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Vaccine Hesitancy Receives Global Attention

Guardians want what is best for their families, yet some are putting their children at risk. Children are in danger of contracting infectious diseases without vaccinations. This is vaccine hesitancy, the refusal to vaccinate despite available vaccines. Currently vaccine hesitancy is one of the top 10 threats to global health(1). Reducing it is a global health priority; without vaccination preventable diseases will continue to kill millions.

There has been a resurgence of concern regarding vaccine safety amongst the public, lending to the global return of vaccine preventable diseases. Reluctance to vaccinate will threaten decades of progress in the fight against infectious diseases. The impact of reduced vaccinations can already be seen: 112,163 measle cases have been reported in 170 countries to the World Health Organization (WHO) (2019) (2). Measles is not the only disease causing concern; diarrhea, pneumonia, polio and whooping cough are also vaccine preventable diseases that could increase if hesitancy rises(3). Vaccines have prevented 2-3 million deaths each year(4).

How has vaccine hesitancy successfully gained attention in global health? The Shiffman and Smith framework – with its 4 key elements of actor power, ideas, context, and issue characteristics – provides a compelling rationale(5).

Vaccine hesitancy has many powerful actors that have been successful in demanding global attention by using their resources and influence. Key actors include the WHO, Measles & Rubella Initiative, Global Alliance for Vaccines and Immunizations, the United Nations Children's Fund, Ministries of Health (MofH), governments, health workers, school communities, and parents. International and national organizations are using their power to develop tools that measure and address reasons for under-vaccination such as the Measuring Behavioural and Social Drivers of Vaccination. Similarly, the Global Vaccine Action Plan (GVAP) was created with aims to prevent millions of deaths through access to vaccines by 2020(4). To achieve the GVAP goals MofH from 194 countries endorsed a resolution to strengthen immunization. Furthermore, governments and health policy makers are using national power to promote vaccination, to educate the general public and to explore mandating vaccinations in schools. Powerful individual actors such as healthcare workers communicate with parents; physicians' advice has been shown to be one of the most important predictors of vaccination(6). Lastly guardians, schoolteachers and children are key actors as they are firsthand victims of non-vaccinators. Overall, powerful actors are invested in vaccine hesitancy, contributing to its high priority in global health.

The cohesive understanding amongst those involved in vaccine hesitancy has contributed to its global status as a threat. The complexity of hesitancy is understood, such as when parents want what is best for their child yet are not vaccinating. Vaccine hesitancy involves high- and low-income countries, diverse religions, is rapidly changing, and is influenced by sociocultural, political and personal factors. Determinants of vaccine hesitancy include safety concerns, myths, awareness, mistrust, cost, geographic barriers, fear and schedule adherence(7). Issue framing needs to be community centered, and person-to-person based. A good example of this framing is promotions for world immunization week (4). A short-term goal is to build trust and respect for subpopulations hesitant towards vaccines with the long-term goal of increasing immunization coverage(8).

Political context has also allowed vaccine hesitancy to gain global attention; when people are dying from ‘old’ and preventable diseases the world is watching. Measles is a good example. Comparing the first three months of 2018 to 2019, cases increased by 300% (2). As one of the world’s most contagious diseases and preventable with vaccination, people want to know why this is happening? Hence a policy window opened to develop vaccine hesitancy policy and action plans. As a result, the WHO included vaccine hesitancy in the top 10 global health threats, and its declaration provides a supportive context for health authorities in many countries to consider mandating vaccines.

Lastly, characteristics of vaccine hesitancy have helped shape political priority for this issue. Firstly, data collection is tracking the number of deaths from vaccine preventable diseases, giving policy-makers evidence of consequences of vaccine hesitancy. Secondly, clear actions are possible to address vaccine hesitancy. Specifically, many children are playing catch-up with their vaccines, so could adhere better to a proven vaccination schedule(9). Vaccine coverage is measured differently globally making the identification of where vaccine hesitancy is occurring a challenge. A promising action would be standardization of measuring vaccine coverage. Solvable issues are attractive and can lead to big wins for global health which has pushed vaccine hesitancy into the global spotlight. Vaccinating all children is needed and possible with cheap and effective vaccines readily available(5).

In conclusion vaccine hesitancy has been successful at achieving global attention because of actor power, ideas, political context and the characteristics of the issue. Continuing to push for implementation of tools for monitoring, evaluating and addressing vaccine hesitancy will be critical in overcoming this top 10 global health threat.

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