

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