Demand side intervention to increase and sustain vaccination uptake

LESSONS LEARNED FROM ARTICULATING THE PROMOTION OF EBOLA VACCINE TRIAL WITH COMMUNITY-BASED RESPONSES TO THE EPIDEMIC IN GUINEA

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THE CENTRAL ISSUES

- Health and vaccination demand side is driven by dynamics of discursive, cultural and power dimensions socially constructed
- Communities responses to Ebola provides cases for confidence and trust building as foundation for demand side interventions
- Communities confidence is a result of interactive processes transcending approaches boundaries and classical paradigms

METHODOLOGICAL APPROACH

- Sources of data
  - Fieldwork on Ebola epidemic in Guinea
  - Literature review on social aspects of children vaccination
  - Discourse analysis of data on child health and women collected in Cameroon, Senegal, Nigeria (from various linguistic and cultural communities)

First entry point : Ebola Vaccine and Context

- August 2015: Ebola vaccine trial in Guinea
  - 7651 people (Ana Maria Henao-Restrepo, Lancet)
- Acceptance
  - Widely accepted by the frontline health workers and the people who have been in contact with confirmed cases of Ebola.
  - Frustrations over the trials' exclusion criteria (pregnant women, children and youth under age 18, etc.).
- Rejection of routine immunization and hostile attitudes towards it
  - (e.g. the one against measles) are reported in some prefectures (e.g. Forécariah), where they are associated with rumors that it could contain the Ebola virus.

DRIVERS OF THE EBOLA VACCINE TRAIL ACCEPTANCE

- Process factors
  - Putting forward principles of discretion, empathy, confidentiality, freedom to accept or to reject
  - The current rejection of routine immunization (under the pretext that it could transmit the Ebola virus) can be analyzed as a reaction to the lack of those principles
- Contextual factors
  - The outbreak of Ebola is associated with rumors accusing the health system staff of inoculating Ebola to patients through routine vaccines.
  - The social context of Ebola before the vaccine trials was dominated by fear, acts of violence and hostility and distrust towards biomedical responses.
  - Just before the starting of the trial : The context at the starting of the trial is dominated by substantial decrease of hostile acts and resistance toward the official response to the epidemic
    - The trial benefited of appeased human environment generated by community based interventions

APEASED ENVIRONMENT IS A PRODUCT OF COMMUNITY BASED INTERVENTIONS

- The stories behind
  - Nasroulay (Where are Imams? in a context of political tensions / Bambeto spiritual center)
  - Daloya (security forces represals, road blocks and grandmothers' escorts)
  - Bouramaya, Doto, Fossékhouré (The collective decision around silence and arranged report; sex and clandestine burial)
  - Kamsar (Violating the endigenous rights of the Baga women)

APEASED ENVIRONMENT IS A PRODUCT OF COMMUNITY BASED INTERVENTIONS

- The lessons
  - Discretion, Projecting lack of power and of coercition (walking in insecured zone)
  - Listening and restauring dignity and responsibility
  - What makes sense of … (water, poison, **war**, uniforms, vehicules, power)
  - Empathy, Collective catharsis
  - Anticipating the consequences
  - Thinking / Rethinking the collective decision
  - Building new alliance (Colas nuts)
  - Integrating kinship and joking relations
- Sustaining confidence

« We need to talk »

CONSTRUCTING PEACE THROUGHT RESTAURING TRUST

- Huge mistrust towars State authorities
- Community sources for producing trust and confidence
  - Local religious authorities help to build community trust
  - Adult women traditional networks
  - The Elders
  - Youth groupings
  - Traditional healers
  - Charismatic leaders
  - Opinion leaders

Dimba, Soro, Séré and others (Mapping women's networks as primary resources)

STAYING IN RURAL AND REMOTE AREA (Doto)

THE PACTE OF CONFIDENCE
(Using traditional symboles of Trust)

Secund entry point : Children immunization : The Road blocks

- Last decades : Great advances in expanding the reach of immunization programmes and in introducing new vaccines. More people than ever before are being vaccinated
- But 21.8 million infants remained unvaccinated, among which 4.3 million (22%) are located in four countries in the WHO African Region (WHO, UNICEF 2013).
- Out of a target population of 32.2 million surviving infants in the Region in 2013, an estimated 8.2 million infants did not receive their third dose of DTP.
- (Ramsey et al. 2002; Middleton & Baker 2003; Cassela et al. 2000). Vaccine refusal may reflect a wider sociocultural factors. (Gysels et al. 2009). The social and cultural context has important implications for the acceptance of health interventions, whether as part of routine at a health facility or special campaigns (Muela Ribera et al. 2007).

AFTER EBOLA : TO REVERSE GENDER AND POWER RELATIONS

Need for Health actors capacity building on gender issues

DRIVERS UNIVERSAL ACCES AND COMPLETION

- The Convention on the Rights of the Child and the principles of social justice demand that all children have equal access to effective childhood vaccines…
- Equal opportunity for each child (Maas = same age = Equal) – no one should be left behind. Collective responsibility. “They will laugh at you if your child is not vaccinated”.
- *Women social networks Cameroon (ARISE) : When we arrive [for the immunization day] in the morning, we sit down. We greet each other, we smile, and we exchange children. I take my neighbor’s baby and I greet him and she does the same with my child. …The first person to arrive says the prayer, and the second one starts singing for the group, a song that everyone sings while clapping hands. It wakes us up and we are pleased to be there....*

REVERSING THE FABRIC OF EXCLUSION

- To be part of collective thinking (anthropology is needed
- Conceptual convergence
  - Bassa (Cameroon) kép makélé: vaccination (makélé : measles makép : scarification; kép : armored); Wolof : ñakku ñak (protective fan)
  - Ñaas; sacrifice: dropping blood (spirituality): small quantity of liquid with long term positive effects: Yoruba (atola: droplet licking); Wolof: Toqal (toqantal); Split and bath
  - Scarification (Babatunde & Oyeronke 2010; Alabi &George 1989; Mammen & Norton 1997; Tsiba et al. 2011; Tsiba et al. 2008).
  - Circumcision and STDs
  - Thinking together produce confidence
  - Communication produce common vision
- The pathogenic agent
  - Podé Niawdare; Fouré khouré

COOPERATING VS ANTAGONIZING

- The **grandmother** is the **backbone** of Mother and Child relationship "***ku amul yaay naap maam***" (If you don't have a mother you suck your grandmother's breast). The grandmother is **The ultimate resource** for the following:
  - **Spiritual body guards** : The most vulnerable period : The 7 first days (**Order of march** : First, The grand mother; Then the mother and the baby; After, the sister –in- law, or another woman)
  - **Building Children's Health (and vaccination) as a Gender issue** Authority over the husband and men (**the sacred figure**) – Resource allocation for vaccination
- **Farmer 2000 & Hrdy 2009 :** "**What everyone needs in the [new] millennium is access to the internet and a grandmother".**

CONCLUSION
Prolegomenas for Demande side community based interventions

- The Cat and the milk
- Rééroo amul, ñak waxkaan moo am
- Large community dialogue, concertation and communication (communicare : to be at the same level, to be in communion…)
- Re-introduction of empathy, listening and facilitation (Socrates)
- Validity of qualitative research
- New epistemology