

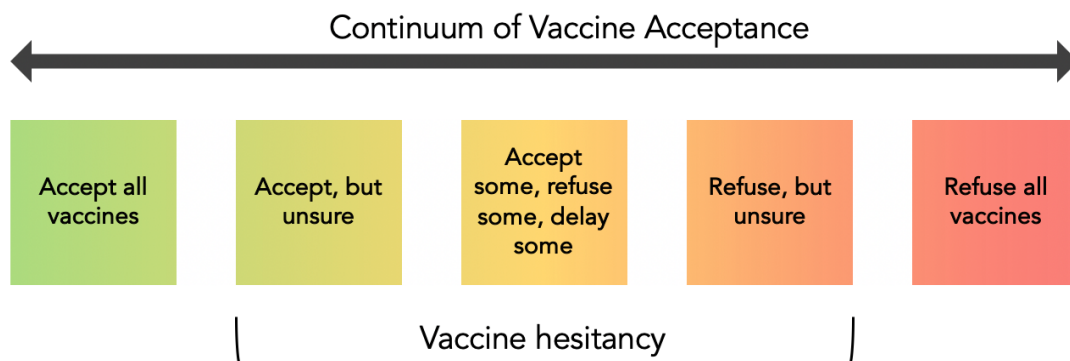
VACCINE HESITANCY IN SOUTH ASIA

Vaccine hesitancy is a global health issue of increasing importance. In 2019, the World Health Organization (WHO) declared vaccine hesitancy one of the top ten threats to global health.[1]

Vaccine beliefs and behaviors fall on a **continuum** from full acceptance and demand for vaccines to complete refusal. Vaccine hesitancy lies in the middle of the continuum and is made up of a heterogeneous group of individuals who may accept some vaccines and refuse others, delay vaccines, or accept some vaccines but remain unsure about that decision.[3]

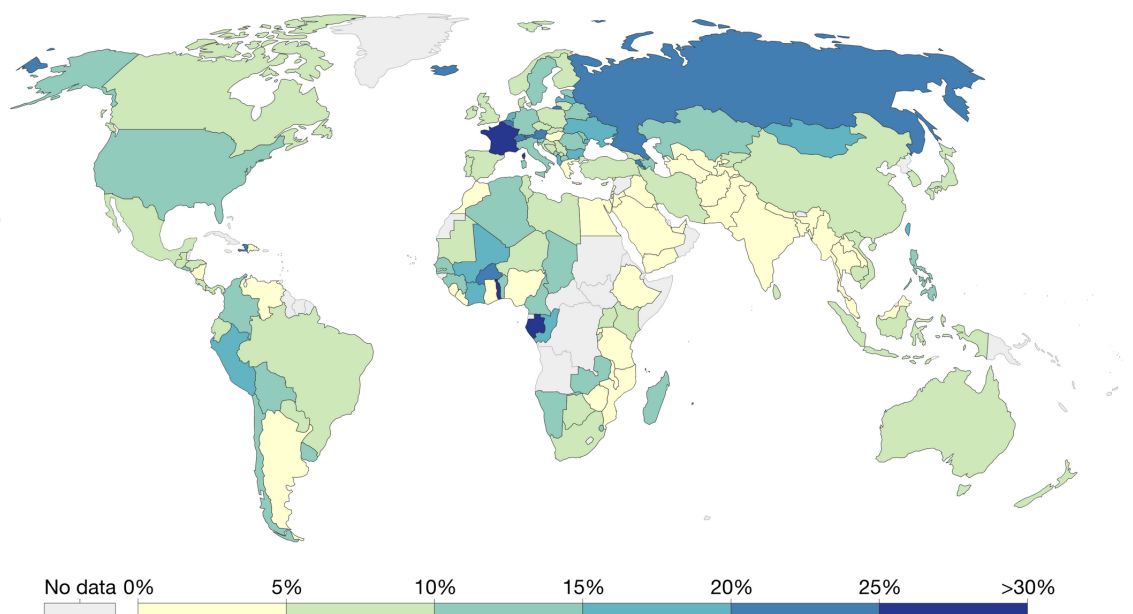
"Vaccine hesitancy refers to a delay in acceptance or refusal of vaccines despite the availability of vaccine services."

WHO SAGE Working Group on Vaccine Hesitancy, 2014



VACCINE HESITANCY IS SPREADING GLOBALLY

% of population that believes vaccines are unsafe, 2018

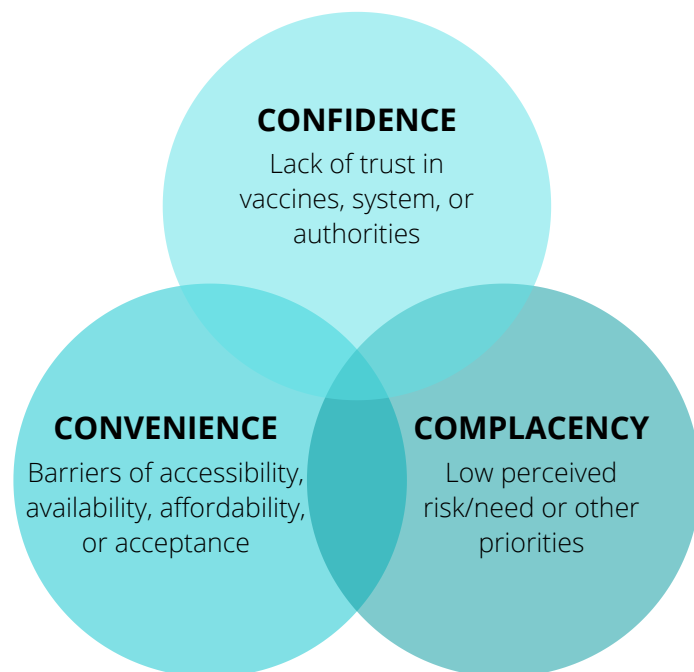


UNDERSTANDING VACCINE HESITANCY

Low prioritization of healthcare spending on immunization, inadequate population data, and low vaccination demand have all contributed to low vaccine coverage in the South Asia region.

Vaccine hesitancy is increasingly contributing to vaccine refusal and low vaccine coverage. While vaccine hesitancy has not yet been widely studied or characterized in South Asia, parents and caregivers have reported **perceived low need for vaccines** and **limited understanding of the importance of vaccines** as reasons for declining routine vaccines.[5]

Increased means of communication and use of social media have allowed for a more intense and rapid spread of misinformation and anti-vaccination propaganda that also contribute to vaccine hesitancy in South Asia.[6]



The 3 C's:
Reasons for vaccine hesitancy [3]



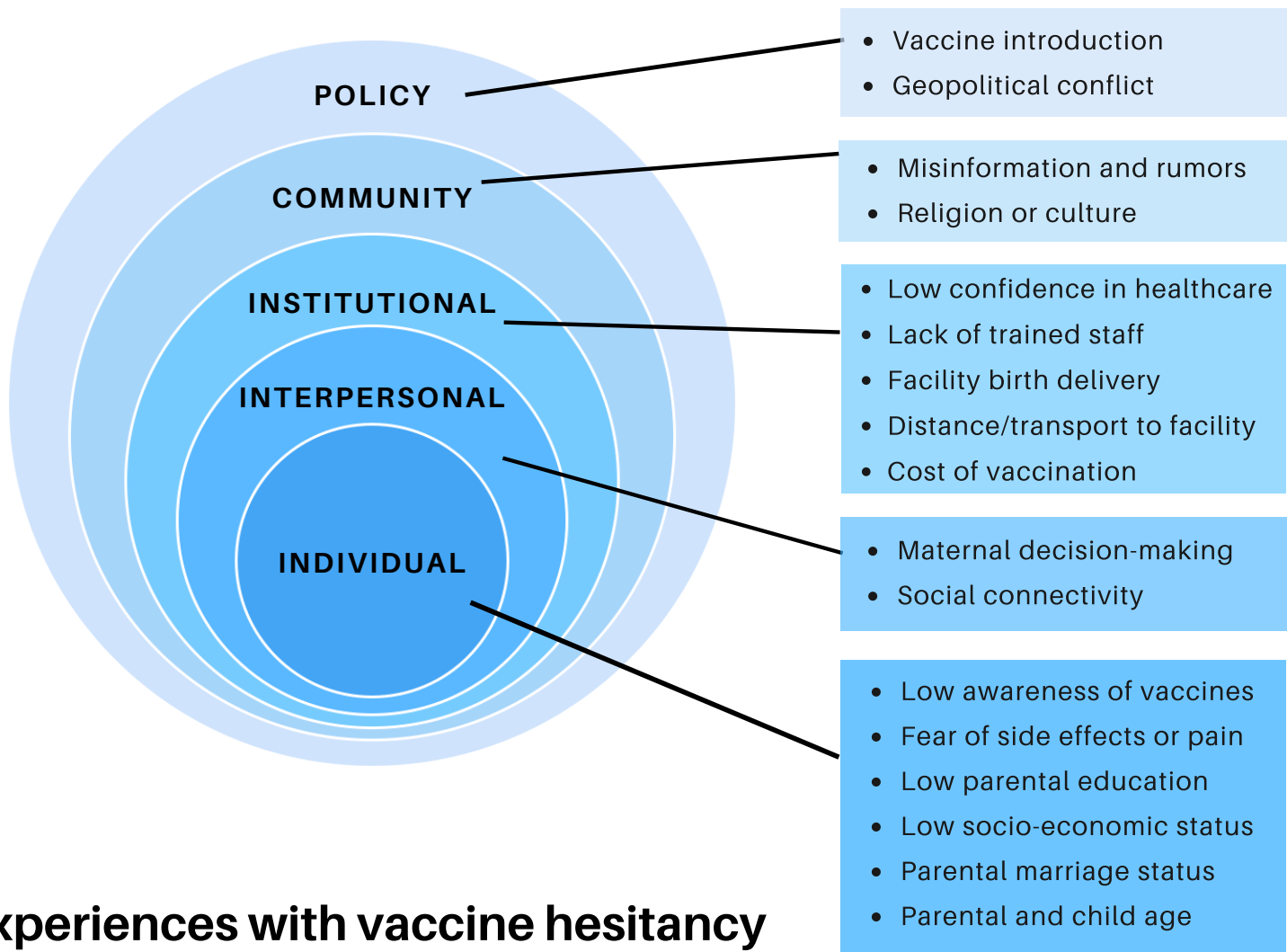
Vaccine hesitancy in South Asia

Evidence for effectively measuring and addressing vaccine hesitancy remains limited, **particularly in South Asia**. To address vaccine hesitancy, it is critical to identify the factors that act as facilitators and barriers across behavioral levels, and build a communications strategy.

South Asia, including **Bangladesh, Bhutan, India, Myanmar, Nepal, Pakistan, and Sri Lanka**, is home to many of the world's unvaccinated or under-vaccinated children who are missing one or more recommended vaccine doses, so improving immunization coverage is critical.

VACCINE HESITANCY IN SOUTH ASIA

Factors impacting vaccine hesitancy exist across all levels of the Social Ecological Model.[7,8] Understanding the facilitators of vaccine hesitancy at the individual, interpersonal, institutional, community, and policy levels and the ways in which these levels interact, may help to identify targeted interventions to address the complexities of vaccine hesitancy.



Experiences with vaccine hesitancy in South Asia



In **Nepal**, female community health workers have been designated as vaccine champions to engage communities in discussion about the benefits of vaccination, resulting in increases of villages reporting over 90% coverage.[5] Opening vaccine dialogue can improve awareness of vaccination and generate demand for vaccines.



India has recently experienced issues with school-based immunization in urban areas, mirroring situations in the United States. However, the country also has a history of issues with vaccine refusal stemming from its polio eradication efforts and emerging issues worth monitoring with HPV.[9,10]



Pakistan has concerns around hesitancy in routine immunization and has faced considerable resistance to polio vaccination due in part to mistrust caused by the spread of a popular conspiracy theory. Pakistan is one of only three countries worldwide in which polio remains endemic.[11]

RECOMMENDATIONS

There is limited evidence of successful interventions used in South Asia to address vaccine hesitancy. Additional research is necessary to identify potentially successful interventions.

Lack of awareness about vaccination and fear of adverse events have been identified as key reasons for missed vaccination in South Asia, illuminating **four remaining gaps** that must be tackled to effectively and sustainably address vaccine hesitancy: [12]

- 1) Inadequate public communications, including the targeting of false messaging around vaccines
- 2) Missed opportunities to engage with influential community leaders
- 3) Limited time and skillsets of healthcare workers conducting vaccine counselling with patients
- 4) Poorly resourced sites for vaccination sessions

Recommendations for addressing vaccine hesitancy in South Asia:



Continue research to better understand vaccine hesitancy, fill knowledge gaps, and measure progress in addressing vaccine hesitancy.



Increase focus on communities at risk for vaccine refusal to allow for targeted efforts to address vaccine hesitancy.



Prioritize continued investment in vaccine awareness and confidence, and develop sustainable programming to improve vaccine demand.



Improve the convenience of and access to vaccines by tailoring interventions or using alternative vaccine delivery mechanisms when feasible.

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