When the Choices We Make Will Affect Others

"Is it my problem if my father-in-law does not want to get vaccinated?"

All of us must have encountered scenarios like the above. We have all met individuals who refused or hesitate to get vaccinated for COVID-19. They could be from our family members, our colleagues, our friends, our employees, our neighbors, our school, or communities, from anywhere! We do not need to look far. What will we do? Or how should we approach these situations?

For more than a year now, we have been witnessing the unfolding of the roll out of the "biggest" vaccine drives in history. Furthermore, this COVID-19 pandemic challenged every individual to make a personal stand about accepting and even promoting vaccination. This issue of the **Acta Medica Philippina** includes two contributions that give us different perspectives on the phenomenon called "Vaccine Hesitancy." Vaccine hesitancy is reluctance or refusal to get vaccinated even with the availability of vaccines.

While vaccine hesitancy is observed across the world, our issue looks specifically at the factors which contribute to the unique experiences in the Southeast Asian region and even more specifically to our country. These discussions will lead to a better understanding of drivers, both barriers and enablers to vaccine acceptance and uptake. This timely sharing of information comes at that crucial period when the vaccine hesitancy rates are high in our country despite efforts of our government to persuade as many individuals as possible to come for their COVID-19 booster vaccines. The World Health Organization (WHO) released guidance for countries and governments on how they can improve the vaccine uptake of their constituents.¹ In addition to addressing the need for up-to-date information campaigns, governments and other "actors" who play major roles in the implementation of the vaccination program, especially during the current pandemic, need to listen and attune themselves to the main drivers of vaccine acceptance versus hesitancy. These are: 1) providing an enabling environment, 2) social influences; and 3) motivation.

The paper of Hartigan-Go and group shows vaccine hesitancy research and how this information may be used to strategize vaccine education and communication campaigns to increase vaccine uptake.²

The invited essay is a discussion on how the traumatic experience we all witnessed in recent national history with another novel vaccine is an important driver negatively affecting behavior toward vaccination campaigns; and how can we move forward from there.³

We hope these contributions will help us all appreciate and respect the complexity of behavior related to vaccination, persuade our countrymen towards action that will help us achieve our desired goals for more, and work towards attaining our goal of better health for all.

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