

# SAGE Working Group on Vaccine Hesitancy

## Recommendation

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Chair

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**World Health  
Organization**

# Recommendations

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- General recommendations
- Recommendations to WHO/UNICEF/other parties
- Recommendations to member states



# General recommendations

Recommended key messages for dissemination:

- The definition:

*“Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine service. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence”*

# General recommendations

Recommended key messages for dissemination:

- Vaccine hesitancy is a complex and rapidly changing global problem that requires monitoring.
- Determinants of vaccine hesitancy as outlined in the Matrix.
- No single intervention strategy addresses all instances of vaccine hesitancy.



# Specific recommendations to WHO

- **Develop core capabilities at headquarters and regional level for gaining behavioural insights that can be applied in an integrated fashion for prevention of many communicable and non-communicable diseases, including to hesitancy.**
- This will require the skills and knowledge of:
  - Sociologists
  - Behavioural psychologists
  - Anthropologists
  - Experts in social marketing
  - Communication experts
  - Specific disease and vaccine experts



# Specific recommendations to WHO

- Engage partners, including civil society organizations, at the global, regional and country levels.
- The landscape of organisations active in the field of vaccine hesitancy needs to be maintained and updated to foster a community of researchers/ users.



# Specific recommendations to WHO and UNICEF

**Create an organizational structure to address and coordinate vaccine hesitancy and demand issues at HQ level:**

- **Vaccine hesitancy work is not done in isolation but is intertwined, so needs to be taken into consideration by all departments working in the field of immunization and beyond.**
- **Consider the implementation of one or both of the proposed indicators into the regional Joint Reporting Forms.**
- **Adapt and support WHO/ EURO TIP for global use.**
- **Test and validate the sample survey questions.**



# **Specific recommendations to WHO, UNICEF and other partners**

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- **Build regional capacity to support country progress on vaccine hesitancy.**
- **Ensure opportunities for community input into vaccine hesitancy strategies.**
- **Encourage and support research on vaccine hesitancy:**
  - **Determinants**
  - **Diagnostics/measurements**
  - **Impact of interventions**
  - **prevention**





# **Specific recommendations to WHO, UNICEF and other partners**

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- **Ensure that vaccine program communications facilitate an understanding of vaccine hesitancy.**
- **Create and/or facilitate opportunities for sharing best practices and lessons learned from polio and other experiences that apply to vaccine hesitancy.**
- **Work together to develop, validate and/or promote the use of tools to address vaccine hesitancy.**



# Specific recommendations to WHO, UNICEF and other partners

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- **Integration of immunization into other health and non-health related initiatives and programs.**



# **Specific recommendations to regional immunization advisory committees and national immunization technical advisory committees**

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- Give consideration to vaccine hesitancy issues in their region or country.
- Assist with dissemination of the deliverables developed by the Working Group.



# Specific recommendations to member states

- Incorporate a plan to measure and address vaccine hesitancy into their country's immunization program.
- Immunization programs need to incorporate the approaches that fit their setting and need to ensure the resources to support vaccine uptake.
- Use and validate the compendium of potential vaccine hesitancy survey questions to facilitate inter- country comparisons.



# **Specific recommendations to member states**

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- **Undertake education and training of health care workers to empower these to address vaccine hesitancy issues in patients and parents.**
- **Vaccine hesitant behaviours within health care workers should be addressed.**
- **Inclusion of relevant training into academic and clinical curricula of nursing, medical and other health care professional students.**

# **Specific recommendations to member states**

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- **Ensure education and knowledge about vaccines in younger individuals to further shape future vaccine beliefs and behaviour.**
- **Involve civil society organizations.**
- **Share country information on vaccine hesitancy and lessons learned among member states.**



# 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