

LETTER TO EDITOR

Vaccine hesitancy: balancing public health and political realities

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Abstract

Vaccine hesitancy, which peaked globally during the COVID-19 pandemic and continues to garner significant attention amid ongoing global efforts to combat the morbidity and mortality associated with infectious diseases, poses a major challenge to disease prevention and control. Fueled largely by misinformation and distrust in government and scientific institutions, vaccine hesitancy jeopardizes individual and community health, as well as decades of progress in medicine and public health. Effectively addressing vaccine hesitancy entails balancing public health initiatives with political realities on the ground. To achieve this, effective communication of scientific evidence regarding vaccine safety and efficacy is paramount in dispelling myths and countering the myriad of misinformation. Health authorities and policymakers must engage with the public through transparent and accessible channels to build trust and confidence in vaccination. Recognizing the diversity of communities and their unique concerns is crucial in tailoring vaccination strategies. Community engagement initiatives that involve traditional or local leaders, religious organizations, and grassroots movements can help improve trust levels and increase vaccine acceptance. In this age of social media dominance, educational campaigns aimed at promoting health literacy and critical thinking skills can empower individuals to discern credible sources from misinformation. Socioeconomic factors often exacerbate vaccine hesitancy, disproportionately affecting marginalized communities; therefore, addressing socioeconomic disparities in access to healthcare, education, and resources is essential in ensuring equitable vaccine distribution and uptake. Evidence-based policy reforms that prioritize public health while respecting individual rights can also foster an environment conducive to vaccine acceptance.

Keywords: Vaccination Resistance, Vaccine Hesitancy, Political Realities

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Dear Editor,

The issue of vaccine hesitancy reached its peak during the COVID-19 pandemic and has continued garner significant attention in the midst of ongoing global efforts to combat the morbidity and mortality associated with infectious diseases. While vaccines have historically been one of the most effective tools in public health, the global rise of vaccine hesitancy poses a major challenge in our collective pursuit of disease prevention and control through increased vaccination rates.¹

Vaccine hesitancy, fueled by a myriad of factors ranging from misinformation to distrust in government and scientific institutions, has emerged as a complex phenomenon with far-reaching consequences for global public health.² It not only jeopardizes individual and community health but also undermines the foundation of public health initiatives and decades of progress that has been achieved through innovative advances in medicine and public health.³

As we navigate through the delicate landscape of vaccine hesitancy, it has become imperative to strike a balance between important public health initiatives and political realities on the ground.⁴ While public health advocates have continued to emphasize the importance of widespread vaccination in order to achieve herd immunity and prevent disease outbreaks, policymakers are often confronted with the challenge of addressing public concerns and preserving individual freedoms.⁵

In our pursuit of bridging this fundamental divide, it is essential to embrace a multi-faceted approach that acknowledges the underlying reasons behind vaccine hesitancy and addresses them with required empathy

and understanding.

Here, we list approaches that this entails:

Effective communication of scientific evidence regarding vaccine safety and efficacy is paramount in dispelling myths and countering the myriad of misinformation. Health authorities and policymakers must engage with the public through transparent and accessible channels to build trust and confidence in vaccination.⁶

Recognizing the diversity of communities and their unique concerns is crucial in tailoring vaccination strategies. Community engagement initiatives that involve traditional or local leaders, religious organizations, and grassroots movements can help improve trust levels and increase vaccine acceptance.

Empowering individuals with accurate information empowers them to make informed decisions about their health. In this age of social media dominance, educational campaigns aimed at promoting health literacy and critical thinking skills can empower individuals to discern credible sources from misinformation.⁷

Socioeconomic factors often exacerbate vaccine hesitancy, disproportionately affecting marginalized communities. Efforts to address socioeconomic disparities in access to healthcare, education, and resources are essential in ensuring equitable vaccine distribution and uptake. In addition, policymakers play a pivotal role in shaping the political landscape surrounding vaccination. Evidence-based policy reforms that prioritize public health while respecting individual rights can foster an environment conducive to vaccine acceptance.⁸

In conclusion, addressing vaccine hesitancy requires a concerted effort that goes beyond disciplinary boundaries and political ideologies. By encouraging improved collaboration between public health experts, policymakers, and our communities, we can navigate the complexities of vaccine hesitancy and pave the way for a healthier and more resilient society.

REFERENCES

1. Eddy JJ, Smith HA, Abrams JE. Historical lessons on vaccine hesitancy: smallpox, polio, and measles, and implications for COVID-19. *Perspect Biol Med.* 2023;661:145-159. doi: <https://10.1353/pbm.2023.0008>.
2. Goldenberg M. Vaccine Hesitancy and Institutional Credibility Pre-COVID-19 [Doctoral dissertation]. 2022. Available at: <https://macsphere.mcmaster.ca/handle/11375/28261>. Acces on: April 25, 2024.
3. Ali VE, Asika MO, Elebesunu EE, Agbo C, Antwi MH. Cognizance and mitigation of falsified immunization documentation: Analyzing the consequences for public health in Nigeria, with a focus on counterfeited COVID-19 vaccination cards: A case report. *Health Sci Rep.* 2024;72:e1885. doi: <https://doi.org/10.1002/hsr2.1885>.
4. Carey G, Crammond B. Action on the social determinants of health: views from inside the policy process. *Soc Sci Med.* 2015;128:134-141. doi: <https://doi.org/10.1016/j.socscimed.2015.01.024>.
5. Nuwarda RF, Ramzan I, Weekes L, Kayser V. Vaccine hesitancy: contemporary issues and historical background. *Vaccines.* 2022;1010:1595. doi: <https://doi.org/10.3390/vaccines10101595>.
6. Holt D, Boudier F, Elemuwa C, Gaedicke G, Khamesipour A, Kisler B, et al. The importance of the patient voice in vaccination and vaccine safety—are we listening? *Clin Microbiol Infect.* 2016;22:S146-S153. doi: <https://doi.org/10.1016/j.cmi.2016.09.027>.
7. Ali A, Qazi IA. Countering misinformation on social media through educational interventions: Evidence from a randomized experiment in Pakistan. *J Dev Econ.* 2023;163:103108. doi: <https://doi.org/10.1016/j.jdeveco.2023.103108>.
8. Faden R, Bernstein J, Shebaya S. Public health ethics. 2010. Available at: <https://plato.stanford.edu/Entries/publichealth-ethics>. Acces on: April 25, 2024.