

SAGE WG on Vaccine Hesitancy Strategies and Interventions

Heidi Larson
Sue Goldstein

Start with the end

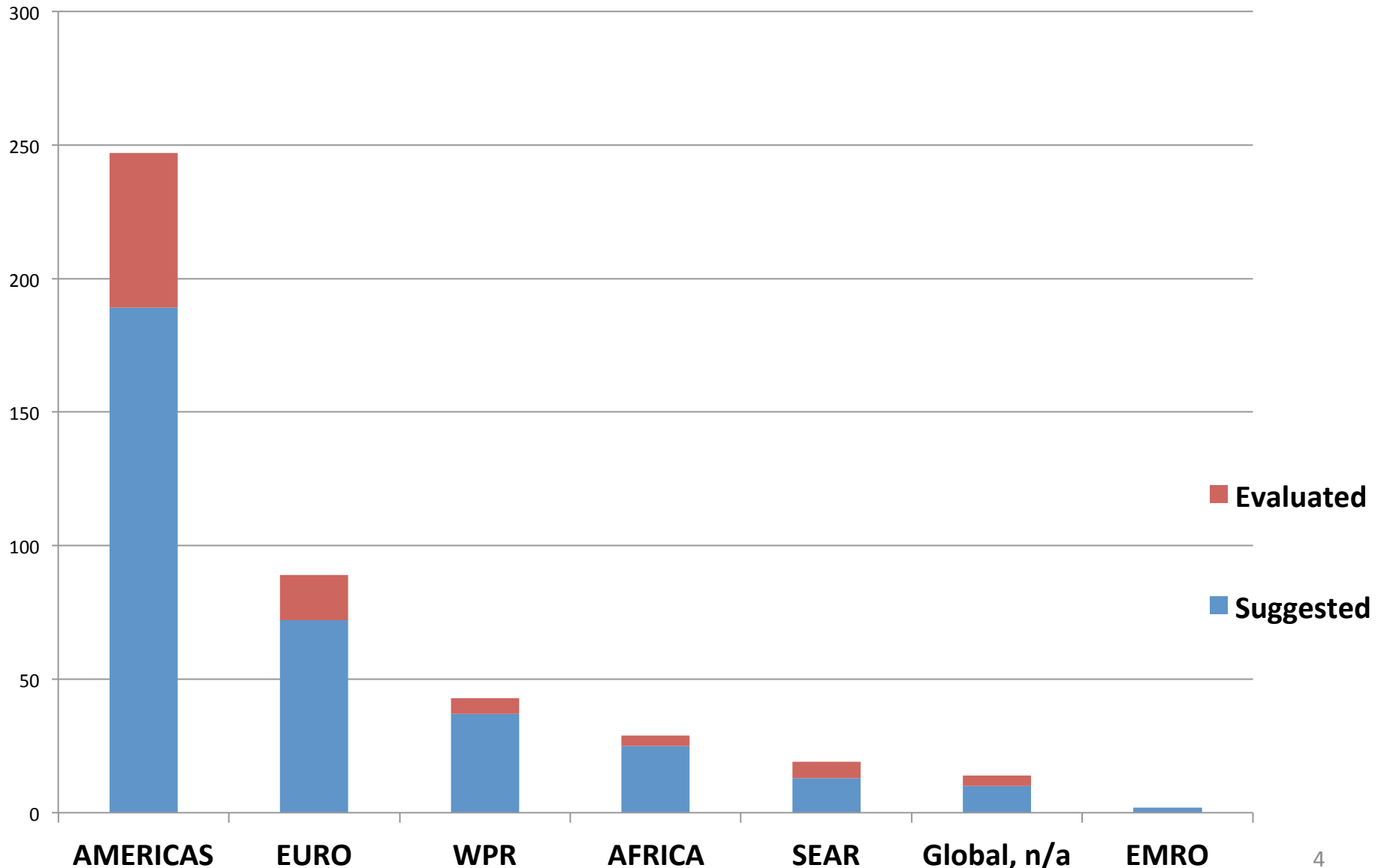
**Too much focus on changing individual's
behaviour and not enough on changing other
key determinants**

Potential consequences of not addressing public questions

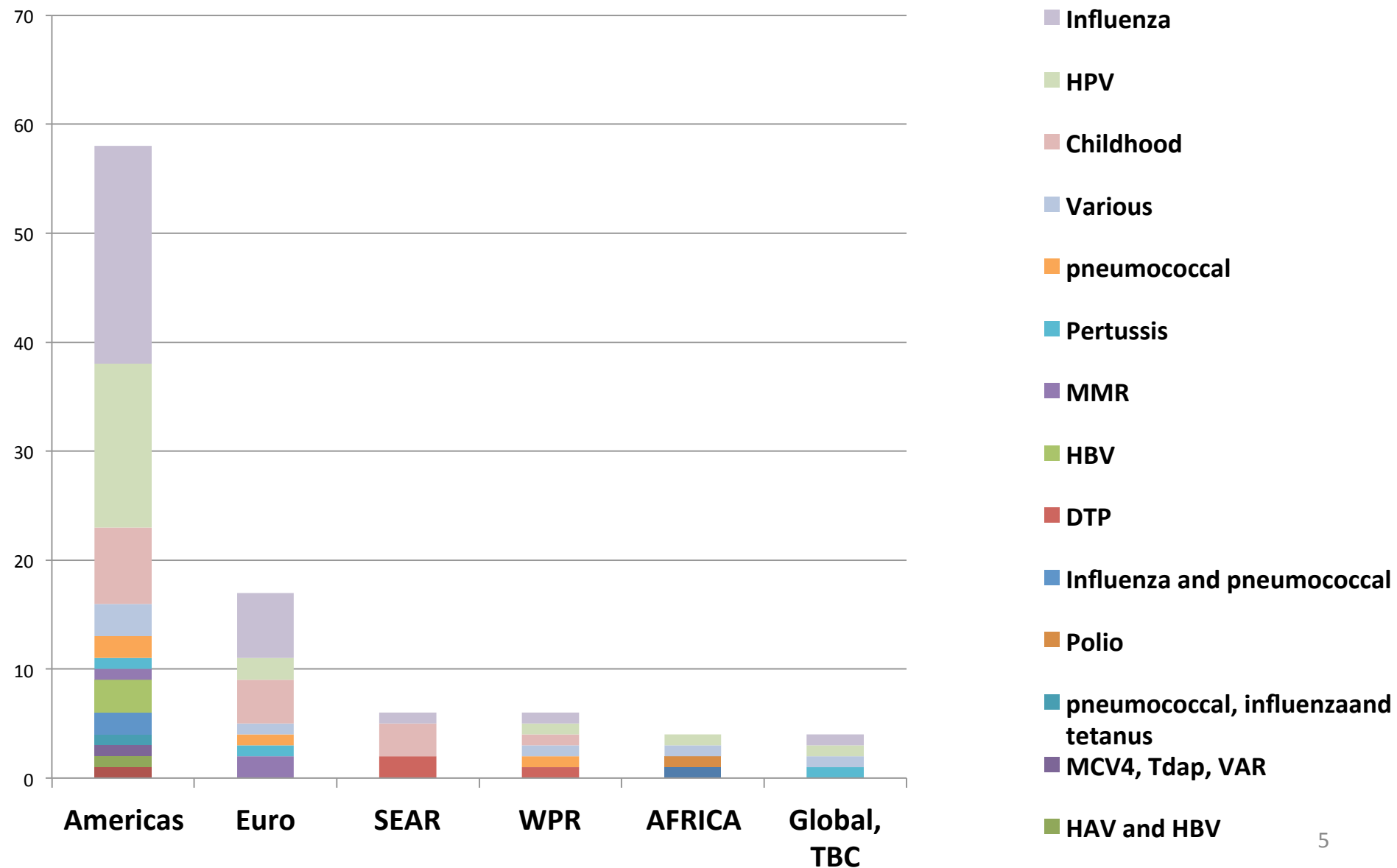
- **Vaccine is withdrawn** (This can be a prompter of rumors as well as a consequence of rumors)
- **Vaccine preventable disease outbreaks**

Evaluated and suggested strategies by WHO Region

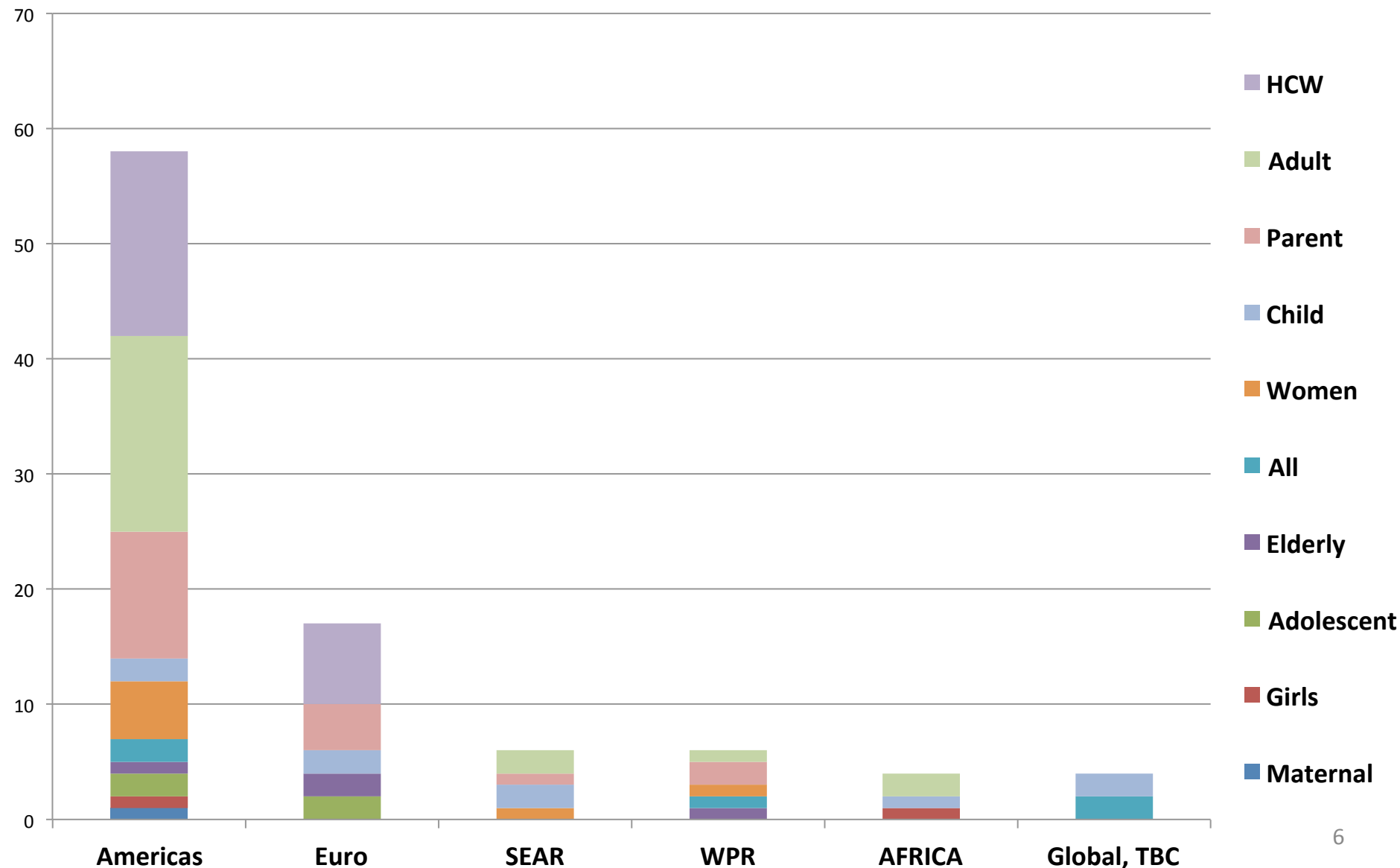
(from the literature review)



Evaluated strategies by Vaccine and WHO Region



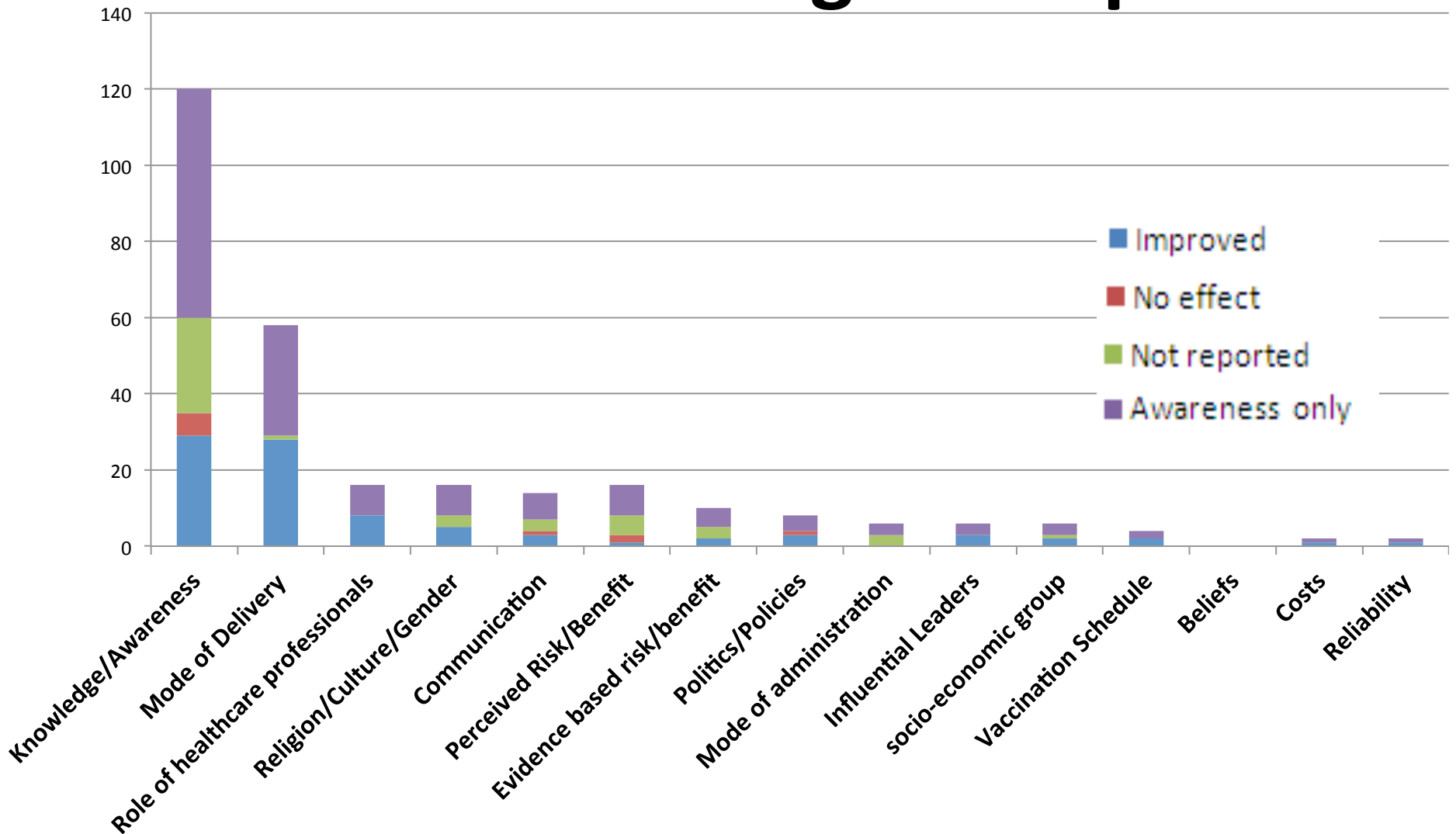
Evaluated strategies by study population and WHO region



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**, *ie 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

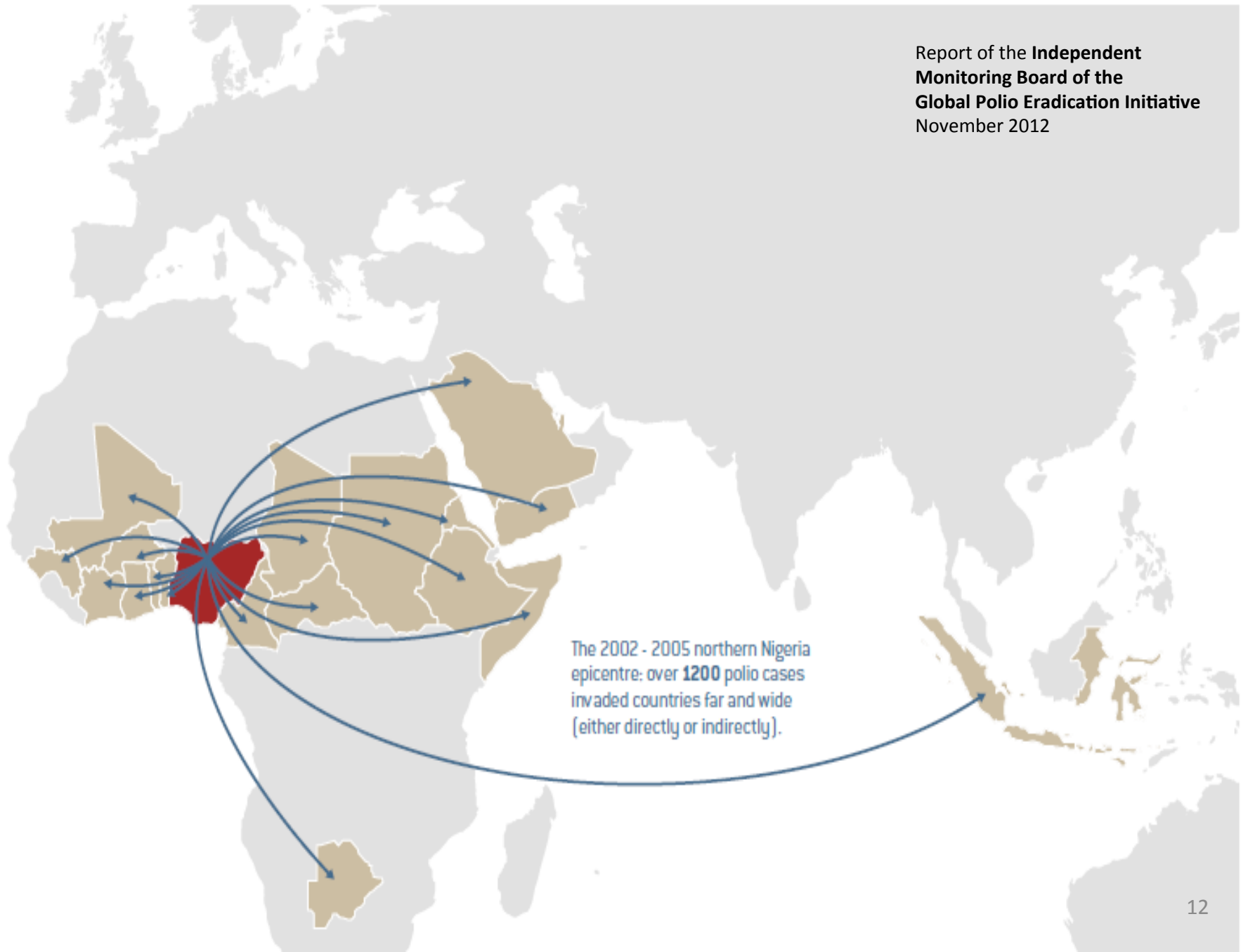


Report of the
Independent
Monitoring Board of
the
Global Polio
Eradication
Initiative
November 2012

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

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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