, midwives, public health professionals, program managers, and other HWs were encouraged to enroll for the self-paced, 8-hour online course and complete the course within two weeks.

DATA SAMPLING METHOD

Convenience sampling is used in this study to find participants for the Online Vaccine Trust Course who signed up between October 2021 and October 2022.

PROCEDURE

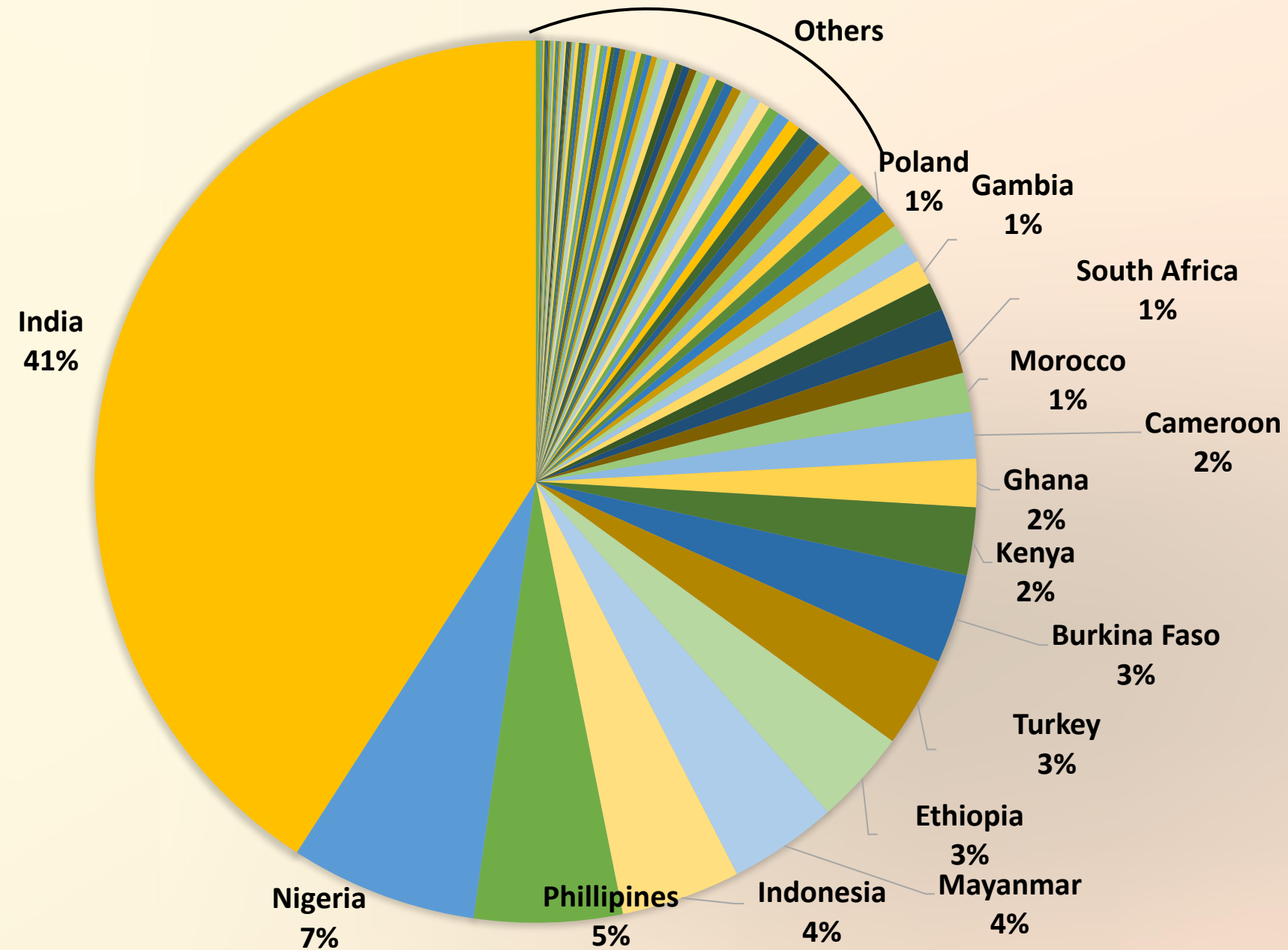
3.1. Teaching and learning methods (Training Model)

Course participants were given access to the online course through the IPA's LMS. The training modules and topics were designed and written by respective module faculty, experts, and advisors, with the curriculum adapted for an online format under the guidance of the PAG and partner organizations (Appendix II includes a list of the members of PAG and partner organizations). The online course comprised seven modules – Module 1 – Infodemiology, Module 2 – Behavioral Science behind Vaccine Acceptance Interventions, Module 3 – Interpersonal Communication, Module 4 – Social Media Engagement, Module 5 – Dealing with Vocal Vaccine Deniers, Module 6 – Interacting with Media, and Module 7 – Building Vaccine Value – Advocacy & Messaging to Effect Change. However, participants were able to pick modules in order of their choice. The course objectives were delivered through video lectures aided by the pre-reads (i.e., key readings and resources), interactive exercises, and quizzes. As the online program was originally developed in English, the pre-reads except the original articles, video lectures and quizzes were translated into Spanish, French, Portuguese, Turkish, Arabic, and Russian and exercise videos were given subtitles in these languages. The online course is not certified for continuing medical education (CME) credit. However, after completion of all seven modules and the feedback surveys participants were awarded with an IPA Vaccine Trust Course Level-1 certificate by International Pediatric Association, 122 years old only global body representing 164 professional societies of pediatricians from 149 countries.

FINDINGS AND ANALYSIS

DEMOGRAPHIC DETAILS	%
GENDER	
Female	50.7
Male	49.3
AGE	
18-24	6.8
25-39	52.8
40-60	32.9
60 and above	7.5
DESIGNATION	
Pediatrician	56.0
Nurse	7.1
Public Health Professional	7.1
Program Manager	4.6
Midwives	0.5
Assistant of physician	0.3
Other Healthcare Professional	5.8
Other Health Worker	1.3
Student(Medical, Nursing and other)	5.8
Other	11.5

PARTICIPATION RATE ACROSS THE GLOBE



PRE AND POST-TRAINING SURVEY RESULTS

Questions	Pre Training			Post Training	
1	Health workers have an important role in educating parents about the importance of childhood vaccination.				
		N	%	N	%
	Agree	1487	97.4%	1456	95.4%
	Neutral	4	0.3%	16	1.0%
	Disagree	36	2.4%	55	3.6%
2	As a health worker, I believe my conversations with my patients can make their opinions about vaccination more positive.				
		N	%	N	%
	Agree	1479	96.9%	1478	96.8%
	Neutral	22	1.4%	18	1.2%
	Disagree	26	1.7%	31	2.0%

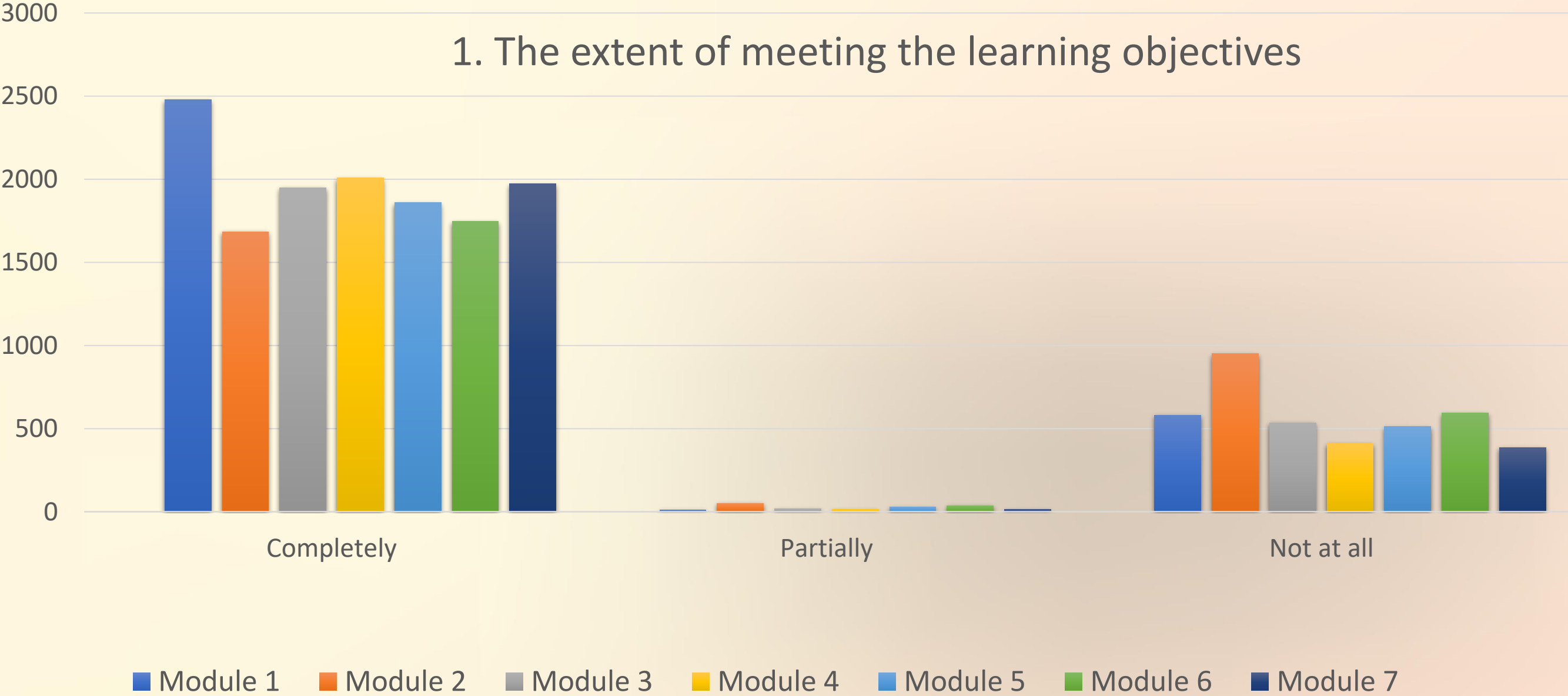
3	As a health worker, I believe that my strong recommendation for vaccination will impact a patient's decision on whether or not to vaccinate.				
		N	%	N	%
	Agree	1388	90.9%	1388	90.9%
	Neutral	80	5.2%	80	5.2%
	Disagree	59	3.9%	59	3.9%
4	I feels competent to discuss vaccination with vaccine-hesitant patients.				
		N	%	N	%
	Agree	1241	81.3%	1445	94.6%
	Neutral	185	12.1%	51	3.3%
	Disagree	101	6.6%	31	2.0%
5	The large amount of information available , some accurate and some not, makes it harder for people to find trustworthy sources and reliable guidance when needed				
		N	%	N	%
	Agree	1407	92.1%	1430	93.6%
	Neutral	66	4.3%	52	3.4%
	Disagree	54	3.5%	45	2.9%

6	I feel competent to respond to misinformation circulated on social media with an evidence-based approach				
		N	%	N	%
	Agree	1141	74.7%	1416	92.7%
	Neutral	250	16.4%	78	5.1%
	Disagree	136	8.9%	33	2.2%
7	I feel it is important for healthcare workers to counter misinformation, by actively engaging on social media and presenting facts, as well as reliable and trustworthy information about vaccines.				
		N	%	N	%
	Agree	1393	91.2%	1451	95.0%
	Neutral	87	5.7%	48	3.1%
	Disagree	47	3.1%	28	1.8%

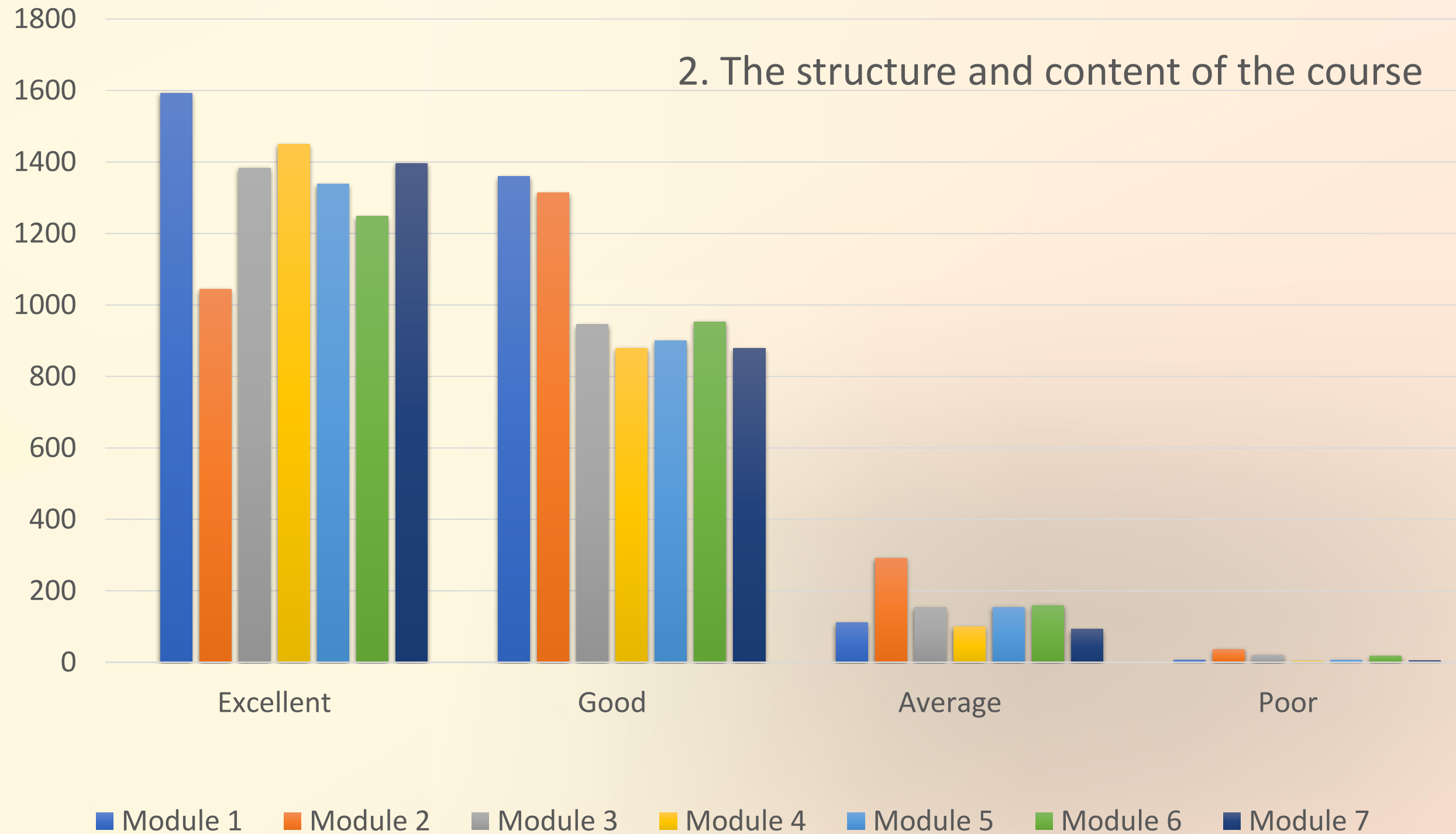
8	Increasing the amount of pro-vaccination content in media of all types may be of value over the longer term.				
		N	%	N	%
	Agree	1346	88.1%	1444	94.6%
	Neutral	127	8.3%	53	3.5%
	Disagree	54	3.5%	30	2.0%
9	As a health worker, I believe that I am responsible for advocating the benefit of vaccines to influence policy change and/or build an enabling environment with a broad group of stakeholders to increase vaccine confidence.				
		N	%	N	%
	Agree	1437	94.1%	1469	96.2%
	Neutral	71	4.6%	35	2.3%
	Disagree	19	1.2%	23	1.5%

MODULE WISE FEEDBACK

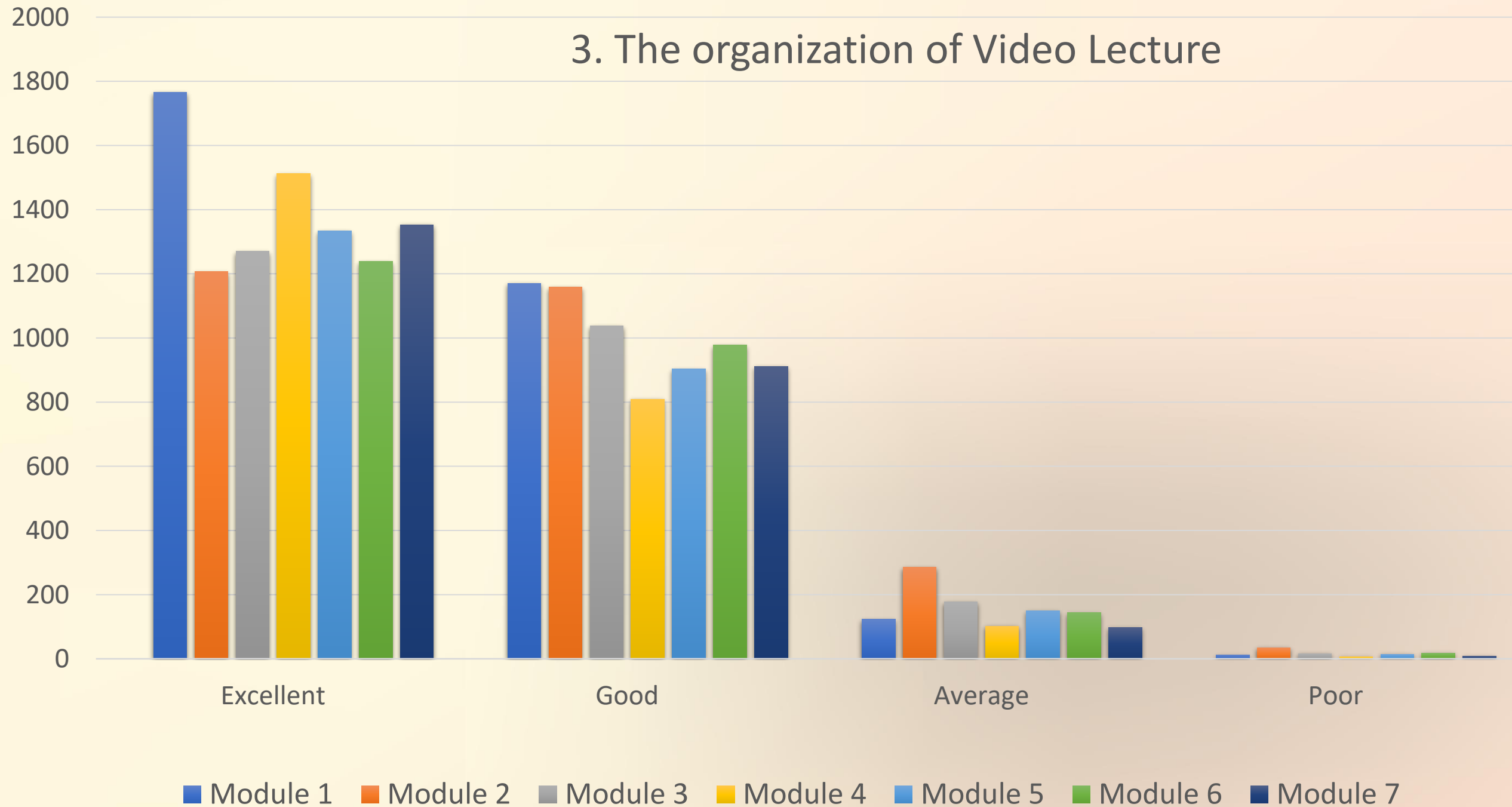
1. The extent of meeting the learning objectives



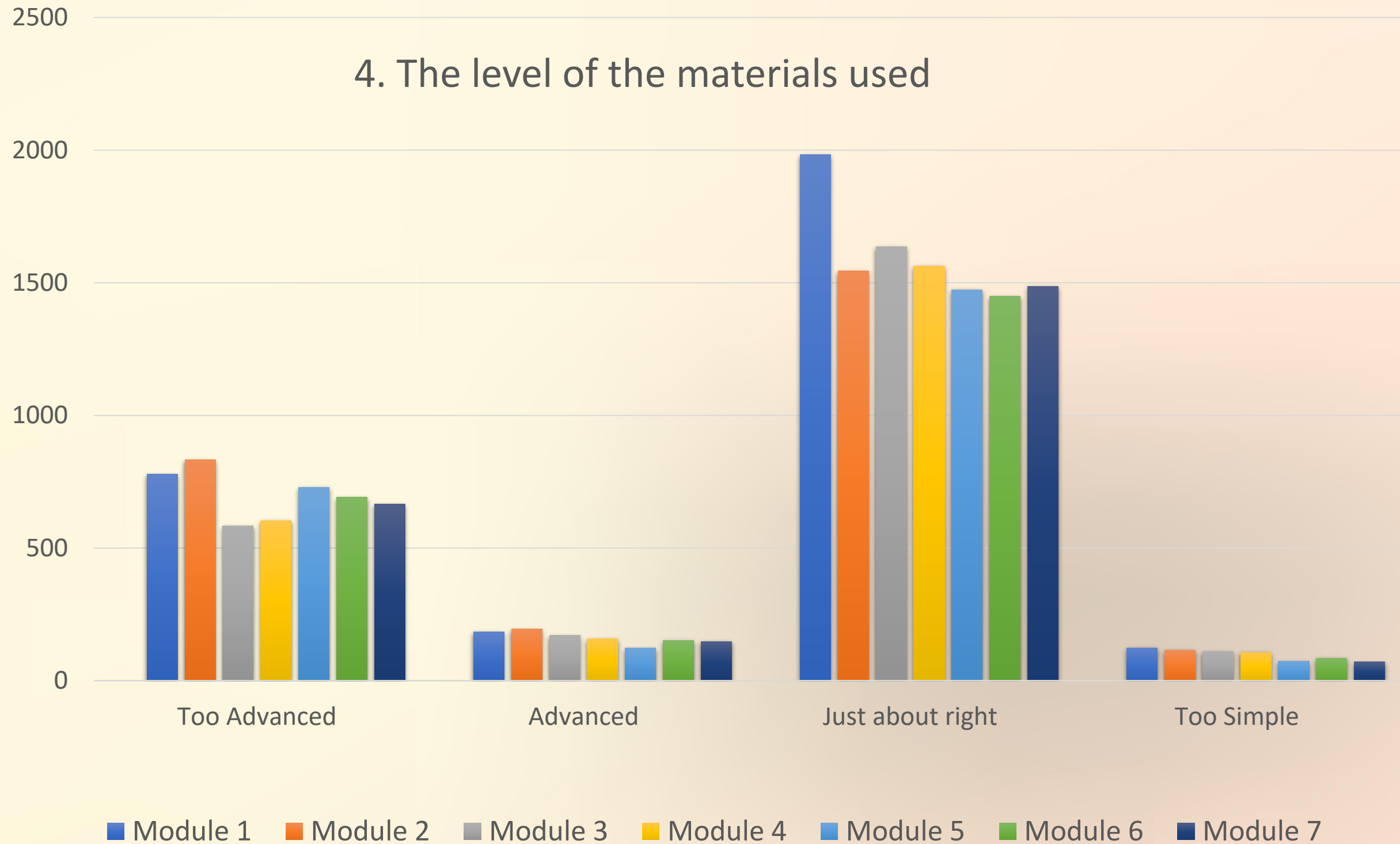
2. The structure and content of the course



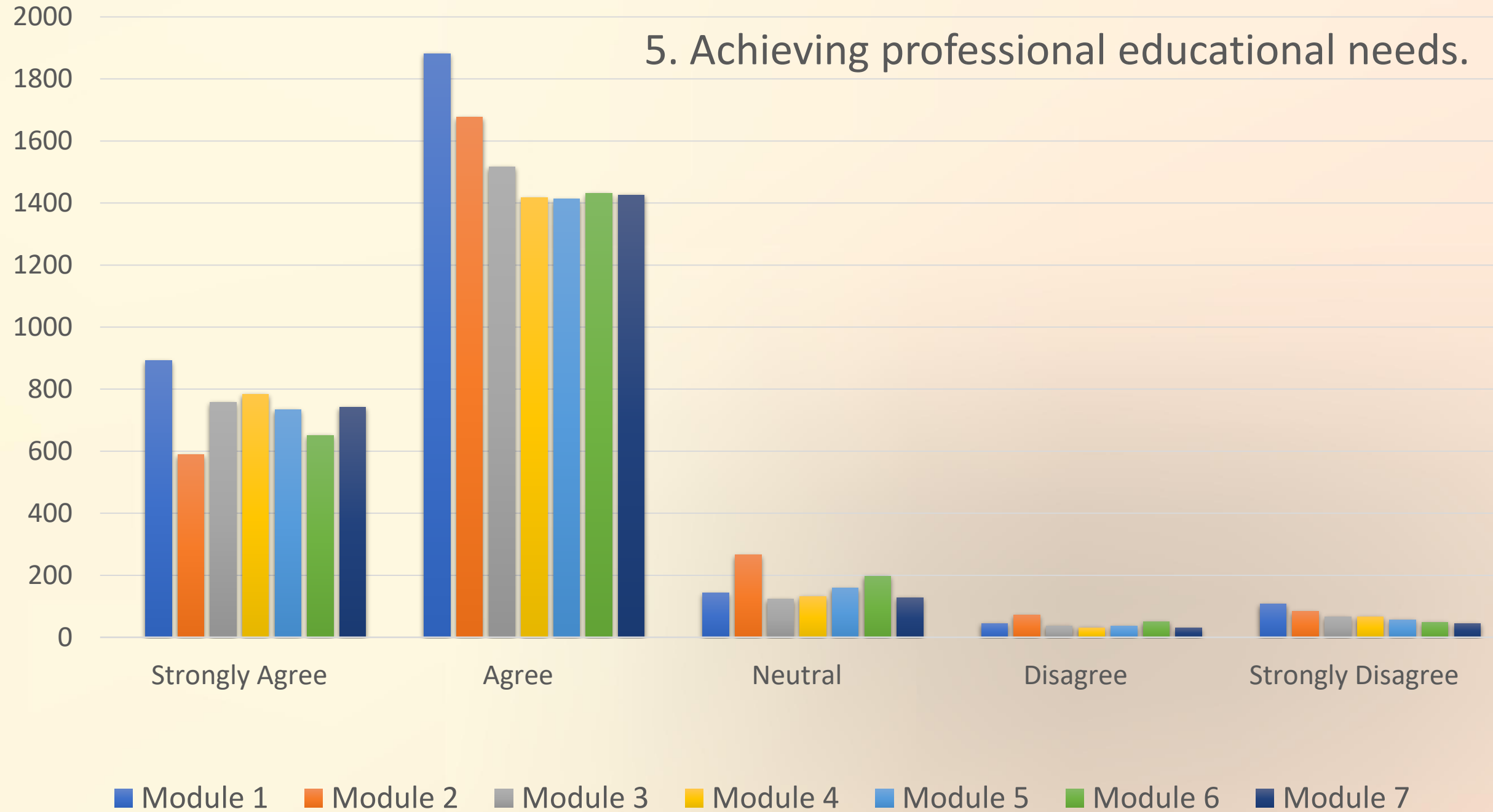
3. The organization of Video Lecture



4. The level of the materials used



5. Achieving professional educational needs.



RECOMMENDATIONS

1

Follow-Up Surveys

Continue conducting follow-up surveys at regular intervals beyond the initial three months post-training to assess the long-term application of course content in participants' practices.

2

Interactive Learning Strategies

Incorporate more interactive sessions and reduce the number of surveys in the course structure to enhance participant engagement. Shorter video lectures and reading materials can help maintain participants' interest and improve knowledge retention

3

Simulation Exercises

Integrate simulation exercises into the training curriculum to allow participants to practice communication strategies and responses to vaccine hesitancy scenarios in a safe and controlled environment



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Portuguese,
Spanish, Turkish

4000+ Registrations
127 Countries

1

Module 1 | Infodemiology

2

Module 2 | Behavioral Science
behind Vaccine Acceptance
Interventions

3

Module 3 | Interpersonal
Communication

4

Module 4 | Social Media
Engagement

5

Module 5 | Dealing with Vocal
Vaccine Deniers

6

Module 6 | Interacting with
Media

7

Module 7 | Building Vaccine
Value - Advocacy & Messaging
to Effect Change

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STRENGTHS



Geographic Scope

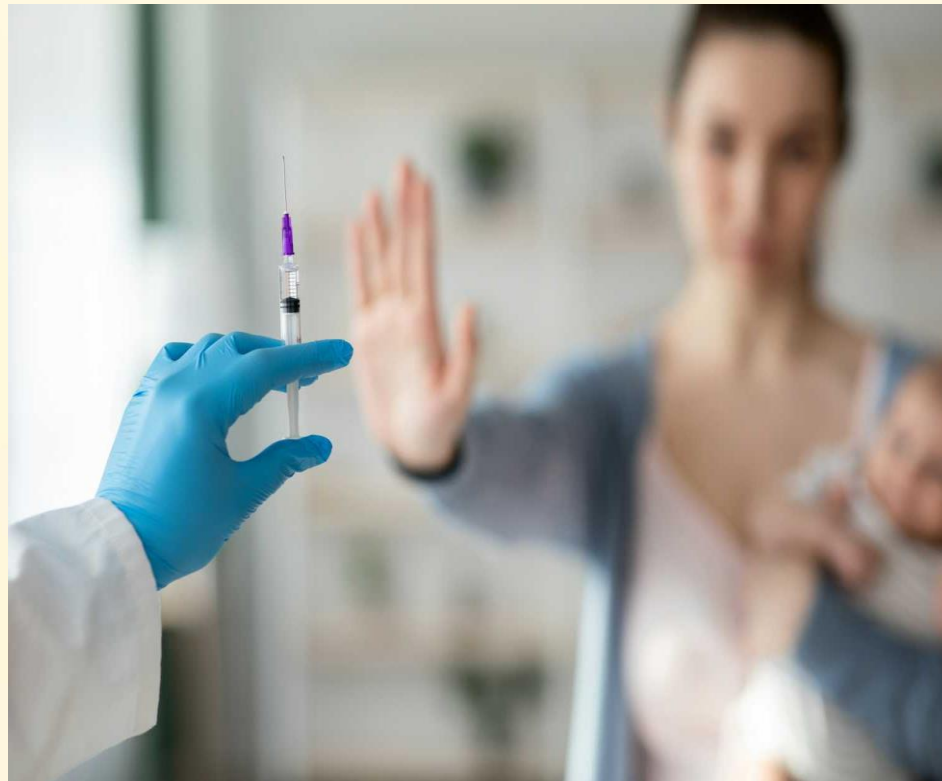
The study demonstrated strong geographic coverage by attracting participants from 84 countries, showcasing the global reach and impact of the training program. This wide representation enhances the diversity of perspectives and experiences shared among healthcare workers, enriching the learning environment and promoting cross-cultural exchange



Expert Faculty Development

The study curriculum was developed by an expert faculty, ensuring the quality and relevance of the training content.

WEAKNESSES



Selection Bias

Study participants were volunteers motivated to improve vaccine knowledge, potentially biasing outcomes.



Scope of Evaluation

Evaluation Focused on immediate outcomes, Long-term follow-up is needed to assess sustained impacts on practices and attitudes.

CONCLUSION

- ❖ This study provides empirical evidence that health workers' (HWs') improved communication skills led to increased confidence and compassion toward caregivers for HWs who completed all seven modules of a free online modular program focused on knowledge, advocacy, and communication skills related to vaccine acceptance.
- ❖ Online training replaced in-person training due to the COVID-19 pandemic crisis, increasing the quantity, diversity, and reach of HW participants. This online course was able to reach a broader and wider audience internationally in a shorter length of time than in-person training seminars.
- ❖ This online course was able to reach a broader and wider audience internationally in a shorter length of time than in-person training seminars. In just 12 months, more than 1527 individuals from 91 different countries would not have been able to attend the in-person IPA courses. Additionally, the online course made greater use of the experts' time when delivering the modules by cutting down on travel time and costs. The project's initial findings and anecdotal evidence from trained health workers involved in external engagement show a definite need for course materials designed especially to enhance health workers' communication abilities around vaccinations and immunizations. The rates of routine vaccinations are declining globally. Thus, improving public health requires tackling vaccination acceptability and misinformation

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