SAGE WG on Vaccine Hesitancy Strategies and Interventions

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Start with the end

Too much focus on changing individual’s behaviour and not enough on changing other key determinants
Potential consequences of not addressing public questions

• *Vaccine is withdrawn* (This can be a prompter of rumors as well as a consequence of rumors)

• *Vaccine preventable disease outbreaks*
Evaluated and suggested strategies by WHO Region

(from the literature review)
Evaluated strategies by Vaccine and WHO Region
Evaluated strategies by study population and WHO region

- Americas
- Euro
- SEAR
- WPR
- AFRICA
- Global, TBC

- HCW
- Adult
- Parent
- Child
- Women
- All
- Adolescent
- Elderly
- Girls
- Maternal
Complexity

• More than one coded category was possible for each study, many of these were multi-component studies that included a number of different aspects in their intervention, *i.e.* *Educational intervention* and *a mobile immunization cart*.

• It was often not known, or even possible to know, which individual factor contributed significantly to the successful outcome.
Evaluated Strategies: Impacts

Not reported — studies conducted interventions but did not report on acceptance or coverage.

Awareness only — studies conducted interventions with the endpoint of increased knowledge and awareness but did not report whether this improved acceptance.
Grey literature

• Given limits of peer-review literature- especially in Africa and Asia- a systematic look at grey literature is needed
  – More information from WHO regions
  – Polioinfo
  – Tech Net
  – Comminit.org
  – PATH
  – UNICEF
  – Popline
Regional information

• AFR Region
  – Religious and community leaders, influential individuals
  – Best practices by leaders
  – Knowledge/Awareness, media and on the ground
  – HCW, capacity building, training, support
  – Community based engagement
  – Outreach
  – Incentives/ cost support
Polio has taught us a lot

Report of the Independent Monitoring Board of the Global Polio Eradication Initiative
November 2012

ALL A VIRUS NEEDS TO SURVIVE IN 2013

INCLUDING SUCH ESSENTIALS AS
POLITICAL MISALIGNMENT • LOW PARENTAL DEMAND • WEAK LOCAL LEADERSHIP
DISENGAGED TRADITIONAL AND RELIGIOUS LEADERS • FLAWED MICRO-PLANS • HIGH REFUSALS
UNDERSERVED NOMADS AND MIGRANTS • CORRUPTION • BIASED MONITORING
INADEQUATE SOCIAL MOBILISATION • WEAK AFP SURVEILLANCE • UNDER-FINANCED PROGRAMMES
A warning from history: how the polio virus escaped the GPEI

The 2002-2005 northern Nigeria epicentre: over 1200 polio cases invaded countries far and wide (either directly or indirectly).

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Concluding points

• The key finding on review of the literature on interventions for vaccine hesitancy is that most strategies are based on assumptions and theory not evidence.

• The grey-literature and unpublished reports on interventions from the WHO regions are being collected for review.

• Need more research to find evidence based interventions that show effectiveness on evaluation.

• Evaluation of existing interventions is difficult and often inadequate; new questions, methods and tools are needed.
Concluding points

• Some successful components identified from literature review included: community involvement; engagement; listening/dialogue; tailored strategies

• Success and failures are context specific. There are good examples from Polio and HPV (interventions can be TOO aggressive, as well as inadequate)

• Other areas (outside immunization and health) that may provide insights/guidance and these will also be investigated