

# VAX-Action: Tackling Effectively Vaccine Hesitancy in Europe



## EXPLOITATION PLAN

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## List of Acronyms

ASPHER - Association of Schools of Public Health in the European Region

EPH – European Public Health Conference

EU - European Union

EU4H – EU for Health

EUHPP - European Union Health Policy Platform

FHW – Frontline Health Care Workers

GA - Grant Agreement

WHO – World Health Organization

WP – Work Package

## 1. Summary

VAX-Action seeks to engage stakeholders at all levels in dialog to help identify challenges and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period. The project's potential policy ramifications will be effectively communicated.

It will be relevant to be in good communication with stakeholders at all levels in order to identify challenges and assess country specific and EU-wide solutions to ensure that relevant actors are informed and engage them in sustainable implementation of the identified good practice interventions on vaccine hesitancy beyond the project period. The relevant lead partner ASPHER offers structured processes of sharing evidence-based public health models of innovation and good practice, linking into the academic public health community as it operates across the political spectrum in relevant health, social, and employment fields to ensure consistent, coherent, and effective action to sustain and improve health for all.

To achieve this VAX-Action will use a range of techniques, such as active involvement, and the dynamic sharing and communication of project outcomes with policymakers, health professionals, advocacy groups, and researchers throughout the project's duration as well as at its conclusion in order to ensure exploitation of results.

Health interventions are open opportunities for the development of more comprehensive resources for the target groups in the European region and beyond. In addition to training frontline healthcare workers for five nations to better deal with vaccine hesitancy, VAX-Action will develop a novel and common framework on vaccine hesitancy that will increase the success of future interventions implementation and at the same time the number of European specialist able to evaluate interventions, which will improve the capacity for future healthcare intervention development and assessment. As part of the analysis and specification of target audiences, more groups will be added to the diverse range of target audiences.

The Exploitation Plan is structured as follows: Chapter 1 and Chapter 2 summarise and introduce the VAX-Action Exploitation Plan and the VAX-Action Project. Chapter 3 details the Exploitation Strategy including: objectives, aims, methodological approach, stakeholder targets, intended outcomes, targeted measures, key performance indicators, and open access policy. This is followed by Conclusions in Chapter 4 and the references in Chapter 5.

## 2. Project summary

VAX-Action is a 30-month project (1.12.2023–30.5.2026) co-funded by the EU4Health programme under the Grant Agreement (GA) 101133273, Call EU4H-2022-PJ-5<sup>1</sup>, Topic EU4H-2022-PJ-16<sup>2</sup>. It started in December 2023 (M1) and will end in May 2026 (M30).<sup>3</sup> The primary project information is set out in Table 1. The project consortium comprises nine beneficiaries from six countries, Belgium, Czechia, France, Italy, Portugal, and Romania, to study the success of vaccine hesitancy interventions in Europe.

### Objectives

The general objective of VAX-Action is to support EU Member States and relevant stakeholders in implementing tailored, evidence-based interventions to reduce vaccine hesitancy through a) specific actions like mapping vaccine hesitancy interventions made so far, b) identifying problems in the implementation of interventions, c) developing, testing, and designing interventions based on previous research findings, d) implementing, testing, and evaluating pilot activities, and e) creating a research-grounded, sustainable strategy for ongoing implementations, toolkits, and suggestions for scaling up in additional EU countries, and beyond.

### Justification

Health interventions can create more comprehensive resources for targeted groups in Europe and beyond. VAX-Action aims to train frontline healthcare workers in five EU nations to better deal with vaccine hesitancy. Additionally, the project intends to develop a novel and common framework for vaccine hesitancy interventions. This framework will enhance the success of future intervention implementation and increase the number of specialists who can evaluate interventions. This will improve the capacity for future healthcare intervention development and assessment.

In terms of exploitation, the project will generate research-based recommendations for the pan-European context, governmental and local public health authorities, and countries outside Europe.

### Impact

VAX-Action is a project that helps healthcare professionals to increase their knowledge and understanding of vaccine hesitancy. This knowledge equips them with the skills to manage related challenges, such as misunderstandings, misdiagnoses by non-experts, population beliefs in false information and conflicting

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<sup>1</sup> EU4H-2022-PJ-5 – Call for proposals to support Member States and other relevant actors to implement relevant results of innovative public health research in relation to vaccination against COVID-19.

<sup>2</sup> EU4H-2022-PJ-16 — Call for proposals to support Member States and other relevant actors to implement relevant results of innovative public health research in relation to vaccination against COVID-19 - CP-g-22-03.01.

<sup>3</sup> See the month calendar attached, table 12 annexes.

attitudes towards healthcare workers. Governments and institutions can use this expert knowledge to tackle societal issues like vaccine hesitancy, make related evidence-based recommendations, and design, plan, implement and evaluate complex health interventions.

## Scope

Nine beneficiaries from the six European countries form the consortium to ensure the development of the project's six WPs to target the success of vaccine hesitancy interventions in Europe. Each WP has a specific function within the project's structure and methodological framework. UNL in Portugal is responsible for WP1, which is dedicated to management and coordination and goes along with the project's duration. Partners in Italy (UNI-SR and UNIPV) develop WP2, which regards the Literature Review corresponding to the project's research phase. The intervention phase comprises WP3 (UNL, PT), WP4 (FR, CZ, IT, PT, RO), and WP5 (RO, FR, CZ, IT, PT). ASPHER in Belgium coordinates WP6 and is responsible for the project's conclusion phase, including communication and dissemination activities.

## Countries and Target Regions

Understanding and addressing vaccine hesitancy is crucial for successful vaccination programmes. However, this depends heavily on people's attitudes towards health measures and political decisions. To tackle this problem, the VAX-Action project will design, map, and evaluate interventions to help vaccine-hesitant people. The aim is to teach FHWs and encourage vulnerable people, like immigrants who are hesitant about vaccinations, to believe in them.

Among the consortium's countries, the COVID-19 immunisation rate for the first dose varied between 42.4% in Romania and 86.4% in Portugal (Jan 2023). All had at least 90% coverage rates for one dose of measles and rubella vaccines. However, vaccine confidence levels varied significantly, with some reporting levels above and others below the EU average. The five regions within these countries where interventions on vaccine hesitancy are most needed were identified and are listed in Table 3. In Belgium, there is no target region planned for interventions.

**Table 1 - Countries and target regions**

Countries	Target regions
Czechia	Prague
France	Paris
Italy	Roma
Portugal	Porto
Romania	Bucharest

### 3. Exploitation Strategy

The Exploitation Plan (D6.1) is an internal manual and reference source for successful project exploitation developed by WP6 Lead, the Association of Schools of Public Health in the European Region (ASPHER). The Plan's primary objective is to effectively involve all VAX-Action partners to engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).

The Plan works to ensure that appropriate stakeholders are reached at all levels and to assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.

As per Article 17 of the GA, the beneficiaries are obligated to promote the project and its results by providing targeted information to various audiences, including the media and the public, in a strategic, coherent, and effective manner. The communication, dissemination, and exploitation plan of VAX-Action are the core actions of WP6. The research outcomes and significant project statements and policy briefs will be disseminated in English and the native language of each partner nation in an easily accessible manner through the means implemented by WP6. VAX-Action's sustainability will be granted by the dissemination, and exploitation plans (D6.1 & D6.2) ensured by ASPHER, as the WP6 leader.

#### 3.1. Objectives

**General Objective:** The general objective of exploitation is to engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).

**Specific Objectives:** Specific Objectives are to design and develop recommendations targeted at specific populations, health care professionals and health care authorities for each Target Region analysed, based on which wider recommendations are proposed for tailored interventions aimed at other target audiences, regions and member states, namely:

4. To design and develop recommendations targeted at specific populations, health care professionals and health care authorities for each Target Region analysed, based on which wider recommendations are proposed for tailored interventions aimed at other target audiences, regions and member states.
5. To share and communicate project outcomes among policy makers, health professionals, advocacy groups, and researchers, over the period of the project and at the end, using a variety of methods, including active participation.



6. To conduct a high-level European policy conference to discuss implications for EU policy approaches, research and best practice' dissemination.
7. To engage stakeholders at all levels and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.

### 3.2. Aims

The aim of exploitation will be to engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).

The exploitation of the learning gathered in VAX-Action is intended to inform recommendations so that vaccine hesitancy is better placed at the heart of decision-making during immunisation planning in EU member states. Of particular importance is that:

1. Action plans to address vaccine hesitancy improve the understanding of and approaches to:
  - health literacy, particularly gaps in knowledge and exposure to misinformation;
  - access, socioeconomic, practical problems and concerns relating to prior experience;
  - provide a positive experience of immunisation;
  - a shared understanding of the importance and benefits of immunisation is developed;
  - concerns about risks and overmedicalisation are duly addressed;
  - trust towards healthcare system, respecting cultural and personal beliefs is respected.
2. Health professionals and officials are trained in the communication behaviours required to anticipate and address potential vaccine hesitancy, building on existing frameworks.
3. Applied frameworks/models are regularly evaluated and revised as new evidence emerges.
4. Experts in healthcare journalism and social media communications are updated to minimise the risk that the public's right to timely and accurate information from official sources, traditional and digital media is compromised.
5. Disinformation is tackled at the source, without shutting down patient dialogue, maintaining open conversation to achieve shared understanding and remove argumentative language.
6. Programmes to increase health and science literacy as part of inter-pandemic planning are increased.
7. There is better engagement with communities of interest and local communities to address any concerns.
8. There is an increase in co-designed programmes with communities, ensuring an active and robust two-way communication mechanism.
9. Right-based approach to target vaccination support to underserved communities.
10. Further research is required to evaluate the overall effectiveness of the model in practice and ease of implementation as part of an outbreak/pandemic response.
11. Develop on existing support mechanisms, such as WHO immunisation strategy process, focusing on global tools and frameworks that assist development of national cost-effective immunisation campaigns.

12. Continue efforts to improve on existing cross-border, cross-regional and sub-regional collaboration platforms to improve information sharing and immunisation strategies.

### 3.3. Methodological approach

To achieve its exploitation aims and objectives VAX-Action will use a range of techniques, such as active involvement, and the dynamic sharing and communication of project outcomes with policymakers, health professionals, advocacy groups, parents, and researchers throughout the project's duration as well as at its conclusion. A comprehensive strategy that includes both joint communication and national communication by each partner will be developed and agreed upon before the results of the project can be shared. Interventions' results and important project statements will be disseminated in an accessible manner in both English and each partner nation's native language. To grant effective transfer of knowledge to society and to allow effective exploitation of results, the project's publication strategy will begin with a thorough examination of pertinent, high-quality academic publication venues (ideally gold open access), which will include journals from a variety of disciplines, such as public health, medicine, philosophy, and sociology of health. A strategy for integrating networks of stakeholders and community leaders will be established to distribute results locally, notably through the involvement of the ASPHER's advisory board. Several channels will be used to communicate with the stakeholders as outlined in the Dissemination Plan (D6.2) (website, newsletters, follow up reports, etc.,). The project's potential policy ramifications will be effectively communicated through the policy brief, policy report and conferences. As part of the analysis and specification of target audiences, more groups will be added to the diverse range of target audiences.

### 3.4. Identification of Stakeholder targets

During the initial project period, partners will work together through stakeholder analysis to identify and refine specific target populations for long-term uptake including the range of professionals who encounter vaccine hesitancy or are involved in addressing it in partnership. Specific targets and communication methods and channels will be revisited throughout the project period to incorporate evidence of co-design/feedback to with the populations experiencing vaccine hesitancy. Pre-identified stakeholders are listed in Table 2, additional stakeholders will be identified via the stakeholder analysis which will include each country and target region in addition to the national partners. A strategy for integrating networks of stakeholders and community leaders will be established based on the community of practice paradigm to distribute outcomes locally.

**Table 2 – Identified Stakeholders**

Audience/Stakeholder	Communication Requirements
<b>FHW</b>	Specific requirements for recruitment of FHW to participate in project pilot activities. Information on project progress, study protocols, major project developments and outcomes
<b>Health Care Provider Organisations</b>	Specific requirements for recruitment of FHW to participate in project pilot activities. Information on project progress, study protocols, major project developments and outcomes. Periodic updates on progress through publications, public webinars and website updates
<b>Other EU Projects on Vaccine Hesitancy</b>	Periodic updates on progress through publications, conference presentations, public webinars and website updates
<b>Policy Makers</b>	Periodic updates on progress through publications, public webinars and website updates and policy briefs
<b>Local Health Authorities</b>	Specific requirements for recruitment of FHW to participate in project pilot activities. Information on project progress, study protocols, major project developments and outcomes. Periodic updates on progress through publications, public webinars and website updates.
<b>EU Member States</b>	Periodic updates on progress through publications, public webinars and website updates and policy briefs

A variety of channels will be used to communicate project findings to pertinent target groups, including:

- Project newsletter, memos, and summaries (which will be emailed to national and international stakeholders as well as made available on the project website and other relevant websites).
- Websites in partner nations that are more specifically targeted at frontline health care workers or policy makers, as well as articles in health care professional (non-academic) publications of medical professionals, scholars, and press releases sharing relevant deliverables.
- Also, a compilation of a list of important stakeholders and email each one individually, to make easier to identify and involve stakeholders, ensure their relevance to the project, and guarantee that the project's potential policy consequences are effectively communicated. For instance, nursing and medical educational institutions as well as associations of health care workers and other professionals on those associations can be contacted directly and included as stakeholders.
- VAX-Action will also liaise with academic institutions to push the need to incorporate interactive methods such as groupwork, mutual learning, and problem-based learning to help health students develop the knowledge and mindset necessary to comprehend the complex issues surrounding vaccine uptake and vaccine hesitancy interventions.
- Results will be presented in tailored formats to reach specific target groups (for example: Reports for professional and academic audiences; Infographics for lay audiences). When appropriate, materials of major results will be translated into local partner languages and disseminated on partners' communication channels.
- Other strategies will involve engaging stakeholders beyond the partners consortium and integrating networks of stakeholders and community leaders to disseminate results at local level.

### 3.4. Intended outcomes

The intended outcome of exploitation is to engage stakeholders at all levels and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.

There is no current common framework, not enough tried and confirmed methods to deal with vaccination hesitancy in Europe. VAX-Action will generate recommendations based on research for the pan-European context, governmental, and local public health authorities, and countries outside Europe. These suggestions have an influence on addressing the growing mistrust of knowledge in contemporary society on vaccination hesitancy. The fact that healthcare authorities and other specialists do not perceive the need for specialised skills and safety precautions when dealing with vaccination hesitancy and defense of expertise may function as a barrier to this influence. Therefore, the designing of interventions specifically intending for FHW will be a plus.

Governments and institutions will be more prepared to address societal issues like vaccination hesitancy that need expert knowledge, expertise, and evidence-based recommendations. The engagement of Vax-Action encourages innovative approaches to healthcare policies, which not only lowers vaccine hesitancy, but may grant the success of future interventions.

### 3.5. Targeted measures

Communication of results for exploitation will be target to specific target groups through:

- Websites in partner nations that are more specifically targeted at frontline health care workers or policy makers, as well as articles in health care professional (non-academic) publications of medical professionals, scholars, and press releases sharing relevant deliverables.
- Compiled list of important stakeholders for directed emailing, ensuring their relevance to the project, and guaranteeing that the project's potential policy consequences are effectively communicated. For instance, nursing and medical educational institutions as well as associations of health care workers and other professionals on those associations can be contacted directly and included as stakeholders.
- Liaison with academic institutions to stress the need to incorporate interactive methods such as groupwork, mutual learning, and problem-based learning to help health students develop the knowledge and mindset necessary to comprehend the complex issues surrounding vaccine uptake and vaccine hesitancy interventions.

#### 3.5.1. Direct interventions

Frontline healthcare workers will be the VAX-ACTION mapping interventions target population

in WP4. The interventions will disseminate project results to these professionals and directly utilise the project's recommendations about the scenario analysis of vaccine hesitancy interventions (WP2 and WP3). The knowledge that will be disseminated will be created in each Target Region. The project's findings will be used to provide training for upcoming health workers on vaccination hesitancy

Creating a common healthcare professional intervention that increases their knowledge on how to deal with vaccine hesitancy as a result of this action, will equip professionals to be better able to deal with related challenges to expertise, such as misunderstandings, ready-made diagnoses by laypeople, parents' strong belief in false information on the internet, and conflicting attitudes towards knowledgeable frontline healthcare workers.

Including health students acquire knowledge and an understanding of the complex issues surrounding interventions regarding vaccine uptake and vaccine hesitancy and lessening future healthcare workers' vaccine hesitation fosters a pro-vaccine culture (especially among the identified target groups).

### 3.5.2. Policy briefs

Based on the learning systematized by WP3, policy briefs with country specific recommendations to deal with vaccine hesitancy will be produced in M28-M29 based on the outcomes from each of the interventions in the project. They will include identified best practices and lessons learned.

### 3.5.4. Policy report

A policy report with recommendations on the best strategies to deal with vaccine hesitancy at the European level will be produced in M30. The results of the country-specific pilot actions and policy briefs will be extrapolated to the wider European level with recommendations on how they may be implemented in a wide variety of settings.

### 3.5.5. Final Conference Workshop

European Public Health (EPH) Pre-conference workshop. The EPH Conference held in November each year serves as a forum offering to members a scientific forum for presenting their work. Attended by over 2500 participants, it aims to contribute to the improvement of public health in Europe by offering a means for exchanging information and a platform for debate to researchers, policy makers, and practitioners in the field of public health and health services research as well as public health training and education in Europe.

A pre-conference workshop at the EPH Conference in the final year of the project is foreseen to allow partners to disseminate final results and experiences from the project to relevant communities and identify pathways for future action, sustainability and upscaling of project results and recommendations. The EPH Conference is an annual scientific conference on public health issues in Europe organised by the European Public Health Association that will engage all participants and ensure presentation to major stakeholders who will be onsite.

High Level European Policy Conference. A high-level European policy conference will be held to discuss implications for EU policy approaches, research and 'best practice' dissemination. Location to be determined.

## 3.6. Key performance indicators

Key Performance indicators will be tracked annually at partner meetings and reviewed over time to gauge progress and evaluate the success of the exploitation strategies, including evidence on the following specific action-level indicators:

- Number of items (public health findings) mapped;
- Number of outcomes (analysis, reports, recommendations, etc.) produced on the basis of the information identified;
- Number of Member States implementing solutions and recommendations produced on the basis of the information identified;

- Number of implementation plans produced; - Number of pilot activities initiated; - Number of Member States participating in pilot activities;
- Number of pilot projects considered successful for upscaling;
- Number of sustainability plans, toolkits and policy recommendations for upscaling pilot projects per Member State involved;
- Number of Member States and/or Regions, which gave a commitment to sustain the implementation or support uptake.
- Number of pilot activities initiated, number of FHW participating in pilot activities, number of Member States participating in pilot activities
- Number of periodic updates on progress through publications, recommendations, public webinars and website updates and policy briefs

## 4. Conclusions

The Exploitation Plan outlined above contributes to the project by engaging stakeholders at all levels in dialog to help identify challenges and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period. The Plan will be regularly monitored, reviewed and updated to maximize the impact among all target groups and stakeholders, in this way setting the stage for successful uptake and implementation of VAX-Action outcomes. The results of this monitoring will be shared in project partner and evaluation meetings and in final project reporting.

## 5. References

1. EU4Health Programme (EU4H), “Call for proposals to support Member States and other relevant actors to implement relevant results of innovative public health research about vaccination against COVID-19 (EU4H-2022-PJ-5)”, Version 1.0, November 2022.
2. Grant Agreement - Project: 101133273 — VAX-Action — EU4H-2022-PJ-5