



WORLD HEALTH ASSEMBLY
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GLOBAL MODEL UN **SINGAPORE** 2026

ANNOTATED BIBLIOGRAPHY

VACCINE HESITANCY IN THE CONTEXT OF
BEHAVIOURAL SCIENCE

Simulation: World Health Assembly

Welcome to Global Model UN Singapore 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Assembly 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

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.

Key Points and Main Issues (cont.)

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.

[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.

[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: Across East Asia and the Pacific, vaccine-preventable diseases are making a dangerous comeback, with measles at the forefront of this resurgence. These setbacks have left millions of children vulnerable to diseases that should already be under control or eliminated. Additionally, rising vaccine hesitancy – driven by misinformation, disinformation, and distrust – is further eroding the confidence families need to protect their children.

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[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.

[The Immunization Agenda 2030 Mid-Term Review](#)

2025

Summary: This WHO review assesses global progress toward the goals of Immunization Agenda 2030 at the midpoint of the decade. While immunization programs have averted millions of deaths and expanded access to life-saving vaccines, the report finds that most IA2030 targets remain off track due to persistent coverage gaps, inequities, outbreaks of vaccine-preventable diseases, misinformation, financing constraints, and challenges in fragile and conflict-affected settings. The review emphasizes the importance of strengthening routine immunization, integrating vaccination into primary health care, reaching zero-dose children, improving community trust, and addressing behavioral and social drivers of vaccine hesitancy.

[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.

[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.

[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.

[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.

[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.

[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.

[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.

[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: 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.

UNICEF Social media listening and engagement toolkit: Building confidence in routine immunization

2021

Summary: A practical learning guide and tool to aid the design and implementation of effective, data-driven social media campaigns to increase confidence in routine immunisation.

**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 in Brazil

2024

Summary: The Brazilian Secretariat of Social Communication (SECOM) has introduced the Saúde com Ciência program to combat medical disinformation and boost national vaccination rates. This initiative establishes an inter-ministerial network to monitor, verify, and take action against false health claims. By prioritizing proactive communication and community engagement, the framework aims to restore trust in science and protect the integrity of the Unified Health System (SUS).

**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.

**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.

**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.

EASTERN MEDITERRANEAN REGIONAL GROUP (EMRO)

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

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.

ASEAN

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

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)

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.

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.

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.

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 hesitancy can't be boiled down to a single factor: what we learnt in South Africa and Brazil](#)

2026

Summary : The article argues that vaccine hesitancy cannot be explained by a single cause such as misinformation. Drawing on research in South Africa and Brazil, the authors show that people's decisions about vaccination are shaped by a combination of factors, including trust in governments and health systems, political beliefs, historical experiences, social and cultural influences, access to vaccination services, and concerns about vaccine safety and effectiveness. It concludes that increasing vaccination rates requires tailored, community-based strategies that build trust and address the specific social and political contexts in which people make health decisions, rather than relying on one-size-fits-all public information campaigns.

[Vaccine Confidence Index Map](#)

2025

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.

[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.

[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.

[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.

[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.

[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.

[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.

[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.

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

ASIA-PACIFIC

[Vaccine Hesitancy Toward Dengue Immunization Among Indonesian Office Workers: A Cross-Sectional Study of Perceptions, Barriers, and Trust Factors](#)

2025

Summary: This study describes a cross-sectional survey across six Southeast Asian countries—Singapore, Malaysia, Indonesia, the Philippines, Thailand, and Vietnam—to explore trust dynamics and vaccine confidence using Latent Profile Analysis (LPA)

[Trust in government, science, and vaccine confidence in Southeast Asia: A latent profile analysis](#)

2024

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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.

LATIN AMERICA AND THE CARIBBEAN

Political interference in vaccination policy 2026 and transnational implications for Latin America and the Caribbean

Summary: The article argues that political interference in vaccination policy is undermining public trust and threatening decades of progress in disease prevention across the Americas. It warns that decisions about vaccine recommendations should be guided by scientific evidence, transparency, and independent expert review rather than political considerations, emphasizing that maintaining confidence in immunization programs is essential to preventing outbreaks of vaccine-preventable diseases and protecting public health.

Perceptions of Vaccination in Latin America: Insights from Panama, the Dominican Republic, and Guatemala 2026

Summary: The study examined public attitudes toward vaccination among adults in Panama, the Dominican Republic, and Guatemala and found generally high levels of vaccine acceptance, with nearly 78% of respondents reporting that they were vaccinated. Most participants relied on clinics and hospitals as their primary source of vaccine information, and over half considered vaccines easy to access. However, concerns about side effects and a lack of reliable information remained important barriers to vaccination. The authors conclude that strengthening public education through trusted healthcare providers and tailoring communication to address community-specific concerns are essential for maintaining and improving vaccine uptake in Latin America.

AFRICA

Acceptance, hesitancy, and ethical challenges of the COVID-19 vaccine in sub-Saharan Africa: a systematic review and meta-analysis

2026

Summary: This systematic review and meta-analysis examines COVID-19 vaccine acceptance, hesitancy, and the ethical challenges associated with vaccination policies in sub-Saharan Africa. Beyond measuring the prevalence and drivers of vaccine hesitancy, the study explores ethical issues surrounding vaccine mandates and the use of COVID-19 "Green Pass" systems, questioning whether such measures are appropriate in settings where vaccine access remains unequal. The authors conclude that efforts to improve vaccination should balance public health goals with ethical principles of equity, autonomy, and justice, emphasizing that increasing vaccine availability and public trust should take precedence over coercive policies.

Vaccination in Africa—no hesitancy without access

2025

Summary: This editorial argues that low vaccination rates in Africa are driven more by limited access than by vaccine hesitancy alone. While hesitancy toward vaccines, including mpox vaccines, is a genuine concern, the authors emphasize that structural barriers—such as inadequate vaccine supply, weak health systems, financial constraints, and unequal global distribution—remain the greatest obstacles to immunization. The article concludes that improving vaccine coverage requires not only building public confidence through trusted communication and community engagement but also ensuring reliable access to affordable vaccines and stronger immunization systems across the continent.

AFRICA (CONT.)

[Africa CDC, GAVI launch assessment to tackle vaccine hesitancy.](#)

2025

Summary: Vaccine hesitancy remains one of the biggest challenges to immunisation across Africa, fueled by misinformation and social and cultural barriers. In response, the Africa Centres for Disease Control and Prevention, in partnership with GAVI, has rolled out a new assessment targeting the use of behavioural and social data tools across 10 countries. Walter Mwesigye reports on the effort to strengthen immunisation strategies through a better understanding of public attitudes and behaviours.

EASTERN EUROPE

Vaccine Confidence and Vaccine Hesitancy in Several Countries in Southeastern Europe in Past 10 Years: A Structured Review of Published Literature

2025

Summary: Despite vaccination being the most effective way of preventing infections and vaccination rates recovering worldwide after the COVID-19 pandemic, vaccine hesitancy persists. Some factors, such as psychological and social barriers, can negatively impact views on vaccines and can contribute to vaccine hesitancy. The primary objective of this structured literature review is to investigate the available evidence relating to factors affecting vaccine hesitancy within several countries in Southeastern Europe that include Bulgaria, Croatia, Romania, Serbia, and Slovenia.

The state of vaccine confidence among the general public in Eastern Europe and Central Asia

2025

Summary: The COVID-19 pandemic brought global attention to challenges vaccination programs face in relation to public confidence and exposed important differences in vaccine acceptance worldwide—prompting renewed emphasis on monitoring of vaccine confidence. Most studies in Europe focus on the 27 European Union (EU) countries, with sparse evidence among the broader WHO European Region. This study extends coverage of vaccine confidence surveillance where such research is limited that includes North Macedonia, Bosnia and Herzegovina, Belarus, Armenia, Georgia, and Kazakhstan.

EASTERN EUROPE (CONT.)

Vaccine Hesitancy and Immunization Patterns in Central and Eastern Europe: Sociocultural, Economic, Political, and Digital Influences Across Seven Countries **2025**

Summary: Vaccination programs are essential for preventing infectious diseases, yet the effectiveness of these programs varies significantly across Central and Eastern European countries due to diverse socio-economic, cultural, and political influences. This study examines vaccination trends in Hungary, Slovakia, Romania, the Czech Republic, Poland, Ukraine, and Lithuania, focusing on misinformation, regional healthcare disparities, and socio-cultural factors on vaccination rates.

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EASTERN EUROPE (CONT.)

Shifting the narrative: Inspiring increased vaccine confidence across Central and Eastern Europe

2024

Summary: This literature review examined factors influencing vaccine confidence and hesitancy in Bulgaria, Croatia, Romania, Serbia, and Slovenia between 2012 and 2022. It found that the primary driver of vaccine hesitancy across the region is distrust in vaccine safety and effectiveness, particularly regarding COVID-19 vaccines, although attitudes toward routine childhood vaccines remain more positive in several countries. Other contributing factors include complacency about disease risks, misinformation, concerns about side effects, and low trust in governments and health authorities. The review concludes that vaccine confidence can be strengthened through country-specific communication strategies that transparently address safety and effectiveness concerns, emphasize the risks of vaccine-preventable diseases, and equip healthcare professionals to serve as trusted sources of information.

WESTERN EUROPE AND OTHER STATES

[Vaccine Skepticism Has Risen in the U.S.— 2026](#) [And in Many Other Countries](#)

Summary: The article explains that vaccine skepticism has increased in the United States and many other countries due to a combination of misinformation, declining trust in governments and health institutions, political polarization, and the lasting effects of the COVID-19 pandemic. Using international survey data, it shows that confidence in vaccine safety has fallen in numerous countries, raising the risk of outbreaks of vaccine-preventable diseases such as measles. The article concludes that rebuilding vaccine confidence will require transparent communication, stronger public trust in scientific and health institutions, and efforts to counter misinformation while ensuring equitable access to vaccines.

[Vaccine acceptance and refusal in 2025](#) [Western and Central and Eastern European](#) [countries: An analysis based on the European](#) [Social Survey data from 23 countries, using a](#) [classification and regression tree](#)

Summary: This study aims to explore the socio-political and demographic determinants of COVID-19 vaccine acceptance and refusal across Western and Central and Eastern European (CEE) countries. While most existing studies treat vaccine hesitancy as a universal phenomenon, this analysis emphasises the role of national and regional contexts.
