UNDERSTANDING VACCINE ACCEPTANCE: WHY IT MATTERS, HOW IT'S DIFFERENTIATED AND KEY DRIVERS

VARN2022 KEYNOTE SPEECH

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OUTLINE

1. REPORT OF THE SAGE WORKING GROUP ON VACCINE HESITANCY
2. TEN THREATS TO GLOBAL HEALTH IN 2019- WHO & VACCINE HESITANCY TRENDS
3. COVID-19 VACCINE HESITANCY STATUS & COVERAGE
4. DIFFERENCING HESITANCY FROM VACCINE UPTAKE
5. HOW TO DO IT BETTER? FROM VACCINE HESITANCY TO VACCINE CONFIDENCE
6. WHAT'S NEEDED TO BOOST VACCINATION UPTAKE?
7. QUESTIONS

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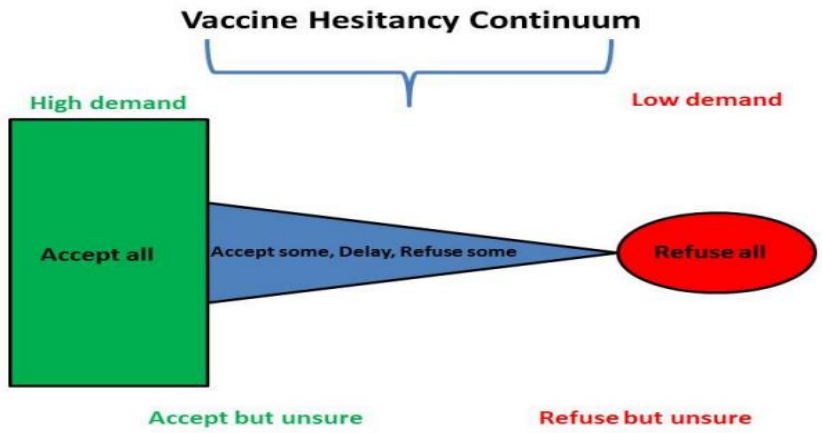
REPORT OF THE SAGE WORKING GROUP ON VACCINE HESITANCY

- **Definition:** Vaccine Hesitancy Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services.
- Vaccine hesitancy is complex and context specific, varying across time, place and vaccines.
- The scope of vaccine hesitancy does not apply to situations where vaccine uptake is low because of poor availability e.g., lack of vaccine (stock outs), lack of offer or access to vaccines, unacceptable travel/distances to reach immunization clinics, poor vaccine program communication, etc.
- It is influenced by factors such as complacency, convenience and confidence.

THE CONTINUUM OF VACCINE HESITANCY BETWEEN FULL ACCEPTANCE AND OUTRIGHT REFUSAL OF ALL VACCINES

Figure 1: The Continuum of Vaccine Hesitancy between Full Acceptance and Outright Refusal of all Vaccines



Defining the scope of vaccine hesitancy and differentiating hesitancy from other reasons children/adults are unvaccinated or under-vaccinated is of critical importance in assessment of whether interventions to specifically address vaccine hesitancy in a population or subgroup are or are not needed in order to improve vaccine uptake rates.

TEN THREATS TO GLOBAL HEALTH IN 2019- WHO

To address these and other threats, 2019 sees the start of the World Health Organization's new 5-year strategic plan – the 13th General Programme of Work

1. Air pollution and climate change
2. Noncommunicable diseases
3. Global influenza pandemic
4. Fragile and vulnerable settings
5. Antimicrobial resistance
6. Ebola and other high-threat pathogens
7. Weak primary health care
8. Vaccine hesitancy- Vaccination is one of the most cost-effective ways of avoiding disease – it currently prevents 2-3 million deaths a year, and a further 1.5 million could be avoided if global coverage of vaccinations improved
9. Dengue
10. HIV

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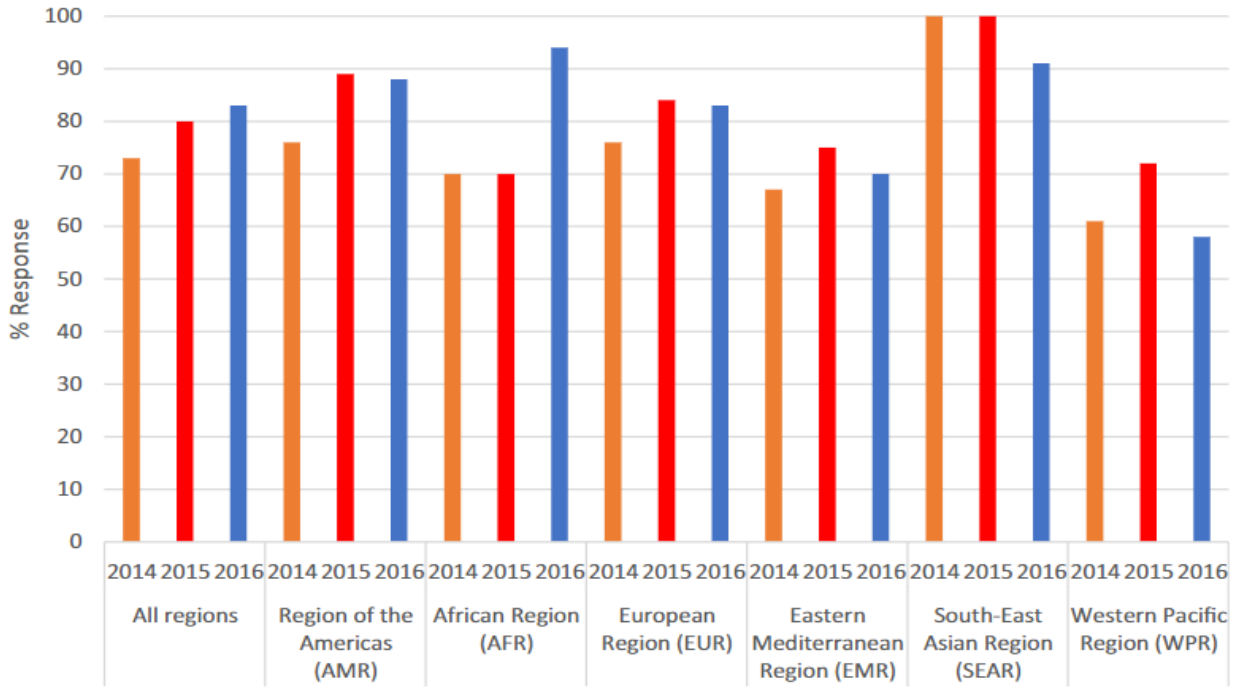
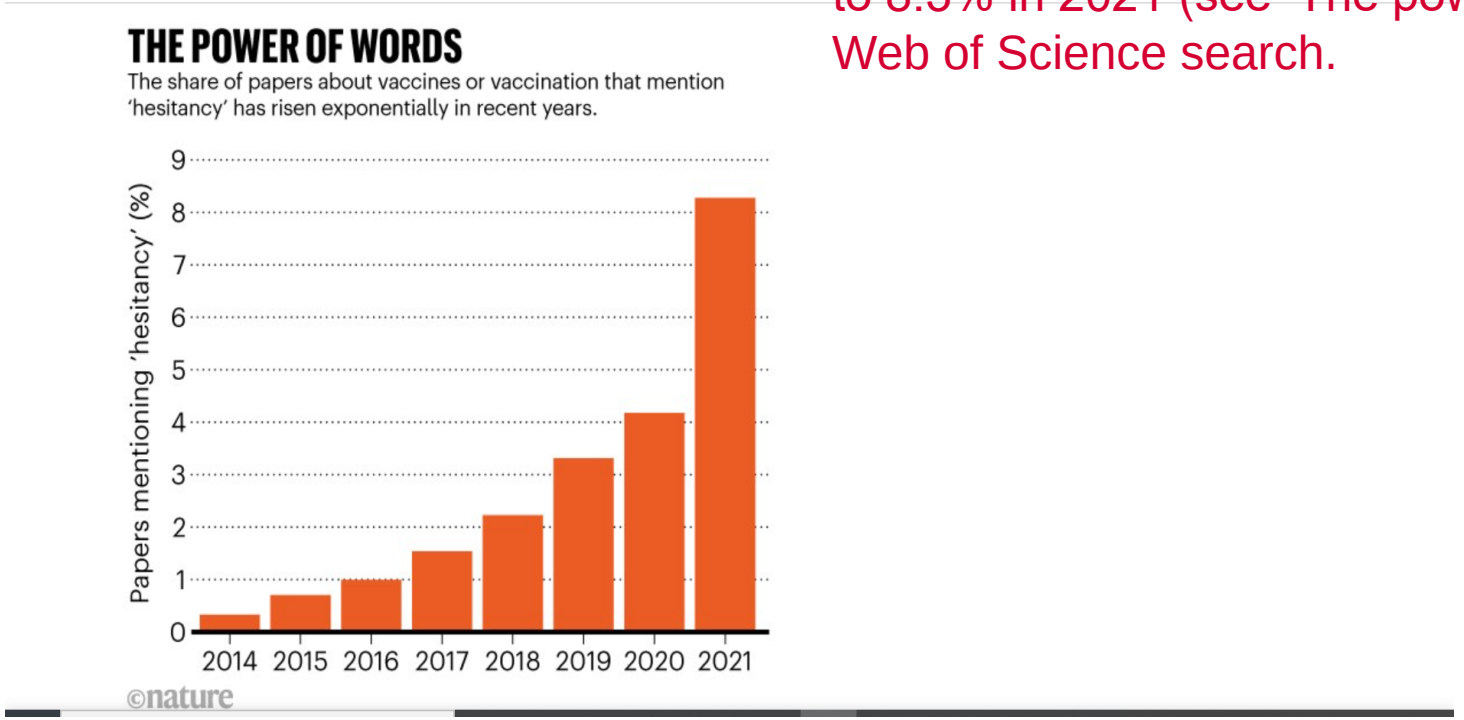
VACCINE HESITANCY AROUND THE GLOBE: ANALYSIS OF THREE YEARS OF WHO/UNICEF JOINT REPORTING FORM DATA-2015–2017

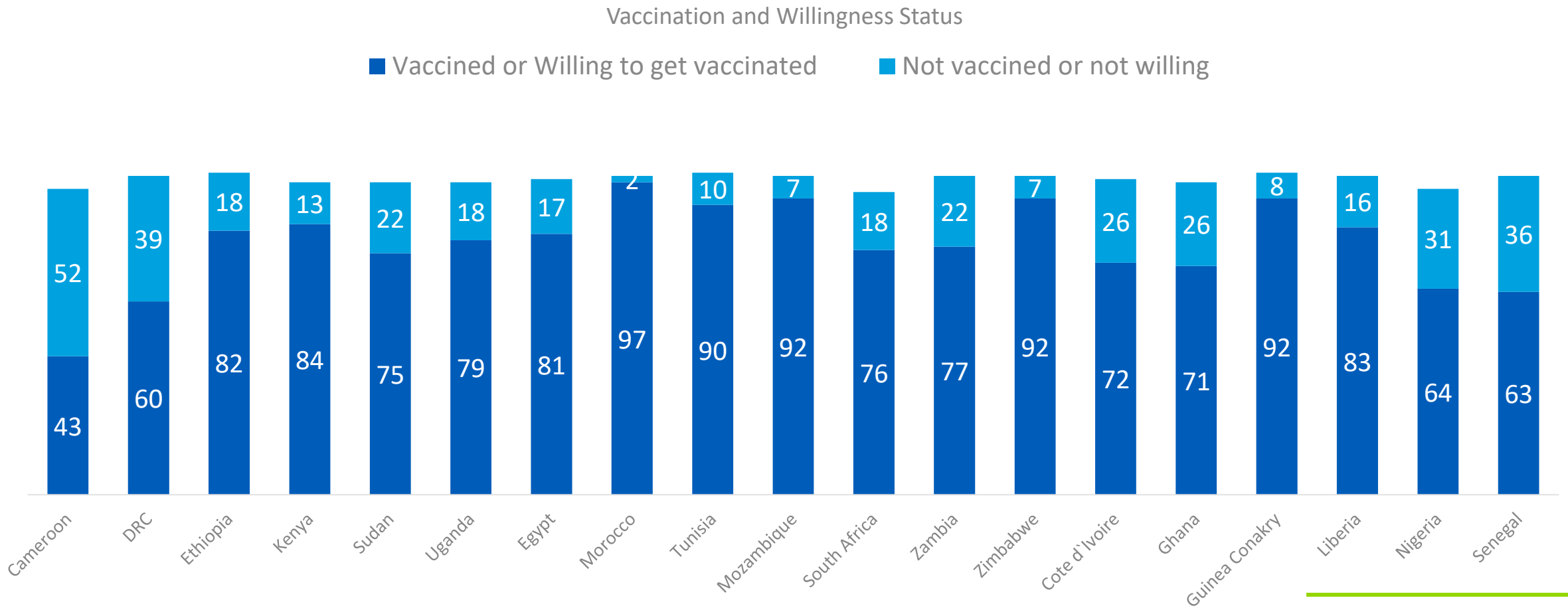


COVID-19: IS THE TALK OF ‘VACCINE HESITANCY’ LETTING GOVERNMENTS OFF THE HOOK?

The share of papers with ‘vaccine’ or ‘vaccination’ in the title that also mention ‘hesitancy’ rose from 3.3% in 2019 to 8.3% in 2021 (see ‘The power of words’), according to a Web of Science search.



VACCINATION / WILLINGNESS STATUS BY COUNTRY- IPOS



CURRENT VACCINE COVERAGE IN 34 COUNTRIES

Below or equal to 10% coverage and off-track to reach 70% by June 2022

#	Country	Current coverage status*	Existing joint partnership engagement at regional level
1	Afghanistan	10%	✓
2	Burkina Faso	3%	✓
3	Burundi	<1%	✓
4	Cameroon	2%	✓
5	CAR	10%	✓
6	Chad	1%	✓
7	Congo (Dem. Rep.)	<1%	✓
8	Cote d'Ivoire	8%	✓
9	Djibouti	7%	✓
10	Ethiopia	4%	✓
11	Gabon**	10%	
12	Gambia	10%	
13	Ghana	8%	✓
14	Guinea	8%	
15	Guinea-Bissau	1%	✓
16	Haiti	1%	✓
17	Kenya	8%	✓

#	Country	Current coverage status*	Existing joint partnership engagement at regional level
18	Madagascar	3%	✓
19	Malawi	4%	
20	Mali	3%	✓
21	Niger	4%	
22	Nigeria	2%	✓
23	PNG	2%	✓
24	Senegal	6%	✓
25	Sierra Leone	5%	✓
26	Solomon Islands	9%	
27	Somalia	5%	✓
28	South Sudan	2%	✓
29	Sudan	3%	✓
30	Syria Arab Republic	5%	✓
31	Tanzania	2%	✓
32	Uganda	3%	✓
33	Yemen	1%	✓
34	Zambia	4%	✓

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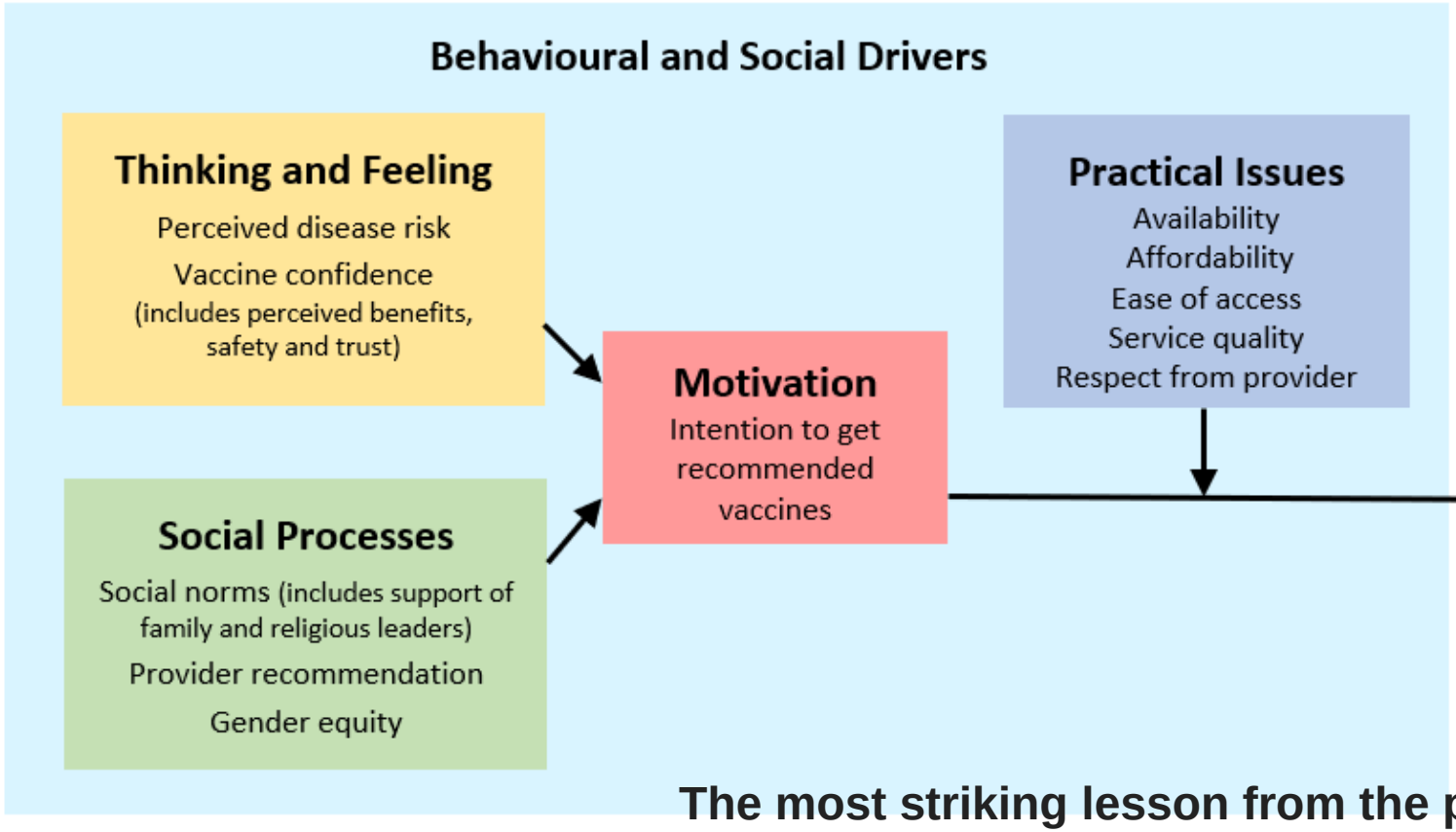
DIFFERENCING HESITANCY FROM VACCINE UPTAKE- BeSD FRAMEWORK



The most striking lesson from the pandemic is that preoccupation with vaccine hesitancy — centres too much of the responsibility for the success (or not) of a vaccination programme on individuals.

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BESIDES THE INDIVIDUAL, WHAT ARE THE BOTTLENECKS BEING WITNESSED?

- Planning
- Coordination
- Funding
- Lack of political commitment
- Delivery constraints – and being responsive to community needs
- Adequate data to assess reasons for low uptake
- Low uptake among health workers in specific settings
- Misrepresentation of reasons for under-vaccination (e.g., “hesitancy”)

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COUNTRY-SPECIFIC CASE STUDY: DRC

CONTEXT	STATUS
Total Vaccines Recieved	▪ 6.2 M dozes recieved in 2021 ▪ Only 2.2 M dozes utilised
Utilisation Rate	▪ 431K fully vaccinated (0.8% of population) and 717K first doze ▪ 310 K vaccinated in Feb
Vaccine Wastage	▪ Wastage last year- 180K AZ & 80K Moderna
Anticipated Wastage in Near Future	▪ Low absorption vaccines in the country (220 K does due to expire End of April & 400K end of May & 1.8 M dozes Moderna end of May)
Practical Issues	▪ Only 4/26 provinces have started mass vaccination campaigns ▪ 16/26 provinces are conducting rountine facility immunization ▪ 10 provinces have not rolled out any vaccination ▪ Demand Generation is insufficient and in some provinces doesnt exist
Vaccince willigness	▪ Vaccinated/willing to get vaccinated- 60%

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HOW TO DO IT BETTER? FROM VACCINE HESITANCY TO VACCINE CONFIDENCE

- Confidence is defined as trust in the effectiveness and safety of vaccines, the system that delivers them and the policymakers who decide that they are warranted.
- **Gap Analysis.** As well as funding free and convenient vaccine services, governments should be funding, designing and constructing more analytical approaches to identify and understand the weaknesses/Strengths of their systems. These should be quantitative as well as qualitative.
- **Access depends on governments in functional/stable countries** but also greatly depends on none state actors in fragile countries.
- **Attitudes, too, can depend on governments**. For the past decade — but especially during the COVID-19 pandemic — politicians and medical professionals, the media, even some scientists, have often attributed people's resistance to vaccination to a vulnerability to misinformation, a lack of education or simply selfishness.
- **Invest in health systems.** Finally, how governments design and implement health-care policies, vaccination programmes and vaccine delivery procedures over the long term will influence how populations respond to future pandemics, as well as the likely ongoing need for boosters against new COVID-19 variants

HOW TO DO IT BETTER? FROM VACCINE HESITANCY TO VACCINE CONFIDENCE

- **Invest in community health systems to make them resilient; avoid tokenism**

- **Know the needs of marginalized groups.** Governments should be investing more resources in qualitative research to better understand the unique needs of culturally and linguistically diverse groups.
- **Size does not matter when it comes to partnership;**

- **Misinformation flourishes in the absence of quality information**

- **Understand how gender influences vaccine confidence & uptake**

- **Only through community ownership and trust building shall we transit good structural vaccination site into a mass vaccination site**

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WHAT'S NEEDED TO BOOST VACCINATION UPTAKE?

- Prioritize ***data-driven and multi-component*** planning at all levels
- Tailor ***strategies and services*** to specific pops., reducing all friction
- Support ***health workers*** and offer continuing education
- Engage ***communities***, and equip advocates and allies
- Implement ***social listening*** and deliver ***tailored communications*** via trusted sources, and proactively address information gaps
- Establish ***cross-sectoral partnerships***, building health literacy
- Promote ***political commitment*** for vaccination and universal care

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CLOSING NOTE

COVID EXPOSED A DISCONNECT FREQUENTLY FELT BETWEEN GLOBAL NORTH 'EXPERTISE' AND REALITIES ON THE GROUND. WE CREATED A GLOBAL MOVEMENT THAT GREATLY HAD LIMITED LEGS TO LAND VACCINES TO RIGHT PEOPLE AT THE RIGHT TIME & RIGHT TIME. THE IMPACT OF THIS HAS BEEN SOME VACCINE WASTAGE & HESITANCY IN SOME COUNTRIES. WE CAN'T DELIVER VACCINES WITH OUT GREATER INVOLVEMENT AND PARTICIPATION OF THE RECIEPIENTS/COMMUNITIES COUPLED WITH PARRALLEL DELIVERY STRUCTURES THAT DONOT STRENGTHEN HEALTH SYSTEMS, WHEN THEY DO, THEY DONOT STRENGTHEN THE COMMUNITY SYSTESMS THAT IS CRITICAL TO MOBILIZING BOTH THE WILLING & UN WILLING .

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QUESTIONS