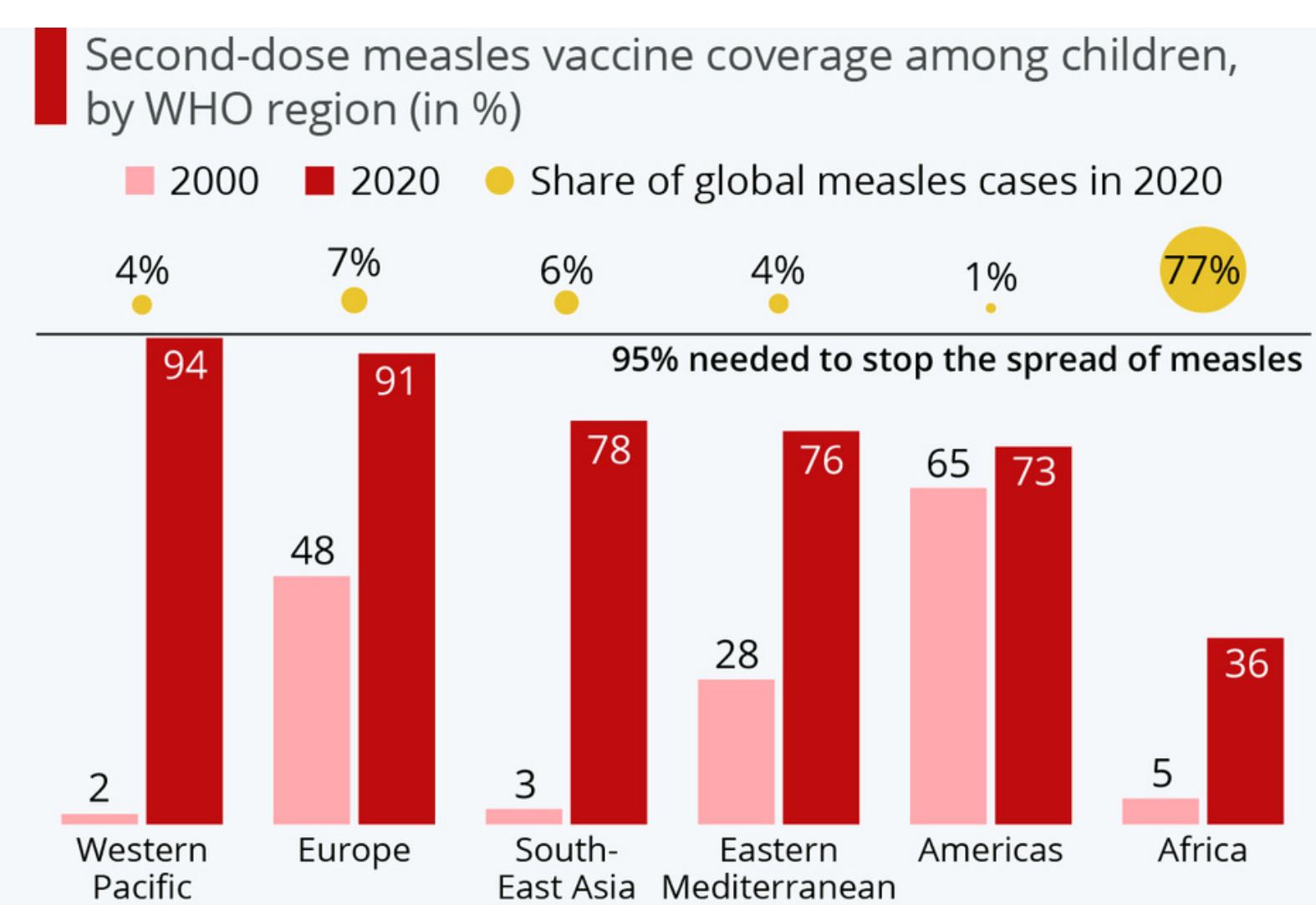


Perceptions and Factors Leading to Vaccine Hesitancy in Africa: A Systematic Review

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Introduction

12.7M African children missed one or more vaccinations in 3 years, per 2023 UNICEF report.



A common factor affecting coverage in literature is **Vaccine Hesitancy** in African communities.

The lack of vaccine acceptance threatens vaccine delivery programs' effectiveness and efficiency. This study analyzes African stakeholders' hesitancy factors across countries, via a systematic literature review

Objectives

What are factors that facilitate and/or hinder community acceptance or willingness of the childhood vaccination programs in Africa?

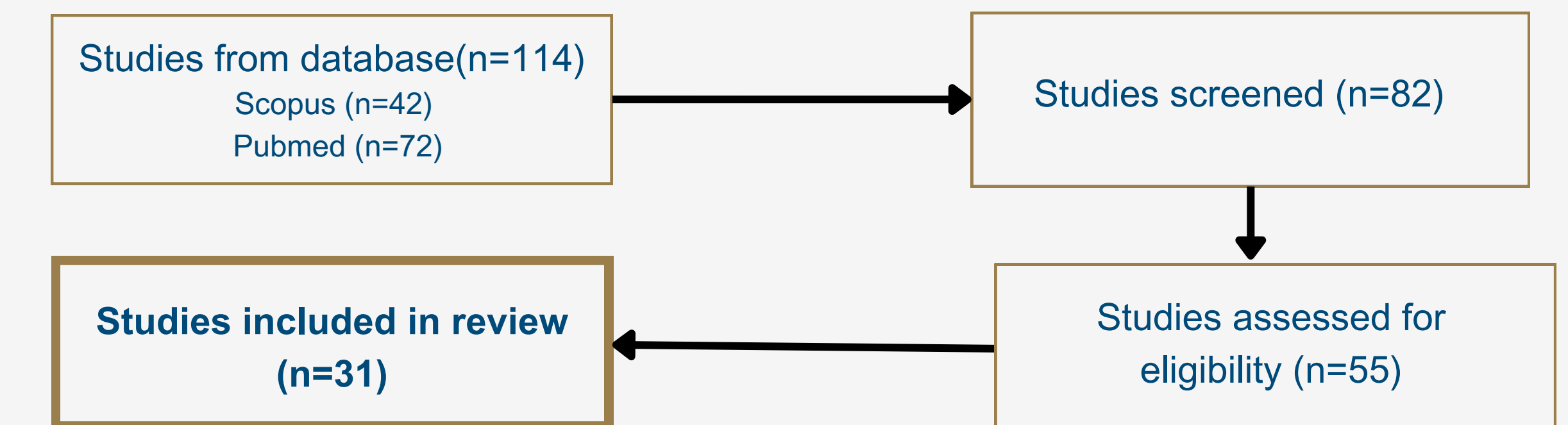
Identify the predictors and factors of childhood vaccination hesitancy in African communities

Explore the rationale and implications for such perceptions

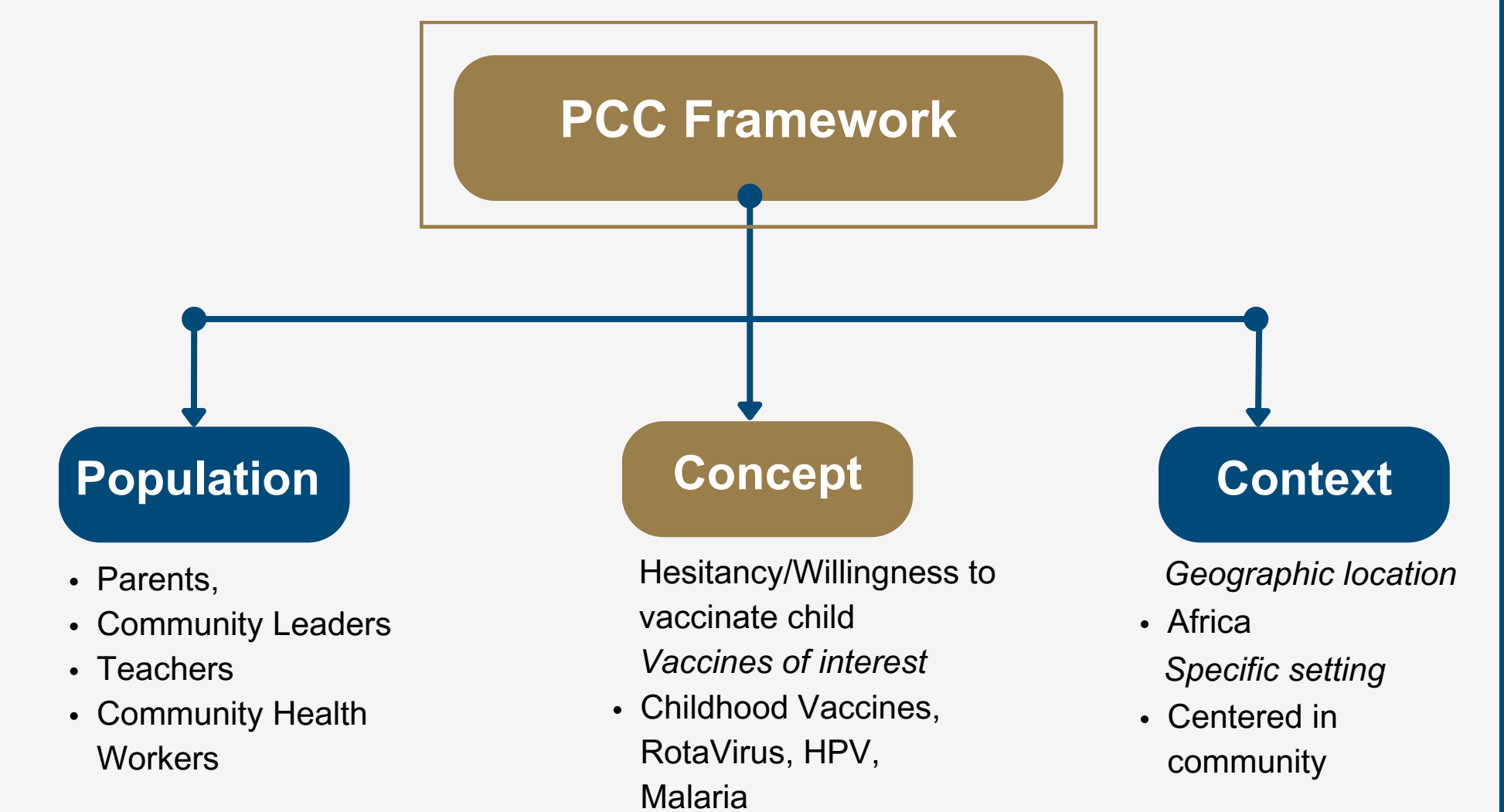
Recommend public health solutions to address the problem of vaccine hesitancy

Methods

This review protocol followed the PRISMA guideline. Relevant papers were collected on Refworks; Covidence was used to identify duplicates and screen for eligibility.



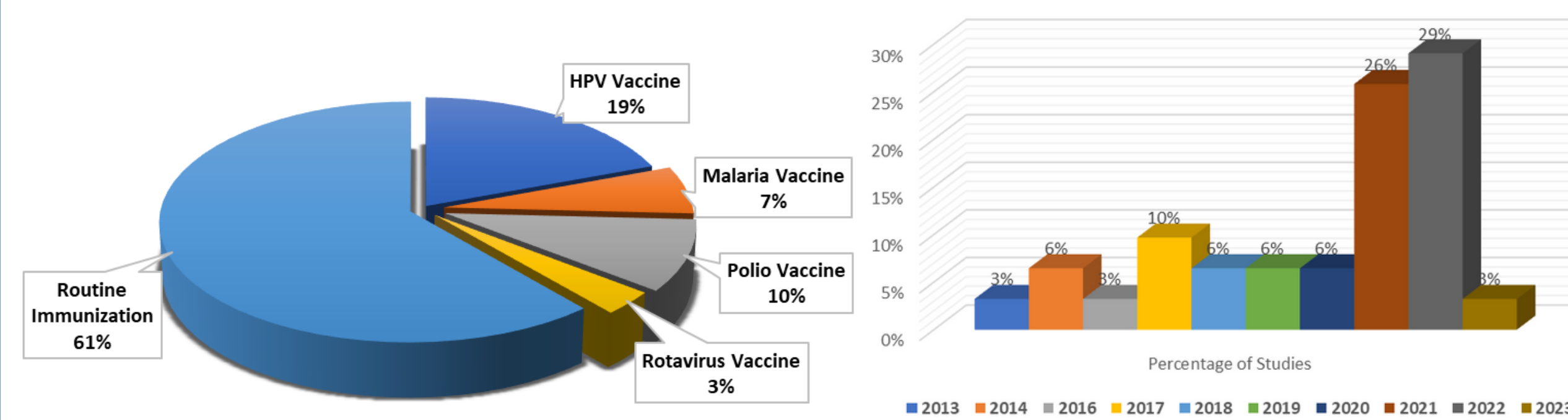
The PCC framework replaces PICO to provide a more systemic approach to developing the study question



Results

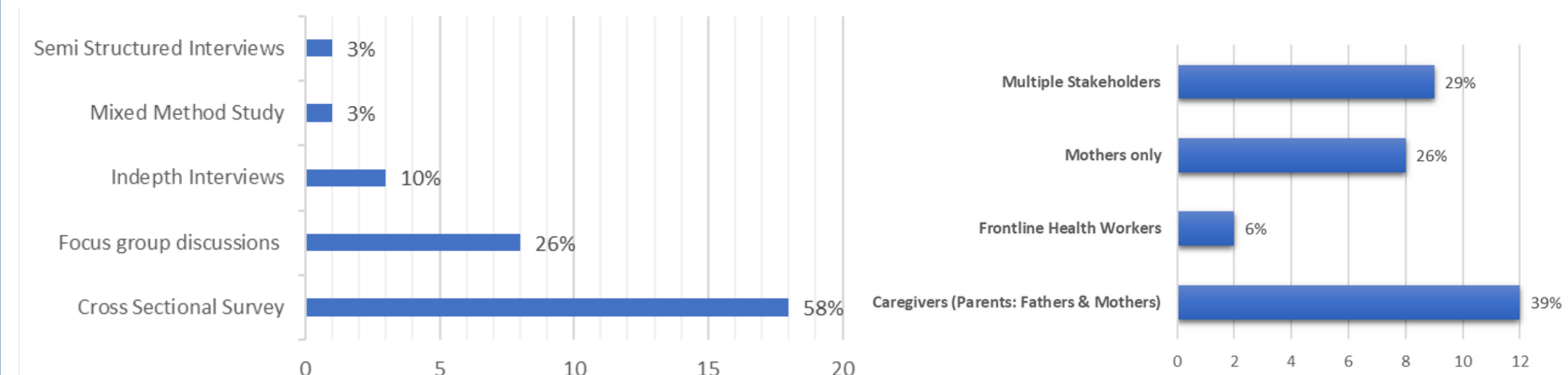
A. Studies by Childhood Vaccines

B. Studies by Year

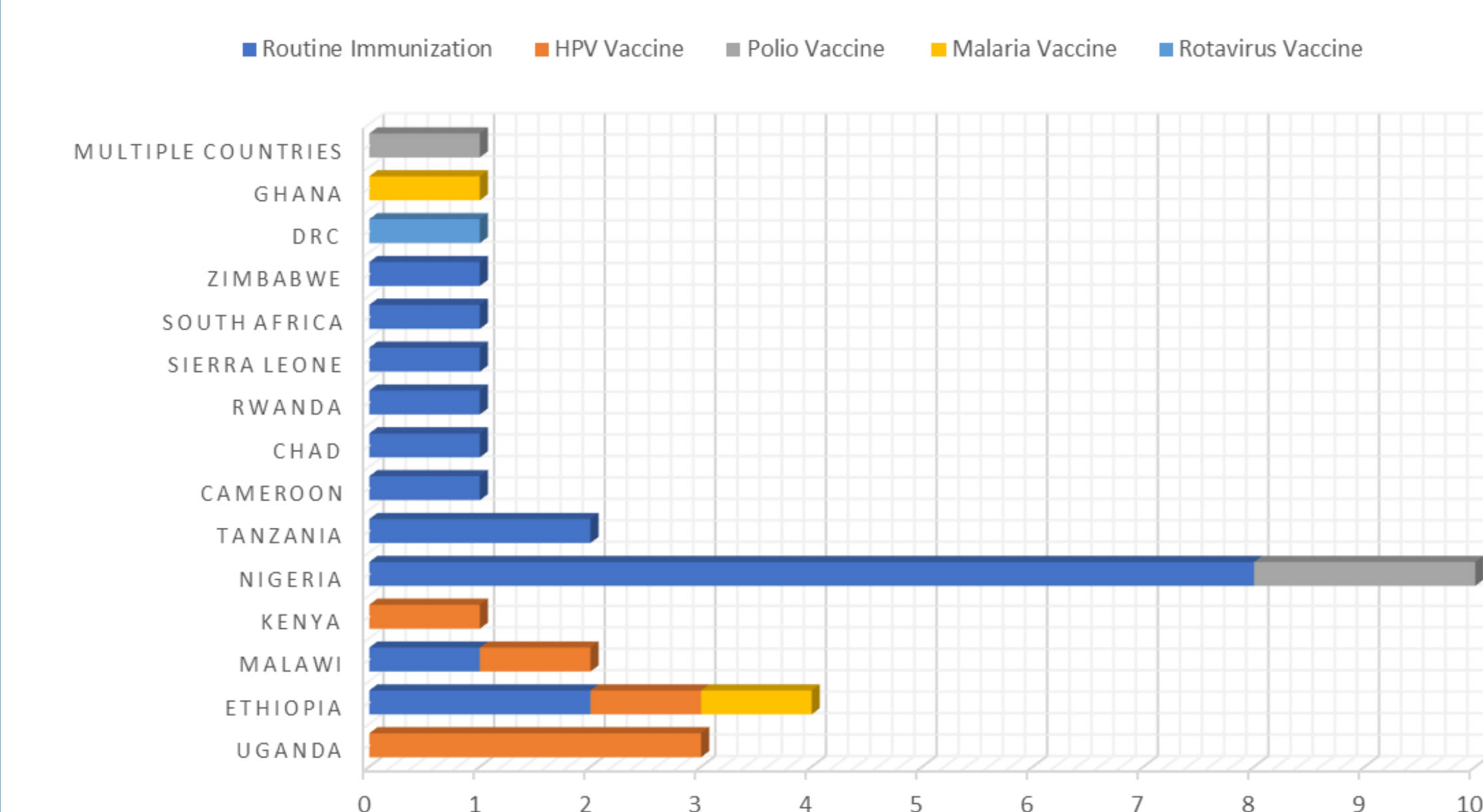


C. By Study Design

D. By Study Population



E. Frequency of Studies by Country and Vaccine of Interest



Literature offers insight into factors impacting behavior and leading to vaccine hesitancy, in Africa under four domains: Confidence, Convenience, Complacency, and Contextual Influences.

Convenience

- 11 studies
- Distance to healthcare centers
- Poor Infrastructure
- Blocked roads due to heavy rainfall
- High travel costs
- Poor vaccination service
- *Inadequate Healthcare
- *Infrastructure & Capacity

Complacency

- 10 studies
- Perceived hindrance to natural immunity
- Low priority
- *Poor vaccination education
- HPV: Perceived low risk of cervical cancer
- *No screening opportunities

Contextual Influences

- 11 studies
- Socio-demographic Factors
 - Religious beliefs - 9 studies
 - "Diseases were a plan of God"
 - Marital Status - 7 studies
 - No formal education - 2 studies
- Environmental Factors
 - Mistrust in government - 4 studies
 - Social desirability - 3 studies

Confidence

- 17 studies
- Safety - 11 studies
- Efficacy - 7 studies
- Risk of adverse effects - 7 studies
 - Swelling, Paralysis, Child death
 - HPV - Female Infertility
- Mistrust of vaccine program - 8 articles
- Mistrust of CHW - 7 articles

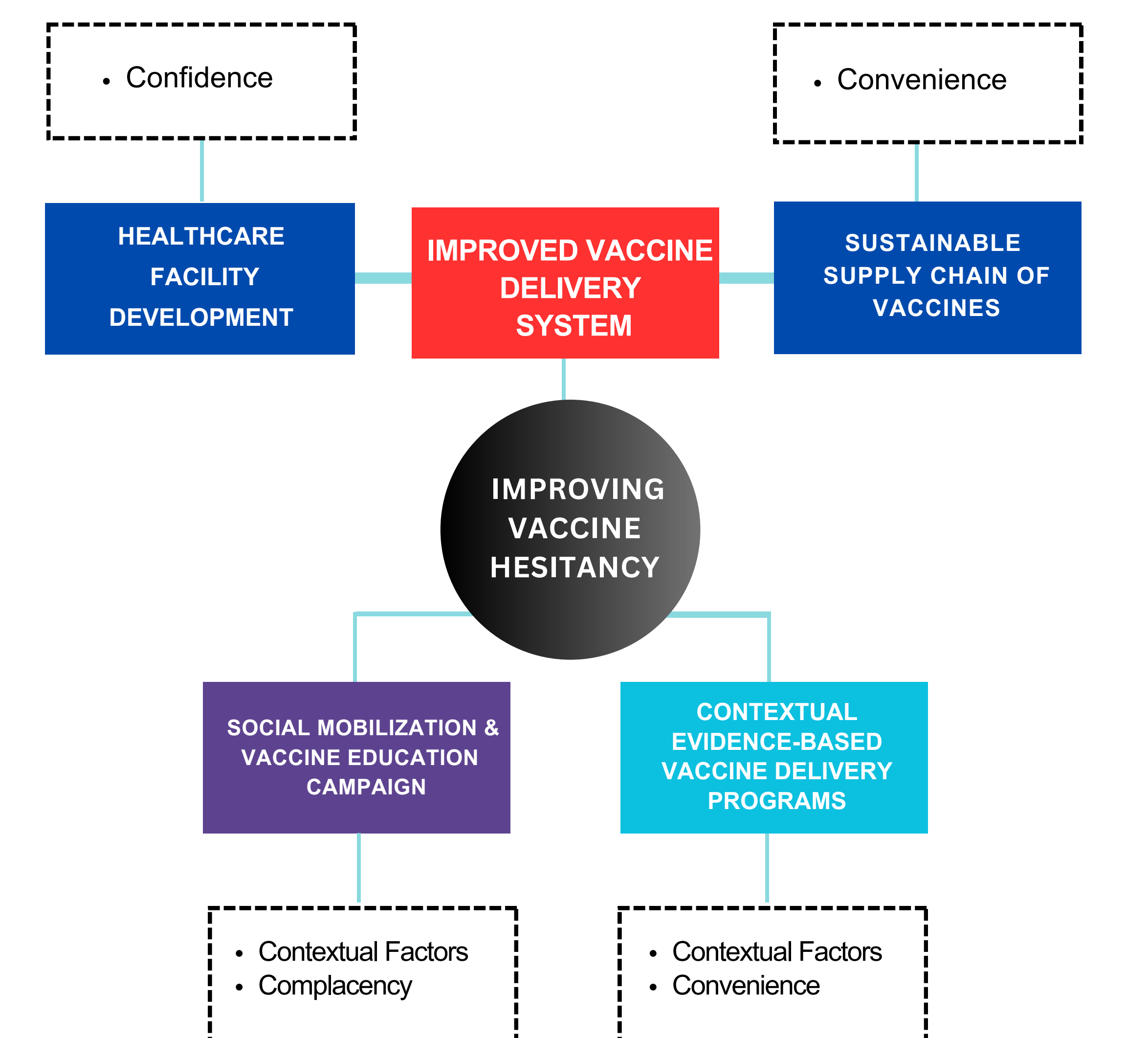
These four domains are interrelated. Misinformation due to poor education of caregivers and poor trust in healthcare workers fuel vaccine hesitancy among caregivers, leading to complacency regarding vaccine schedules.

Lack of trained healthcare professionals on vaccines' benefits, risks, and schedule completion leads to poor vaccination services, raising concerns on vaccine safety and efficacy.

Recommendation

Systematic approaches are needed to address vaccine hesitancy, as evidence shows it's not a random perception.

Engaging influential community gatekeepers and improving the healthcare delivery system is vital to change cultural barriers and reduce vaccine-preventable diseases.



Graphical Representation of Relationship Between Recommendations & Identified Factors of Vaccine Hesitancy



References: Please find the list of references within this link and QR Code: <https://rb.gy/zsnyz>

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