

SAGE Working Group on Vaccine Hesitancy

Introduction and Session Overview

J. Eskola, SAGE Vaccine Hesitancy Working Group
Chair

SAGE Meeting
October 21-23, 2014



**World Health
Organization**

Outline of the session

1. Introduction (J. Eskola)

- Terms of Reference
- Members
- Session overview

2. Summary of Working Group proceedings and deliverables (N. MacDonald)

3. Conclusions and Recommendations (J. Eskola)



Field of Vaccine Hesitancy

- The field of vaccine hesitancy is rapidly evolving.
- The task of the Working Group was exciting but challenging-starting from language, definitions and reaching common understanding.
- The deliverables developed by the Working Group reflect the current evidence.
- Many potentially promising tools are currently under development.
- Testing and further refinement of the tools is needed.

Working Group

- **Juhani Eskola**, Chair – National Institute for Health and Welfare, Finland
- **Mohuya Chaudhuri** – Independent journalist, India
- **Eve Dubé** – Institut National de Santé Publique du Québec, Canada
- **Bruce Gellin** – Department of Health and Human Services, USA
- **Susan Goldstein** – Soul City: Institute of Health and Development Communication, South Africa
- **Heidi Larson** – London School of Hygiene and Tropical Medicine, UK
- **Xiaofeng Liang** – Chinese Center for Disease Control, China
- **Noni MacDonald** – Dalhousie University, Canada
- **Mahamane Manzo** – Ministry of Health, Niger
- **Arthur Reingold** – University of California at Berkeley, USA
- **Kinzang Tshering** – Jigme Dorji Wangchuck National Referral Hospital, Bhutan
- **Yuqing Zhou** – Chinese Center for Disease Control, China
- **Dilian Toro** – Congress of the Republic of Colombia, Colombia (resigned from Working Group for personal reasons)
- **Secretariat:** WHO and UNICEF



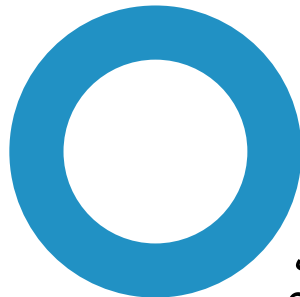
Terms of reference

- Prepare for a SAGE review and advice on how to address vaccine hesitancy and its determinants.
- Define vaccine hesitancy and its scope
- Undertake a review of vaccine hesitancy in different settings including its context-specific causes, its expression and its impact.
- Suggest one or several indicator(s) of vaccine hesitancy for the Global vaccine Action Plan.
- At global, regional and national levels:
 - Perform a landscape analysis of organizations working on this
 - Identify existing strategies that have worked (or not worked)
 - Prioritize existing and new activities based on their potential impact;
 - Outline the specific role of WHO in addressing vaccine hesitancy;
 - Identify the specific role of regional and country advisory committees.

Process of work

Establishment of
Working Group

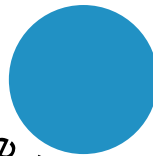
March 2012



1. Face-to-face
meeting
October 2012

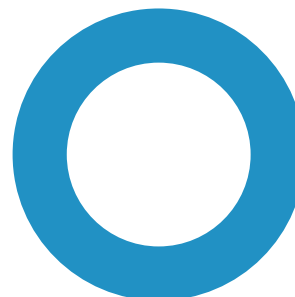


2. Face-to-face
meeting
February 2013

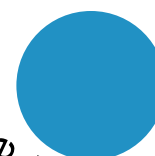


Presentation to
SAGE

April 2013

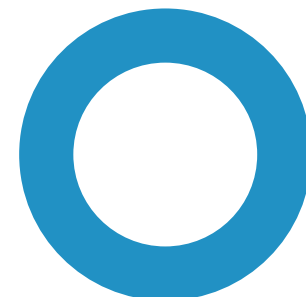


3. Face-to-face
meeting
December 2013



Presentation to
SAGE

October 2014



In addition the Working Group held 25 teleconferences; exchanged and liaised with 10+ partners/ initiatives/ organizations and developed 11 key documents

SAGE review in April 2013

Deliverables presented:

- Definition of vaccine hesitancy
- Matrix for vaccine hesitancy and its determinants
- Literature review on vaccine hesitancy
- Indicators of vaccine hesitancy
- Draft landscape analysis of organizations working in vaccine hesitancy
- Draft survey questions for country use to measure vaccine hesitancy

Comments from April 2013 SAGE meeting:

- Revisit definition of vaccine hesitancy
- Conduct interviews with immunization managers to assess the determinants of vaccine hesitancy

Review and decision by SAGE requested on:

- Definitions, scope, determinants and overall approach to vaccine hesitancy
- Immunization managers survey
- List of questions for the assessment of vaccine hesitancy
- Landscape analysis of organizations working on vaccine hesitancy
- Review of strategies to address vaccine hesitancy
- **Conclusions and recommendations**
- **The path forward**