

COMMITTEE A6, WORLD HEALTH ASSEMBLY  
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GLOBAL MODEL WHO 2025

# ANNOTATED BIBLIOGRAPHY

VACCINE HESITANCY IN THE CONTEXT OF BEHAVIORAL  
SCIENCE

# Simulation: World Health Assembly

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Welcome to Global Model WHO 2025,

We are very pleased to introduce you to the most authentic simulation of the World Health Organisation in the world; and hope to contribute to your understanding of the organisation, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

# TOPIC DESCRIPTION

Vaccines are one of the greatest achievements in public health. They protect people from dangerous diseases like measles, polio, and COVID-19. But in recent years, many people have become hesitant about vaccines. “Vaccine hesitancy” means being unsure about vaccines, delaying getting them, or refusing them altogether—even when they are available.

This is not just a scientific problem, but also a behavioral health problem. People make choices about vaccines based on trust, culture, past experiences, and what they hear from friends, family, or social media. Some fear side effects, others distrust governments or pharmaceutical companies, and some follow misinformation spread online. In some countries, religious or cultural beliefs also play a role. For some communities, vaccine hesitancy is also shaped by histories of discrimination, unethical medical experiments, and neglect by health systems. In these cases, mistrust is rooted in lived experience and collective memory.

One challenge is balancing individual freedom with community health. If too many people refuse vaccines, diseases can spread more quickly—even to those who are vaccinated. This creates ethical questions: Should governments require vaccines, or should they rely only on education and encouragement?

Strategies to consider to address vaccine hesitancy include public education campaigns, partnerships with community leaders, stronger regulation of misinformation online, and training health workers to talk with hesitant patients in supportive ways. In communities with histories of neglect or discrimination, strategies should also focus on acknowledging past harms, engaging trusted local messengers, and ensuring that vaccination campaigns are delivered in ways that are equitable, respectful, and culturally sensitive.

Discussions on this topic should focus on how governments, international organizations, and other relevant stakeholders can work together to increase vaccine acceptance. Key questions to ask include: Should strategies to address vaccine hesitancy focus more on fighting misinformation, improving education, or making vaccines more accessible? How can leaders respond to cultural sensitivities while protecting public health? How can community engagement strategies, especially those involving religious or cultural leaders, be implemented without imposing “one-size-fits-all” solutions? And how can policymakers build trust with communities that have experienced discrimination or neglect from health systems in the past?

This debate is about more than medicine—it’s about trust, fairness, and human behavior. Understanding vaccine hesitancy requires looking at how science, psychology, history, and society are all connected in global health.

# Key Points and Main Issues

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When discussing the topics regarding vaccine hesitancy in the context of behavioral health, delegates must be able to differentiate situations in order to develop separate strategies to create an impact on a worldwide scale. The focus must be on creating parameters that can be followed by any member-state and adopted regardless of factors such as politics or religion. Creating these parameters calls for careful consideration in order to promote the development of health worldwide.

## Understanding Vaccine Hesitancy

- Defined as uncertainty, delay, or refusal of vaccines even when available.
- Not just a scientific issue but also a behavioral and social one.
- Root causes include:
  - Fear of side effects.
  - Distrust of governments or pharmaceutical companies.
  - Influence of misinformation online.
  - Cultural or religious beliefs.
  - Histories of discrimination and unethical medical practices leading to deep mistrust.

## Individual Choice vs. Public Health

- Herd immunity relies on high vaccination rates.
- Widespread refusal increases risks of outbreaks, even for the vaccinated.
- Ethical debate:
  - Should governments mandate vaccines?
  - Or should education and encouragement be the main tools?
- Balancing freedom, fairness, and responsibility to protect others.

## Strategies to Address Hesitancy

- Public education campaigns tailored to different audiences.
- Partnerships with trusted local leaders (religious, cultural, community).
- Training health workers in empathetic communication with hesitant patients.
- Regulating misinformation on digital platforms.
- Culturally sensitive approaches that acknowledge past harms and ensure equity.

## Building Trust and Global Cooperation

- Recognizing mistrust rooted in lived experience and systemic neglect.
- Engaging communities respectfully with equitable and transparent vaccine delivery.
- Role of international organizations and governments in coordination.
- Key questions for policymakers:
  - Should focus be on misinformation, education, or access?
  - How to adapt strategies to cultural contexts without one-size-fits-all solutions?
  - How to rebuild trust in health systems among marginalized groups?

## Improving health security by removing barriers to vaccination – progress at the local level in the European Region

**2025**

Summary: WHO Europe highlighted efforts in several countries to reduce inequities in routine immunization by identifying local causes of low vaccine coverage and tailoring interventions accordingly. In places like Azerbaijan, barriers such as vaccine safety concerns, information gaps, and health workers' inability to address hesitancy were found. Among refugee and displaced populations (e.g. in Lithuania and Ukraine), vaccine mistrust, unclear vaccination records, and logistical obstacles also contribute to hesitancy.

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## Prevention is Better than Cure — WHO Nepal feature story involving routine immunization efforts in Lumbini Province

**2025**

Summary: WHO Nepal showcased efforts by Dr. Shruti, a Surveillance Medical Officer in Lumbini Province, working to ensure that children receive routine immunizations and no one is left behind. She uses local language (Awadhi) and works closely with community leaders to reduce vaccine hesitancy and build trust. Key approaches include training health workers, engaging ward representatives, and addressing concerns directly in communities.

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## 2025 Annual Meeting of South-East Asia Regional Working Group on Immunization: Charting a Strategic Path Forward Amidst Regional Health Challenges

**2025**

Summary: WHO's Regional Working Group on Immunization (RWG) met to assess progress under the Regional Vaccine Implementation Plan (2022-2026), tackle ongoing challenges, including vaccine hesitancy, unvaccinated or "zero-dose" children, funding constraints, and the effects of the COVID-19 pandemic. Key themes included strengthening health systems, mobilizing domestic resources, leveraging digital and community-based approaches, integrating immunization with broader health services, and optimizing donor support in light of shifting global priorities.

## Resurgence of preventable diseases threatens children in East Asia and the Pacific

2025

Summary: UNICEF, WHO, and Gavi warned in 2025 that East Asia and the Pacific face a resurgence of measles, polio, and other preventable diseases due to declining routine immunization. Millions of children remain unprotected, with coverage gaps worsened by the pandemic and rising vaccine hesitancy fueled by misinformation and eroding trust.

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## 93 per cent eligible girls get vaccinated against Human Papilloma Virus across Bangladesh

2024

Summary: Bangladesh successfully completed a nationwide HPV vaccination campaign reaching 93% of eligible girls aged 10-14 (about 5.6 million) across all divisions, including marginalized communities. Despite initial challenges from rumors and vaccine hesitancy, trust was rebuilt through outreach, behaviour change communication, and free vaccine supply.

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## Enhancing Equity in Immunization: Advancing Gender-responsive Immunization in Yemen's Polio Campaign

2024

Summary: UNICEF's case study on Yemen highlights how gender-responsive strategies improved equity in polio immunization. Vaccine hesitancy was common among marginalized groups, including the Muhamasheens and displaced families, fueled by safety concerns, misinformation, and restrictive social norms. The campaign built trust through women's groups, religious leaders, community volunteers, and peer-to-peer networks, while adapting outreach to women's needs and ensuring safety for health workers

## **Building trust, saving lives**

**2023**

Summary: During a polio outbreak in Sudan's Red Sea state, UNICEF, WHO, and the Federal Ministry of Health mounted a vaccination campaign targeting children under five, in spite of conflict, mass displacement, and declining immunization rates. A central strategy was establishing trust-building committees, composed of trusted community figures, to address vaccine hesitancy by listening to caregivers' fears (especially around safety and campaign leadership), communicating in local languages, and promoting vaccine confidence

## **UNICEF Flagship Report highlights new data on India's gains in vaccines confidence amidst large scale decline of confidence in childhood vaccines following COVID-19 pandemic**

**2023**

Summary: UNICEF's "State of the World's Children 2023: For Every Child, Vaccination" report finds that India is one of only three out of 55 countries (alongside China and Mexico) where confidence in childhood vaccines has stayed strong or improved since the COVID-19 pandemic.

## **Community health workers in Brazil work tirelessly to reach children who missed out on vaccines**

**2023**

Summary: In Brazil, community health workers are working to locate and vaccinate "zero-dose" and under-immunized children, especially in rural and hard-to-reach areas. Declining coverage since 2015 was worsened by the COVID-19 pandemic, with vaccine hesitancy compounding logistical barriers. Initiatives like the "Active Vaccination Search" and mobile river units bring services directly to families, helping raise measles coverage.

## **Social mobilizers combat vaccine hesitancy: Mobilizing, sensitizing, and educating communities helps end resistance against vaccination** **2023**

Summary: In Ranchi, Jharkhand, India, UNICEF teamed with local authorities and NGOs to deploy social mobilizers in urban slums to counter vaccine hesitancy driven by myths, fear, and misinformation. These mobilizers used face-to-face outreach, posters, street theatre, media, and collaborations with religious leaders to build trust, especially among women, the disabled, and households with less access to information.

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## **Esperanza's road: A tale of hope in La Guajira** **2023**

Summary: In Alta Guajira, a remote region of northern Colombia, Esperanza—a community health worker from the indigenous Wayuu community—travels rugged terrain by motorcycle to deliver vaccines, crossing rivers, dirt roads, and weather extremes. Her local language fluency and deep community roots allow her to build trust, crucial for overcoming vaccine hesitancy, especially amid prevailing traditional beliefs and reliance on ancestral medicine.

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## **Worship places join the fight against COVID-19** **2022**

Summary: In Menoufeya governorate, northern Egypt, mosques and churches have played a critical role in reducing vaccine hesitancy by dedicating their spaces for mobile vaccination teams, hosting awareness sessions, and having religious leaders encourage their congregations to get vaccinated.

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## **Vaccines work!** **2022**

Summary: At Jordan's Azraq Refugee Camp, nurses like Hanan and Rawan confront vaccine hesitancy by directly addressing parents' fears, often fueled by misinformation, and reassuring them about the safety and importance of immunization. Through personal counseling and the support of community volunteers, hesitant families are persuaded to vaccinate their children against diseases like polio and measles.



## **UN Launches initiative to tackle Vaccine Hesitancy and increase COVID-19 vaccine uptake in the Eastern Caribbean**

**2021**

Summary: In 2021, the UN launched an initiative across the Eastern Caribbean to tackle vaccine hesitancy and boost COVID-19 vaccine uptake. Multiple UN agencies are collaborating with regional governments to counter misinformation, promote behavioural change strategies, strengthen vaccine rollout, and use advocacy and policy advice.

## **UN Launches initiative to tackle Vaccine Hesitancy and increase COVID-19 vaccine uptake in the Eastern Caribbean**

**2021**

Summary: United Nations and six partner agencies launched an initiative in the Eastern Caribbean to address vaccine hesitancy and increase COVID-19 vaccine uptake. The program combines policy advice, behavioral change strategies, communication campaigns, and advocacy efforts to motivate communities while countering misinformation, particularly on social media.

## **The Partnership for Healthy Cities supports COVID-19 Vaccine Outreach in 18 Cities**

**2021**

Summary: The WHO report describes how 18 cities across Africa, Asia, and Latin America received grants (up to US\$50,000 for six months) from the Partnership for Healthy Cities to strengthen vaccine outreach efforts. Activities funded include community outreach to vulnerable groups, and communication campaigns to increase vaccine confidence.

## **Battling vaccine misinformation in Liberia**

**2021**

Summary: In Liberia, after routine immunization campaigns were disrupted by the COVID-19 pandemic, UNICEF and health partners are responding to a polio outbreak amid rising vaccine hesitancy, particularly as misinformation around COVID-19 vaccines undermines trust in all vaccination efforts.

**The United Republic of Tanzania — Statement on Poliomyelitis; Agenda Item 17.5****2025**

Summary: In its statement, Tanzania reaffirmed its commitment to global polio eradication. The country emphasized surveillance, immunization campaigns, and reaching zero-dose children, while also noting the importance of addressing vaccine hesitancy to strengthen health systems

**National Immunisation Strategy For Australia 2025–2030****2025**

Summary: The National Immunisation Strategy for Australia 2025-2030 highlights vaccine hesitancy as a growing concern, fueled by misinformation, safety worries, and declining trust since the COVID-19 pandemic. To address this, the plan focuses on building community confidence through transparent communication, strengthening providers' ability to discuss concerns, and ensuring equitable access to vaccines. It also emphasizes better use of data to track hesitancy trends and reinforce public trust in vaccine safety systems.

**Vaccine Hesitancy****2025**

Summary: The Brazilian Ministry of Health defines vaccine hesitancy as delaying or refusing vaccines despite availability, influenced by confidence, complacency, convenience, context, and communication. It warns that hesitancy lowers coverage and can trigger disease resurgence, stressing the need for clear information and community engagement.

**Vaccine Hesitancy****2025**

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## **Portugal - Statement on Immunization Agenda 2030** **2024**

Summary: Portugal reports very high immunization coverage through its National Vaccination Program (NVP), with over 99% vaccine uptake by the first year of life and more than 95% for recommended vaccines in subsequent years. Despite universal free access, vaccine hesitancy is emerging in certain population groups, and geographical disparities in coverage are noted.

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## **Republic of the Philippines — Statement on Agenda Items 11.3, 11.4, 11.5** **2024**

Summary: In its 2024 WHA77 statement, the Philippines reaffirms support for the Infection Prevention & Control (IPC) plan, Immunization Agenda 2030, and the End TB Strategy. It highlights that vaccine hesitancy, misinformation, and lack of trust are significant barriers to achieving high immunization coverage, especially in resource-limited settings.

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## **Trinidad and Tobago Intervention under Agenda Item 11.4** **2024**

Summary: Trinidad and Tobago reaffirms full support for the Immunization Agenda 2030 and commits to ensuring equitable vaccine access and improved coverage across all populations. It plans to strengthen routine immunization and expand access to underutilized vaccines, especially for marginalised communities. The country also aims to address vaccine hesitancy through education campaigns, community engagement, and partnerships with healthcare providers and community leaders.

### COVID-19 Vaccine Hesitancy and Reasons for Hesitancy Among Essential and Non-Essential Workers

**2023**

Summary: The study found that vaccine hesitancy varied significantly across work settings and shifted over time. Frontline healthcare workers showed the lowest hesitancy, while higher rates appeared in sectors with less direct patient contact. Main reasons cited included concerns about safety and side effects, distrust in institutions, low perceived personal risk, and wanting to wait for more evidence or monitoring.

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### Canada Communicable Diseases Report

**2016**

Summary: The article outlines that while vaccination rates in Canada are broadly high, vaccine hesitancy is rising—many parents express concerns about safety and side effects, fear of needles, distrust in pharmaceutical companies, and exposure to misinformation. It emphasizes that hesitancy differs by vaccine type, context, place, and over time, meaning interventions must be tailored.

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## EASTERN MEDITERRANEAN REGIONAL GROUP (EMRO)

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### Using social media surveys and interventions to address vaccine hesitancy in Saudi Arabia

2024

Summary: A study in Saudi Arabia found that vaccine hesitancy was particularly present among women, younger people, non-Saudi nationals, and those with lower education. The unvaccinated most commonly wanted more information about vaccine safety/side effects, efficacy, and official health authority recommendations

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### WHO Iraq COVID-19 Situation Report, Week 18 (3–9 May 2021)

2021

Summary: The report noted that vaccine hesitancy, in the context of COVID-19 in Iraq, was particularly present among women, with rumors and safety concerns surrounding AstraZeneca discouraging many. WHO emphasized the need for stronger risk communication, community engagement, and awareness campaigns to build trust, counter misinformation, and encourage vaccination.

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## ASEAN

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### Covid-19 Vaccines for All

2021

Summary: The report notes that vaccine hesitancy posed a significant challenge in Southeast Asia during the COVID-19 rollout, fueled by misinformation, safety concerns, and unequal access to reliable information. ASEAN highlighted the importance of public communication campaigns, transparency in vaccine safety monitoring, and community engagement to build trust.

## AFRICA CDC

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Statement by H.E Dr. Jean Kaseya, Director  
General of Africa CDC, on the African  
Vaccination Week

2024

Summary: The Africa CDC, through Dr. Jean Kaseya, stressed that vaccine hesitancy remains a major obstacle to improving immunisation coverage in Africa, alongside funding and supply challenges. To counter this, the agency is strengthening health systems by creating a Directorate of Primary Health Care and calling on governments to boost domestic investment.

## EUROPEAN UNION (EU)

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### Tools and methods for promoting vaccination acceptance and uptake: a social and behavioural science approach

2025

Summary: The report presents a social and behavioural science framework for understanding vaccine hesitancy and improving vaccine uptake in EU countries. It offers practical tools - a validated survey instrument, qualitative methods, and a library of interventions - to diagnose and address specific barriers in different populations.

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### Effective communication around the benefit and risk balance of vaccination in the EU/EEA

2024

Summary: This technical report explores how to communicate vaccine benefits vs risks to build public trust in the EU/EEA. It identifies key challenges: evolving evidence, low health/data literacy, widespread mis-/disinformation, and lower trust among migrants and ethnic minorities.

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### State of Vaccine Confidence in the European Union

2022

Summary: The 2022 report found that vaccine confidence across the EU remained generally high but showed declines compared to pre-pandemic levels, especially regarding COVID-19 vaccines. Hesitancy was more pronounced among younger adults, women of childbearing age, and certain countries, with concerns focused on safety, side effects, and trust in institutions.



## EUROPEAN UNION (EU) (CONT.)

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### Catalogue of interventions addressing vaccine hesitancy.

2017

Summary: The ECDC Catalogue of Interventions Addressing Vaccine Hesitancy compiles over 200 strategies to improve vaccine acceptance. It highlights tools to diagnose hesitancy and interventions such as enhancing healthcare worker communication, community engagement, and tailored public campaigns.

## [Vaccine Confidence Project](#)

2024

Summary: The Vaccine Confidence Project (VCP) was established in 2010 to better understand growing vaccine scepticism around the world. It is the first research group to map and monitor public confidence in vaccination at a global scale and is fully dedicated to understanding the roots, trends and impacts of vaccine confidence. This page contains a link to research projects they conduct around the world. Search their database to see if projects are being conducted in your country.

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## [Overcoming vaccine hesitancy in low-income and middle-income regions](#)

2022

Summary: This page on the Vaccine Confidence Project website includes a link to a research study entitled, “Overcoming vaccine hesitancy in low-income and middle-income regions” that explains why some people in low-income and middle income regions delay or refuse vaccines even when they are available. It notes that mistrust of government and health services, poor communication, and safety concerns often play a role. The page stresses the need for clear information, quick action when safety worries arise, and training for health workers so they can answer questions with confidence.

The page also links to Related Content, which includes studies on vaccine confidence in the European Union, the Asia-Pacific region, and across Africa, as well as research on global trends and public attitudes. Under Latest Content, readers can find recent articles and commentary on hesitancy in places such as South Asia, sub-Saharan Africa, and the Middle East, along with updates from new research and media coverage.

## **Building Confidence in Routine Immunisation**

**2022**

Summary: This article gives an overview of a joint project conducted from 2020-2022 conducted jointly by the Vaccine Confidence Project and the UNICEF Regional Office for Europe and Central Asia (UNICEF ECARO) to better understand the impact of social media on caregivers' attitudes, beliefs, and trust regarding immunization. It explores the effectiveness of social media campaigns in promoting vaccine uptake and addressing vaccine hesitancy, highlighting the role of digital communication in influencing behavioral health outcomes.

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## **Vaccine Confidence Index Map**

**2015**

Summary : The Vaccine Confidence Project introduced the Vaccine Confidence Index (VCI) as a tool for gaining data-driven insights into vaccine confidence at global, regional, and national levels. The VCI uses a standardised methodology and questions to examine individuals' overall perceptions of the importance, safety, effectiveness and compatibility of vaccines with people's beliefs. In addition to measuring overall trust in vaccines, the VCI provides guidance on where to prioritise confidence building.

## NATIONAL LIBRARY OF MEDICINE

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### [Using Behavior Integration to Identify Barriers and Motivators for COVID-19](#)

2024

### [Vaccination and Build a Vaccine Demand and Confidence Strategy in Southeastern Europe](#)

Summary: This study in Moldova, North Macedonia, and Serbia applied the Behavior Integration framework to understand vaccine hesitancy. Researchers found that reluctance was driven by safety concerns, doubts about efficacy, and distrust in institutions, while motivators included healthcare provider recommendations, the need to travel, and awareness of personal health risks.

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### [Vaccine inequity: a threat to Africa's recovery from COVID-19](#)

2023

Summary: This paper highlights how limited access to vaccines undermined pandemic recovery across Africa. Alongside supply shortages and distribution challenges, the paper notes that vaccine hesitancy—driven by misinformation, distrust, and past inequities—further reduced uptake.

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### [COVID-19 vaccine hesitancy: A narrative review of four South Asian countries](#)

2022

Summary: This paper examines attitudes, beliefs, and barriers around COVID-19 vaccine uptake in four South Asian countries. It finds that hesitancy is driven by concerns over vaccine safety, side effects, and efficacy; lack of trust in health authorities; misinformation; and logistical or access challenges. Cultural norms, religious beliefs, and past healthcare experiences also significantly influence vaccine decisions.

## NATIONAL LIBRARY OF MEDICINE (CONT.)

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### [COVID-19 vaccine hesitancy: A narrative review of four South Asian countries](#)

2022

Summary: Common reasons for vaccine hesitancy in the region included limited information, safety and side-effect concerns, doubts about efficacy, conspiracy theories, and mistrust in governments or vaccine quality. The authors emphasize that poverty, misinformation, and inequities worsen hesitancy and call for financial and non-financial incentives, community engagement, and tailored communication strategies to improve vaccine acceptance in South Asia.

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### [When do persuasive messages on vaccine safety steer COVID-19 vaccine acceptance and recommendations? Behavioural insights from a randomised controlled experiment in Malaysia](#)

2022

Summary: This study examined seven different message frames in Malaysia to assess how communication influences vaccine hesitancy. It found that hesitancy decreases when safety messages are tailored to individual health profiles, acknowledging personal risks and concerns.

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### [Evaluating Rates and Determinants of COVID-19 Vaccine Hesitancy for Adults and Children in the Singapore Population: Strengthening Our Community's Resilience against Threats from Emerging Infections \(SOCRATES\) Cohort](#)

2021

Summary: The study found that vaccine hesitancy concerns in Singapore centred on side effects, safety, and rapid vaccine development. More people were hesitant about child vaccination (~15.9%). Key factors tied to lower hesitancy included living with people in poor health, believing in the vaccine's benefits and necessity, and social/moral norms. For parents, messages focused on safety were especially important

## RELIEF WEB

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### Vaccine Hesitancy among Internally Displaced People in Northwest Syria

2022

Summary: This report found that over half of surveyed IDPs refused COVID-19 vaccination. Hesitancy was driven by fear of side effects, misinformation, low perceived risk, and deep mistrust of authorities. Socioeconomic factors such as low education and unemployment also played a role. Community engagement and awareness campaigns were attempted but showed limited effectiveness in shifting attitudes.

## CAPRI FOUNDATION

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### Misinformation, Disinformation, and Vaccine Hesitancy in Vietnam

2024

Summary: This CAPRI report examines how vaccine hesitancy in Vietnam has been fueled by misinformation and disinformation during and after the COVID-19 pandemic. It highlights how false claims about vaccine safety and side effects spread rapidly on social media, undermining public trust, particularly among younger and rural populations.

## MULTIDISCIPLINARY DIGITAL PUBLISHING INSTITUTE

### Antiscience, Vaccine Hesitancy, and Pandemic Responses: Highlights from the Asia Pacific Summit on Infectious Diseases and Immunization

2024

Summary: This article examines how vaccine hesitancy in some populations is tied to antiscience views — including specific refusal reasons such as concerns about vaccine contents, Halal-Haram compliance, and even fears around artificial intelligence. It notes that vaccine refusal and hesitancy pose emerging challenges to immunization coverage, particularly in certain regions and among non-citizen groups.



## Alarming levels of loneliness found among South African adolescents – UCT study

2025

Summary: A study by the University of Cape Town found that more than 90% of surveyed South African youth (ages 17–24) experienced moderate to severe loneliness, regardless of whether they were HIV-positive or not. The research showed that being female, having symptoms of depression, and having experienced trauma increased the likelihood of loneliness. Loneliness was also closely linked to anxiety, PTSD, and lower psychological resilience, though intriguingly, substance use and HIV status were not significantly associated with higher loneliness. The researchers suggest strengthening group and peer support programs and integrating efforts to address mental health to reduce loneliness and help youth feel more connected.

## Loneliness in South African youth and its association with HIV infection, substance use and mental health

2025

Summary: The study titled Loneliness in South African youth and its association with perinatal HIV infection, mental health, and substance use by GN Stein (2025) investigated the prevalence and correlates of loneliness among South African youth. The study found that 92.6% of participants reported moderate to high levels of loneliness. Loneliness was significantly associated with mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD), negative coping strategies, and trauma exposure. However, the study did not find a significant association between loneliness and perinatal HIV infection or substance use.

## Mental health among adolescents exposed to social inequality in Latin America and the Caribbean: a scoping review

2024

Summary: Literature review that synthesizes evidence on how social inequality in Latin America and the Caribbean is associated with adolescents' mental health, highlighting feelings of isolation, exclusion, and gaps in access to support

## [Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications](#)

2024

Summary: Comprehensive review highlighting strong scientific evidence that social connection is a key determinant of both mental and physical health. It shows that lacking supportive relationships increases the risk of illness and premature death, while meaningful connections act as a powerful protective factor. The article underscores the need to treat social connection as a core public health priority.

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## [Adolescent Loneliness in 70 Countries Across Africa, America, and Asia: A Comparison of Prevalence and Correlates](#)

2023

Summary: Multi-country study in Africa that examines the prevalence of loneliness among adolescents and associated factors (e.g., bullying, peer support). Useful for regional comparisons of interventions or policies