GVIRF 2016: *Vaccine hesitancy*		
Rapporteurs: Rudi Eggers (WHO)		
Session Outline	**Chair:**	Narendra Arora (INCLEN Trust)
	Opening remarks:	Vaccine hesitancy – a threat to child health - Robb Butler (WHO EURO)

	Presentations & Discussants:	• Determining the scale of the challenge - Susan Goldstein (Soul City Institute, South Africa)
		• TIP – applying the TIP tool in two undervaccinated communities in Sweden – Ann Lindstrand (Public Health Agency of Sweden):
		  o Somali immigrants
		  o Anthroposophy community
		• Adaption of the TIP to the African setting – Nicola Christofides (Univ. of Witwatersrand)

Objectives of the session	• *Highlight the importance of vaccine hesitancy with reference to the GVAP assessment report and WHO's implementation research agenda* • *Summarize experiences in Sweden with the evidence-based TIP tool* • *Present the adaptation of the TIP tool for South Africa focused on migrant workers, and discuss its wider use in the African region* • *Discuss avenues, including JRF adaptation, to enable countries to conduct basic self-assessment to quantify the magnitude of vaccine hesitancy and demand. and key reasons in their setting.*	
Main outcome	• Vaccine hesitancy refers to the delaying acceptance or refusal of vaccines in spite of the availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccine. It includes factors such as complacency, convenience and confidence. • Addressing vaccine hesitancy requires an understanding of the magnitude and setting of the problem, diagnosis of the root causes, tailored evidence-based strategies to address the causes, impact evaluation to gauge if the intervention has affected vaccine acceptance, and ongoing monitoring. • Behaviour is not only dictated by knowledge, but by a multiple external and internal motivational factors. •	
Summary (400-500 words)	Vaccine hesitancy refers to delay in acceptance or refusal of vaccine despite availability of vaccination services. Vaccine hesitancy has to be viewed and interpreted in the context of large majority who are accepting and utilizing immunization services. Issue of hesitancy is raised from diverse social, cultural, economic and educational backgrounds. There is some evidence now that the problem can escalate and influence wider segment of the population if appropriate and timely interventions are not carried out. SAGE established a working group to address the issue. Robb Butler explained vaccine hesitancy as defined by the working group. Vaccine hesitancy is context dependent and influenced by convenience, complacency and confidence in vaccines and immunization programs. Through an audience engagement exercise, Robb demonstrated that there is disconnect between belief and behaviour	

	system of the clients and this influences acceptance or delay in acceptance of the vaccines. Susan Goldstein emphasized the significance of vaccine hesitancy for its presence in most countries though the context and mix of factors vary and differ with the vaccine. WHO Euro has developed a comprehensive tool (TIPS – Tailoring Immunization Programs) to identify populations, diagnose root cause of hesitancy, and propose appropriate responses. This tool has been piloted tested in several countries particularly among underserved communities e.g. Bulgaria, Sweden, Montenegro. Ann Lindstrand presented their current experience with TIPS from three communities in Sweden (Anthroposophic community in Järna, Stockholm, Somali community in Rinkeby/Tensta, Stockholm, Undocumented migrant communities in Stockholm and Gothenbu). The key leanings were to approach the issue in a step-by-step method. Content of the process is crucial and format can be adopted and modified according to local conditions. Multi-disciplinary teams with community representation provide best outcomes. There are several messages for investigators from other particularly resource constraint settings. Program partnership from the beginning ensures translation of findings including roll out of interventions. The last presentation was from Nicola Christofides from South Africa. She has started the use of TIPS in South Africa. As part of adoption of TIPS to local needs, the investigators have engaged with program managers, identified the health facilities and engaged with the local community. A local champion from the health system under the guidance of an advisory group is spear heading the application of tools. The work is in progress. It was highlighted that documenting and evaluating the TIP experiences in different countries was important, particularly as more and more countries will apply the TIP tool. During the ensuing discussion a few additional points emerged: interventions are required at various levels: policy & legislation, program and community and cultural level. Emotional reaction of the community is to be carefully listened to and addressed. Both policy environment and social norms influence behaviour and this needs synergy of understanding and action. Better role clarification is required for development agencies at country level. Overall TIPS is an excellent beginning.
Key references or quotes (up to 5)	• WHO/EURO: The Guide to Tailoring Immunization Programmes (TIP): http://www.euro.who.int/__data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf • WHO: Summary WHO SAGE conclusions and recommendations on Vaccine Hesitancy; January 2015; http://www.who.int/immunization/programmes_systems/summary_of_sage_vaccinehesitancy_2pager.pdf?ua=1 • WHO: Report of the SAGE Working Group on vaccine hesitancy. 1 Oct 2014. http://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf