This document presents considerations related to monkeypox vaccination acceptance and demand to be used as a reference during planning and implementation of monkeypox vaccination campaigns or services. It is intended to serve as a supplement to WHO policy guidance for monkeypox control and elimination, which includes identification and prioritization of target groups for vaccination in the current context (1, 2) and considerations for addressing other behaviour-related aspects of monkeypox outbreak response in the European Region. It aims to support the work of health authorities, decision makers and policy planners, including national immunization programme managers, civil society and community-based organizations in Member States of the WHO European Region.

A consultation group comprising various experts within the areas of social science, communication, and advocacy for strategic introduction of the monkeypox vaccine among priority target groups contributed to the development of this document. WHO gratefully acknowledges the contributions of Antonio Gerbase, Martin Holt, Cherstyn Hurley, James MacGibbon, Amir Shaikezhanov, Anthony K J Smith, Assel Terlikbayeva, Pietro Vinti, and Sahil Warsi.

Background

An effective response to monkeypox outbreaks relies on the combined impact of public health measures, including vaccination. In the context of limited vaccine supply, prioritization of individuals at high risk will be needed and efforts may be needed to ensure acceptance of and adequate demand for vaccination among the prioritized target groups.

While anyone can be infected with monkeypox regardless of gender or sexual identity, in the WHO European Region to date reported cases have predominantly been among men who have sex with men (MSM) with multiple sexual partners. Stigma and discrimination connected to monkeypox, and the individuals and groups affected by it, can impact vaccination acceptance and demand. If members of priority groups (particularly MSM) are reluctant to come forward for vaccination this may lead to low vaccine uptake and reduced effectiveness of the outbreak response (4).
Considerations for generating demand for and acceptance of monkeypox vaccination

In planning or implementing a monkeypox vaccination campaign or strategy, stakeholders are encouraged to consider the following factors, which can help ensure high uptake of offered services among the prioritized target groups.

Multi-stakeholder engagement

Within an overall coordination mechanism for the monkeypox outbreak response, countries should consider establishing a working group focused on monkeypox vaccination acceptance and demand.

- The purpose of the working group is to ensure that vaccination reaches prioritized target groups and that communication and vaccination services are tailored to meet their needs.
- The working group should consist of public health authorities, researchers, clinicians and relevant community-based organizations and stakeholders. Consider for example sexual health providers, LGBTQ+ groups, and sex worker organizations. The participation of community-based organizations in the working group is vital to build an equitable partnership, mutual respect and trust between the community and health authorities and to ensure equitable access, all of which will impact demand for vaccination.

Behavioural insights

Ensuring uptake among prioritized target groups will require a tailored approach based on an understanding of the target groups’ drivers and barriers to vaccination.

- Countries are encouraged to gather insights about drivers and barriers to vaccination for prioritized target groups (e.g., through key informants, rapid assessment, surveys, interviews, focus group discussions). Community-based organizations with access to the priority groups may be best positioned to gather such insights.
- Insights should be used to inform tailored interventions on how to best engage with the priority groups, including where and how the priority groups would prefer to receive the vaccine, how to communicate about monkeypox vaccination, which channels are most trusted and used, and which concerns need to be addressed.

Equitable and convenient access

Where and how the vaccine is made available to priority groups will influence demand and acceptance. In developing a service delivery plan, countries are encouraged to consider making the vaccine available at facilities already attended by target groups, offering services such as pre-exposure prophylaxis (PrEP) for prevention of HIV or treatment for HIV and other sexually transmitted infections (STIs), which are geographically well located and well served by public transportation.
Strategies should aim to reduce health inequity and reach those most vulnerable, taking into account possible barriers related to stigma and discrimination. This may also involve making the vaccine available at community-based organizations and MSM-oriented commercial establishments (such as sex-on-premises venues) and events such as Pride festivals.

Immunization services should ensure:

- individuals in the target groups feel safe and not stigmatized, with confidentiality ensured and anonymity offered if programmatically feasible;
- minimal data is collected, its storage is confidential, and its uses are transparent;
- services are offered during convenient hours, for example evenings and weekends;
- appropriate counselling and information are available, related to vaccination and other protective behaviours;
- cost is not a barrier.

**Effective communication**

Gathered insights will enable communication messages to be tailored to address the specific concerns and information needs of prioritized target groups in simple and non-stigmatizing language. It will be important to communicate to the target groups through easily identified and trusted channels and in outreach activities about:

- where and how to get the vaccine;
- what is currently known about the vaccine’s benefits and effectiveness;
- the role of vaccination as one preventive intervention alongside others;
- the rationale for prioritization of target groups in the current phase of vaccination.

**Monitoring, assessment and adaptation**

Health authorities and other stakeholders are encouraged to monitor the uptake of vaccination within the prioritized target groups, identify gaps in uptake to the extent possible, potentially conduct further behavioural insights research as needed, monitor perception and circulation of misinformation, and adjust the strategies for reaching unvaccinated individuals accordingly.
References


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