Soz Präventivmed 1996; 41: 126–127

0303-8408/96/020126-02 $ 1.50 + 0.20/0

Patrick L. F. Zuber[1], Jonathan M. Mann[2], Fred Paccaud[3], Michael R. Reich[1], Murray Turoff[4]

[1] *Takemi Program in International Health, Harvard School of Public Health, Boston*
[2] *François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, Boston*
[3] *Institute of Social and Preventive Medicine, University of Lausanne*
[4] *New Jersey Institute of Technology, Newark*

Technical Reports

Introducing a first AIDS vaccine in Switzerland: A Policy Delphi analysis

The Policy Delphi method was used to investigate what would be the appropriate public health response if a first preventive AIDS vaccine was registered for public use in Switzerland. The Delphi process proved to be a powerful method, which could play an important part in public health policy development in the future, when it comes at trying to confront very divergent opinions in order to identify the most acceptable solutions. The study was characterized by a high rate of participation and a high quality of the responses obtained. It appeared that the availability of an AIDS vaccine would be likely to result in a higher complexity of the AIDS prevention strategy.

Methods

A panel of 30 Swiss individuals considered to be potential participants in an AIDS vaccination policy contributed to this study. The panel convened anonymously. It included social workers dealing with persons at high risk of HIV infection, representatives of AIDS organisations, representatives from the pharmaceutical industry and from health insurance, as well as politicians, journalists, general and infectious disease physicians, immuno-virologists, and public health practitioners.

The study was based on a previously developed scenario, which described the characteristics of a first preventive AIDS vaccine. It was estimated that the vaccine would offer a protective efficacy of 60% over three years. Three doses of vaccine would be required over a six months period, at a total cost of SFr. 120.–. No major side effects would have been identified at the time of registration.

The Delphi consultation included a total of three rounds. After each round, the participants received a report on the responses gathered. During the first round, panelists were invited to: 1) elicit a list of objectives to be achieved within five years; 2) evaluate the acceptability and feasibility of eleven objectives related to: the process of strategy development in public health, AIDS vaccination, and the global response to the AIDS epidemic, and 3) comment on their perception of the potential utilization of the vaccine by different groups of vaccine recipients.

During the second round, the proposed objectives were ranked and the statements which generated the most divergent opinions re-evaluated. During the final round, the ranking was re-evaluated, some additional questions related to the most critical issues identified were further explored, and panelists were invited to evaluate the whole study.

Results

The study was conducted over an eight months period, between November 1993 and June 1994. Ninety-three, 83, and 83 percent of the panelists responded to the first, second, and third round, respectively. Sixteen main objectives of an AIDS vaccination strategy were identified. They were related to four main fields of activity: quantitative public health assessment, preventive public health interventions, biomedical diagnostic and research, and political issues. Four

objectives emerged as those considered the most important by the panel: 1) to reduce the number of new infections; 2) to maintain and adapt other existing preventive activities; 3) to ensure or implement vaccine safety monitoring; and 4) to define primary target groups towards which efforts should be focused.

The analysis of the sections on objective definition and ranking, as well as the iterative evaluation of specific issues, facilitated identification of the objectives most likely to be broadly accepted and of those most likely to generate disagreement. Among the consensual issues, the following were deemed desirable and feasible by most of the panelists: the importance of maintaining previously existing preventive activities, the need for a sufficiently sensitive surveillance system to identify possible vaccine hazards, the appropriateness of elaborating the strategy at the Federal level, and the need to define indications for vaccination. By contrast, the need for an infection reduction objective, the content of the communication message, the financing of vaccination, the issue of responsibility in case of unexpected hazard, and the relationship between the vaccination activities in Switzerland and the global preventive activities against the AIDS epidemic did not generate sufficient agreement. It is interesting to observe that the objective of reducing the number of new infections, which obtained the highest score with the ranking method, did not generate general agreement when examined for acceptability and feasibility.

Conclusion

This preliminary exploration was limited by a number of factors. The format of the study has necessarily induced some form of selection bias of the panelists, because of the complexity of some questions, and the time required to complete the questionnaires. Several issues have not been addressed. One example could be the response to HIV infection occurring in a vaccinee. The study also did not address the difficulties related to the licensing of the vaccine. Indeed, the proposed scenario assumed that the vaccine had been registered as a starting point for the analysis. Finally, it has not been possible to conduct a sensitivity analysis, in order to evaluate how the responses would have been modified if some important characteristics of the vaccine had been modified.

Very diverse evaluations were given in response to questions related with attitudes and perception of AIDS and AIDS vaccine. The possibility that vaccine availability or usage can be associated with an increased frequency in risky behaviors was spontaneously mentioned by half of the panelists. The estimation of the proportion of persons at highest risk who would choose to use this vaccine also indicated a high degree of uncertainty.

This study offers important lessons. According to a broad and diverse panel of individuals, an incompletely effective AIDS vaccine would result in an additional level of complexity for the AIDS prevention strategy, rather than a simplification. The use of such a vaccine would have to be coupled with counselling. This implies a sustained emphasis on the recommendations which have been central to the STOP AIDS campaigns until now. In addition, consensual issues, as well as other issues more likely to be controversial have been identified. This should greatly help focusing the work of any committee designated to develop and implement a vaccination policy if an AIDS vaccine became available. Finally, our experience with the Policy Delphi indicates that this mode of structured communication could be usefully applied to other public health issues presenting a high visibility as well as a complex relationship with public perception.

The complete report can be purchased from:

Institut de médecine
sociale et préventive
Attn. Mme Claude Mühlemann
Rue du Bugnon 17
CH-1005 Lausanne
Tel. +41-(0)21-3147277
Fax +41-(0)21-3147373