Conclusions, recommendations and proposed way forward

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Conclusions (1)

• Many causes of un- and under-vaccination
  – Vaccine hesitancy is one of many potential factors
• Vaccine hesitancy is a complex issue
  – Confidence, which is often taken as a proxy for hesitancy, is only one factor
    • Expanded scope of vaccine hesitancy used
  – Many drivers/determinants, acting alone or in combination, in different ways in different settings
  – Different strategies needed to address different issues
    • No “one size fits all” approach
Conclusions (2)

• Literature review on vaccine hesitancy:
  • Limited research available in regions where the majority of the world’s population of children live
  • Strength of influence of factors identified is complex and content-specific

• Published literature is insufficient for a review of strategies
  • Successes and failures are context-specific
  • A systematic review of the grey literature is essential
Conclusions (3)

• Impact of vaccine hesitancy on immunization programs not fully understood
  – Few metrics exist for measuring vaccine hesitancy
  – Not widely assessed by most countries
  – Both local, national, and global research and perspectives needed

• Diagnostic tools needed
  – To identify the context-specific cause(s) of hesitancy
  – To propose the appropriate strategy to address the specific causes

• SAGE can advance the field by guiding global research, helping to standardize tools, and flagging hesitancy as an issue worth each country’s consideration
Proposed Way Forward - Next Steps

• Continue research on strategies, including systematic review of grey literature
• Interaction with key partners for experiences, strategies, and lessons learned
• Continue to develop standardized survey questions for use/adaptation by countries interested in assessing the existence of and impact of vaccine hesitancy
• Continue work on the landscape analysis on organizations dealing with vaccine hesitancy
• Further discuss WHO’s role in dealing with vaccine hesitancy at the global level, and potential roles of national and regional advisory committees
• Report back to SAGE in November 2013 or April 2014 with final proposed recommendations
Recommendations (1)

• Working Group should continue to develop and formulate diagnostic tools to determine existence and causes of vaccine hesitancy and appropriate strategies to address it
  – Includes list of important questions that could be incorporated in country- or district-level surveys

• Assess strategies outside immunization which can provide insights and guidance

• Interaction with key partners is needed including WHO Regional offices, UNICEF, PATH, and the Red Cross; receive their feedback on the developed deliverables
Recommendations (2)

• Vaccine hesitancy should be monitored by countries
  – Necessary to identify the degree to which vaccine hesitancy is a problem
  – Country-level assessments may mask local issues
  – GVAP indicators will be revised by SAGE Decade of Vaccine Working Group

• Strategies should be deployed only after assessment of the context and determination of problem
  – Most effective intervention will depend on the context-specific causes of hesitancy
  – Intervention outcome should be evaluated to assess success or not

• Draft landscape analysis on organizations dealing with vaccine hesitancy should be developed further
  – Assess how and by whom the list should be used
Feedback from SAGE on:

• Definitions, scope and overall approach to vaccine hesitancy
• Review of determinants and initial list of strategies to address vaccine hesitancy and on further planned work
• The type of questions for the assessment of vaccine hesitancy
• Preliminary landscape analysis of organizations dealing with vaccine hesitancy
• The conclusions, current recommendations and way forward proposed by the Working Group in relation to its terms of reference