



SHARE AND MOVE TO FACE NASTY BUGS

Published on ASSET (<https://www.asset-scienceinsociety.eu>)

[Home](#) > Questions and answers: French Citizen Consultation on Vaccination

Country

[France](#) [1]

Target

[Citizens](#) [2]

[Decision Makers](#) [3]

[Government and Public Health](#) [4]

[Healthcare Professionals](#) [5]

Topic

[Citizens' Mobilization](#) [6]

[Local Activities](#) [7]

[Vaccination](#) [8]

Tags

[Vaccine](#) [9]

[risk communication](#) [10]

[science-in-society](#) [11]

Professor Alain Fischer (info@concertation-vaccination.fr [12]), doctor, professor of paediatric immunology, director of the Institute Imagine, holder of the chair of Experimental Medicine of the Collège de France and President of the Steering Committee for the Citizen Consultation initiative.

Description of the initiative [13]

Q1: How did this initiative start? What were the needs it addressed?

This initiative took place in early 2016, when the French Ministry of Health, Marisol Touraine, became aware of an existing problem regarding vaccination in previous years in France. Namely, vaccination rates were lower than expected, and for some

vaccines, they were even declining. Moreover, there were lots of people claiming that vaccination was not useful, useless or maybe dangerous in the media or on the internet.

Following these kind of claims, the idea was to organize a citizen consultation in order to confront lay people with the science of vaccination, and discuss with experts, which could lead to common recommendations for actions to be completed by the Ministry of Health in this context. The hope was that having this citizen consultation may help the general population better accept the reasons for which vaccines should be performed.

Q2: Can you describe in which ways civil society was included in your project?

Civil society was included by definition, since citizen consultation means that lay people were selected to form a group (between 20-25 people), rather representative of the overall French population in terms of age, sex, socio-economic status, or geographical location. Since they did not know much about vaccination, during three days, they received intensive courses on vaccination, and over the next three days, they decided who they would like to listen to and to whom they wanted to discuss vaccination-related issues of vaccination before preparing a report. In parallel, a second consultation was performed, that of health care professionals who were not experts in vaccination. The same procedure was applied, a small group of people was selected, which had the same training, hearings and did the same reporting as the group of lay people mentioned earlier.

Their reports were discussed with us, us meaning a group of people including scientists on different topics as well as representatives of the civil society who eventually, evaluated the final report.

Q3: Why do you think it was important to include civil society in your project?

As I mentioned it earlier, there was some kind of misunderstanding in terms of

communication between health care authorities and some part of the population as well as a small fraction of health care providers, so the idea was if the civil society (represented by these small groups of people) participated in formulating these recommendations would help the general population accept them more easily, as they are not only coming from the health care authorities or the government, but also emanating from lay people. This may not be sufficient but it may help the population better accept given policy.

Q4: How will civil society's contributions be integrated afterwards?

These contributions were already integrated: after both groups finished their reports, we had a common meeting with them, during which we discussed more in details their proposals. Of course, the two groups were not always in agreement, but we listened to both sides' proposals. This discussion led to an 'almost consensus' on what should be done and afterwards, based on this discussion and their reports, the final report was conducted. Therefore, civil society's involvement was very strong.

Q5: What was the conclusion of the citizen consultation regarding mandatory vaccination?

First of all, everyone concluded that vaccination is key in healthcare and prevention of infectious diseases and that vaccination altogether should be promoted in the society. The second conclusion was that everything should be done to promote vaccination, including teaching information communication to make access to vaccines easier and several other similar actions (see final report for more details). The final conclusion was that the vaccines that are required before the age of 2 (small children) should be made mandatory for at least a period of time, mainly because the trust of the population in vaccination was not high enough to allow vaccines to be optional.

Q6: Is the recent law project on making eleven vaccines mandatory a direct

application of this initiative?

Following the final report, it took some time actually, also because of the change of government, but the actual Ministry of Health has launched a bill to make eleven vaccines mandatory that were so far only recommended for young children. This is definitely a direct application of the conclusions of the citizen consultation.

Q7: What were some of the challenges overcome during the project and some of the lessons learned?

One of the challenges we were confronted to during our work were fake news and similar conspiracy theories against vaccines; it is very hard to fight against these, because these rumours and fake news are very well disseminated in the media. In order to fight against these rumours, vaccination should be put in a better perspective in terms of its risks and benefits, leading to the population and more particularly, hesitant people? better understanding of why is it so important to have a majority of the population that is vaccinated.

Q8: Was there an evaluation of the project conducted? If yes, what were the results?

It is still too early for an evaluation of all of this. Since vaccines will be made compulsory starting the 1st of January, 2018, I think that an evaluation would be feasible 6 months later. Obviously, the conclusions were assessed by many people including, of course, the health authorities, but it is not strictly per se an evaluation.

Q9: Do you think your project could be implemented in other regions / countries / communities? Has this already been the case?

In terms of vaccination, I am not so sure. Some other countries are facing the same kind of problems, for instance Italy. In their case, no such procedure was implemented, but the Ministry reached the same conclusion: to make compulsory vaccines in children. It is

possible, otherwise, that the work we have done here in France was used in Italy, because the problem was similar.

So why not implement it elsewhere?

Unfortunately, there are other countries in the world facing such difficulties with vaccination that could proceed with this kind of citizen consultations, knowing that, as you know, in other fields of healthcare or even fields outside healthcare, these procedures are used quite frequently, starting with Denmark, approximately 20 years ago. Therefore, it is a procedure occasionally used by countries facing social issues.

Newsletters

Select the newsletter(s) to which you want to subscribe or unsubscribe.

News from Asset project

Responsible Research and Innovation Newsletter

Asset PPRB

E-mail *

Contacts



[Facebook](#)



[Twitter](#)



[YouTube](#)



[LinkedIn](#)

Contacts

General inquiries: info@asset-scienceinsociety.eu

ASSET

Action plan on **Science in Society** related issues in **Epidemics and Total pandemics**
[European Commission](#)

This project has received funding from the European Union's Seventh Framework

Source URL: <https://www.asset-scienceinsociety.eu/outputs/best-practice-platform/questions-and-answers-french-citizen-consultation-vaccination>

Links

- [1] <https://www.asset-scienceinsociety.eu/database-country/france>
- [2] <https://www.asset-scienceinsociety.eu/target/citizens>
- [3] <https://www.asset-scienceinsociety.eu/target/decision-makers>
- [4] <https://www.asset-scienceinsociety.eu/target/government-and-public-health>
- [5] <https://www.asset-scienceinsociety.eu/target/healthcare-professionals>
- [6] <https://www.asset-scienceinsociety.eu/topic/citizens-mobilization>
- [7] <https://www.asset-scienceinsociety.eu/topic/local-activities>
- [8] <https://www.asset-scienceinsociety.eu/topic/vaccination>
- [9] <https://www.asset-scienceinsociety.eu/tags/vaccine>
- [10] <https://www.asset-scienceinsociety.eu/tags/risk-communication>
- [11] <https://www.asset-scienceinsociety.eu/tags/science-society>
- [12] <mailto:info@concertation-vaccination.fr>
- [13] <http://www.asset-scienceinsociety.eu/outputs/best-practice-platform/population-consultation-two-way-communication-and-decision>