VACCINE HESITANCY AND POLIO ERADICATION IN NIGERIA

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OUTLINE OF PRESENTATION

- INTRODUCTION & BRIEF ABOUT NIMR
- OUR COUNTRY NIGERIA
- POLIO ERADICATION PROGRAMME IN NIGERIA
- DEFINITION OF VACCINE HESITANCY
- EFFECTS OF VACCINE HESITANCY ON CHILDHOOD IMMUNISATION IN NIGERIA
- OVERCOMING THE CHALLENGES OF VACCINE HESITANCY
THE INSTITUTE
ARIAL VIEW OF NIMR
VISION OF NIMR

To be an Institute of Excellence in basic, applied and operational research for promotion of national health and development in Nigeria.
MISSION OF NIMR

To conduct research into diseases of public health importance in Nigeria and develop structure for the dissemination of research findings while providing the enabling environment and facilities for health research and training in cooperation with the federal and state ministries of Health and in collaboration with universities, allied institutions and organized private sector nationally and internationally.
RESEARCH GROUPS OF NIMR

1. Malaria
2. HIV/AIDS/TB
3. Maternal, Child and Reproductive Health
4. Non-Communicable Diseases (NCDs)
5. Neglected Tropical Diseases (NTDs)
6. Emergency Preparedness and Response (EPR)
8. Immunology & Vaccinology
9. Clinical Trials
WORLD MAP AND PREVALENCE OF POLIO
NIGERIA SHOWING THE “POLIO BELT”
NIGERIA AND BOKO HARAM ZONE
Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence (WHO).
FACTORS INFLUENCING VACCINE HESITANCY

It is a behavior influenced by factors of 3Cs:

(a) **confidence** (do not trust vaccine or provider),
(b) **complacency** (do not perceive a need for a vaccine, do not value the vaccine)
(c) **convenience** (access)

Source: WHO
OVERCOMING VACCINE HESITANCY

1) The need to increase the understanding of vaccine hesitancy, its determinants and the rapidly changing challenges

2) Dealing with the **structures** and **organizational capacity** to decrease hesitancy and increase acceptance of vaccines at all levels

3) 3) Sharing of lessons learnt and effective practices from various countries and settings as well as the development, validation and implementation of new tools to address hesitancy.
Figure 3: Vaccine-hesitant parents and their reasons

Nigeria

3687 with child 5 years or under

N = 12554
308 hesitants
70 refusals

- Did not think it was needed (70)
- Did not think the vaccine was safe (23)
- Did not think vaccine was effective (19)
- Had a bad experience or reaction with previous vaccination (17)
- Had a bad experience with previous vaccinator/health clinic (18)
- Other beliefs/traditional medicine (14)
- Religious reasons (15)
- Someone else told me that the vaccine was not safe (15)
- Someone else told me they/their child had a bad reaction (14)

- Cost (1)
- Not possible to leave other work (at home or other) (23)
- Timing inconvenient (28)
- Too far away (26)
- Vaccine Unavailable (2)

- Already had the vaccine (2)
- Don’t Know/Can’t remember/No reason (81)
- Hospital (1)
- Husband forbade it (2)
- Misunderstood question (14)

385 reasons given
RECOMMENDATIONS ON REDUCTION OF VACCINE HESITANCY IN NIGERIA

- ENGAGEMENT OF RELIGIOUS OR OTHER INFLUENTIAL LEADERS TO PROMOTE VACCINATION IN THE COMMUNITY
- ENGAGEMENT OF HCWS WHO UNDERSTAND THE LANGUAGE AND CULTURE
- Use of Mass media to sensitize the community
- Improving convenience and access to vaccination
- CONSIDERATION OF RELIGION
- Employing reminder and follow-up (Culturally acceptable strategy)
- COMMUNICATIONS TRAINING FOR HCW
- Non-financial incentives
- Aim to increase knowledge, awareness about vaccination

PRESENTATION AT IANPHI ANNUAL MEETING IN PARIS, FRANCE
FACES OF THE VICTIMS OF VACCINE HESITANCY

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I THANK YOU