Key takeaways across all countries

- Study participants most frequently mentioned diarrhea as a key health concern for children younger than five years old. Though when asked to rate the severity of given health concerns, they rated related, longer-term issues—such as malnutrition, stunting, and increased risk of AMR—as very serious. Conversely, Shigella was not perceived as a critical health threat.

- Participants are willing to consider adding another vaccine to the immunization schedule, in theory. However, their interest in introducing a Shigella vaccine was tempered by a lower perceived burden of Shigella relative to other vaccine-preventable diseases and heightened concern about the number of concomitant injections children already receive.

- The overall priority of Shigella vaccines rose among participants as they were provided with progressively more country-specific information about the possibility of preventing longer-term issues related to Shigella, notably reducing AMR and stunting. While this was consistent across both participant groups, healthcare providers prioritized Shigella vaccines higher than national stakeholders.

- When asked to choose between different Shigella vaccine attributes, participants selected those with greater perceived community acceptability, with strong preferences for an oral vaccine and a Shigella-containing combination vaccine.

Methods

From October 2021 to August 2022, PATH worked with investigators in five countries to interview 32 national stakeholders and 54 healthcare providers to assess their health concerns and perceptions associated with prospective Shigella vaccines. Participants were asked about their prioritization of and preferred attributes for a Shigella vaccine after receiving progressively more information about the vaccine’s potential impact in their country. National stakeholders were members of the Ministry of Health with roles in immunization policy making, programming or financing, diarrhea control, or nutrition policy making, or were considered policy influencers based on their role in public health. Healthcare providers were from facilities that provided immunization and were in charge of the facility or worked in immunization, diarrheal control, integrated management of childhood illnesses, or nutrition services.
Results

Findings from interviews with national stakeholders and healthcare providers provide important insights around three key questions.

Key Question 1: What health concerns do national stakeholders and healthcare providers prioritize?

<table>
<thead>
<tr>
<th>How important is each health issue?</th>
<th>National stakeholders</th>
<th>Healthcare providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea (%)</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>Stunting (%)</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>AMR (%)</td>
<td>91</td>
<td>81</td>
</tr>
<tr>
<td>Shigella (%)</td>
<td>25</td>
<td>46</td>
</tr>
</tbody>
</table>

When asked an open-ended question about the top health concerns for children younger than five years old, participants most frequently mentioned diarrhea. Reasons for this included that “hygiene practices are not up to date,” there are “major water issues” due to scarcity or pollution, or increases in population have led to “growing needs for sanitation.” Participants were subsequently asked about the importance of diarrhea, stunting, and AMR as health concerns in children. While around two-thirds cited diarrhea and stunting as a “very serious concern,” more than 80 percent of participants considered AMR a top health priority.

While both groups of participants perceived diarrhea, stunting, and AMR to be important health concerns, their reasoning differed slightly. National stakeholders tended to speak toward higher-level country indicators such as how long-term health impacts “affect the development of the country.” Healthcare providers situated their concern around inadequate or poor-quality care such as “patients can buy antibiotics on their own,” “self-medication at home,” or “parents fail to bring the child in very early,” which leads to “the child [being] weakened and vulnerable to all the other diseases.”

More than 90 percent of all participants had heard of Shigella, but perceived importance among the two groups varied. National stakeholders considered Shigella as largely already addressed through routine diarrhea programming, which reflected their lower prioritization of Shigella prevention compared to other diseases. Healthcare providers expressed stronger concerns about Shigella and viewed new vaccines as an opportunity to address existing challenges in delivering care. The greatest concerns related to Shigella overall were long-term issues like malnutrition, stunting, and the risk of AMR.

Nepal spotlight

Participants in Nepal unanimously had a higher level of concern about AMR, while concern about diarrhea and stunting was relatively lower compared to other study countries.

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Especially in urban areas, [diarrhea] has become a less serious problem because people are more aware and sanitation is better. But you move to rural areas, there are still lots of children suffering from diarrhea.

— Nepal healthcare provider

Whenever a child comes with diarrhea, high fever, complaining of tenesmus or bloody stool, in that case we consider [it to be] Shigella and treat [them].

— Nepal national stakeholder
Key Question 2: What benefits would compel participants to prioritize introducing a Shigella vaccine?

Participants had an overall positive view of vaccines and indicated a willingness to consider new vaccine introductions if the benefits are compelling. However, with no additional information or burden data provided on Shigella, just 16 percent of national stakeholders cited Shigella vaccines as a high priority compared to 55 percent of healthcare providers. While estimates of Shigella diarrhea morbidity and mortality did not increase the priority of a Shigella vaccine for national stakeholders, information on potential vaccine impact on AMR and stunting prompted both groups to prioritize the vaccine more highly.

Across the study, one quarter of national stakeholders consistently considered Shigella vaccines as “low” or “not a” priority regardless of the potential additional benefits, due to competing health priorities in their countries and the perceived low disease burden of Shigella. Healthcare providers had a higher baseline prioritization and were less sensitive to additional vaccine benefits compared to national stakeholders, though they continued to cite concerns about adding more vaccines to the immunization schedule.

The differences in priority of Shigella vaccines among all participants are closely aligned with their perceptions of disease severity and broader vaccine benefits. Those who rated Shigella as a serious health concern and vaccines as a high priority attributed their prioritization to broad health impacts, citing it “decreases another disease burden” and “spares the loss of cognitive and physical impairments.” Prioritization only increased for many participants when impacts against stunting and especially AMR were added, reflecting the perceived severity or burden of these issues. When participants indicated a vaccine was not a priority, they cited the expected low impact, whether because the “burden of death [due to Shigella] was not large,” “antibiotic resistance is a very complicated story,” or “we have more pressing problems to deal with.”

Nepal spotlight

In Nepal, the average prioritization of Shigella vaccines when given increasing information on potential vaccine impacts was slightly higher compared to other study countries, except in relation to the impact on AMR, which was universally ranked a high priority.
Key Question 3: What attributes affect participant willingness to introduce a Shigella vaccine?

When asked which vaccine attribute would affect their willingness to introduce a Shigella vaccine, participants largely selected those with greater perceived community acceptability. Both national stakeholders and healthcare providers had a strong preference for an oral vaccine because “it reduces the number of shots” and “is less painful, therefore moms like it.” Most participants also preferred a combination vaccine that would protect against Shigella and at least one other pathogen “because you don’t have to prick multiple times,” which makes it “more acceptable.” Participants also indicated that both oral and combination vaccines have the additional benefit of being more convenient for health workers. A few healthcare providers preferred either a single injectable or single antigen vaccine, attributing their preference to concerns about vaccine efficacy, such as “the child may vomit [an oral vaccine].” Participants were also asked about how a series of other vaccine attributes (i.e., -20°C storage, lyophilization, single-dose packaging, booster-dose requirement) would affect their willingness to introduce a Shigella vaccine. These did not change participants’ interest in a vaccine substantively, except for -20°C cold chain storage, which was viewed as an insurmountable challenge. Findings were similar across all study countries.

Nepal spotlight

Which vaccine attribute do you prefer?

<table>
<thead>
<tr>
<th>Route of administration (%)</th>
<th>National stakeholders (n=32)</th>
<th>Healthcare providers (n=54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>97</td>
<td>85</td>
</tr>
<tr>
<td>Injectable</td>
<td>81</td>
<td>73</td>
</tr>
<tr>
<td>No preference</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine presentation (%)</th>
<th>National stakeholders (n=5)</th>
<th>Healthcare providers (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Single antigen</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>No preference</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>

Conclusions and next steps

This study provides critical insights into country-level preferences for prospective Shigella vaccines and increases understanding of how national stakeholders and healthcare providers prioritize different attributes when making vaccine decisions. In Nepal, Shigella was considered less of a “very serious concern” compared to other countries. Diarrhea and stunting were both considered less of a “very serious concern” by healthcare providers and national stakeholders respectively, compared to their peers in other countries, while AMR was rated “very serious” by all participants. Participants in Nepal typically prioritized a Shigella vaccine slightly higher than other countries except when considering potential effects on reducing AMR, which was seen as a universally high priority. It is important to note that preferences may shift over time due to multiple influencing factors, and may be different if or when licensed Shigella vaccines become available.

These results contribute to PATH’s broader effort to assess the public health value of potential Shigella vaccines. While there appears to be awareness of Shigella in the study countries, its prevention by vaccination is only a moderate priority. However, this prioritization increased when accounting for potential impact on reducing stunting and AMR or the inclusion of Shigella in a combination vaccine that also targets other pathogens of importance. The results also elucidate a need for improved Shigella surveillance within countries, as well as greater awareness of the global and local burden of Shigella, especially with respect to its role in stunting and AMR, and the potential impact that a vaccine could have in addressing these issues. These collective findings may help guide investment decisions by donors and vaccine developers to better meet LMIC needs, influence clinical trial designs, or help inform global policy guidance and national vaccine introduction decision-making in the future.

References