Telling compelling stories
Changes health behaviour
Work(shop)
Stories are like ID contagious infectious go viral cause epidemics
Stories kill   Stories change   Stories cure

rumours  misinformation  myths, fake news

listen, understand  engage, cocreate, narrate

narrative intervention  influence  health  behaviour
How to implement storytelling to increase uptake and acceptance of vaccines
Lived stories

Can you recall an event that changed you?

Share this with your neighbour

Do not ask questions, listen, be curious, keep it short

open heart  open mind  open will
An interpreter narrates:
When we were young we used to sit down at night to tell our stories. When the sun sets, people in the village sit together in a circle and tell each other stories. It is called Gatana Gatanankuiu.
Maybe from our grandmothers, you know.
We were all sitting down and one girl listened to all our stories. She always told her story last. Binta listened very well, very attentively, she picks from all the other stories and told her own story. She combined all the stories, picks the theme from everyone and forms her own story. Is this what you do with the story of change?

Sokoto, Nigeria January 2018
Binta's story

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Sokoto, Nigeria January 2018
Telling compelling stories

- **Truth, trustworthy, authentic, real**

- **Dynamics:** stories emerge while making sense of experience

- **Medium:** story with actors, events, plot, timeline
Making interactive, narrative intervention stories work synchronise science themes, time, words narratives and lived experience stories
Story levels

Macro: meta story, overall purpose

Meso: connects and translates meta story

Micro: health professionals, scientist, target audience
IPA works to improve the health & save the lives of all children

IPA: Working for every child, every age, everywhere
CALL FOR ACTION

Worldwide, vaccines save millions of lives every year. However, decades of progress in reducing vaccine preventable diseases is under threat because vaccination coverage is not as high as it needs to be and there is concern that vaccination acceptance is decreasing. In many countries, parents are declining or delaying measles vaccination for their children and declining rates of measles vaccination have fueled outbreaks (WHO and CDC Report).

In January, the World Health Organization identified vaccination hesitate as one of the top 10 threats to global health in 2019. In doing so, WHO called for concerted efforts to tackle the challenge, which encompasses reluctance or refusal to receive recommended vaccinations for one’s self or children, lack of confidence or trust in vaccines and vaccination recommendations, lack of appreciation for the full value of vaccination and active demand for vaccination to protect individuals and communities from serious infectious disease threats and outbreaks. In response to calls for action, the Sabin Vaccine Institute is leading an effort to launch the Vaccination Acceptance Research Network (VARN) that will bring together a broad array of expertise to assist immunization programs and advocates in their efforts to achieve the needed high levels of vaccination coverage.
Hesitancy in Khartoum state, Sudan: A qualitative study

March 2019
DOI: 10.1101/568545

Project: Epidemiology of Measles Vaccine Hesitancy in Sudan

Majdi Sabahelzain · Mohamed Moukhyer · Eve Dubé · Show all authors ·
Bart Van den Borne

Abstract Background: Vaccine hesitancy is one of the contributors to low vaccination coverage in both developed and developing countries. Sudan is one of the countries that suffers from low measles vaccine coverage and from measles outbreaks. For a further understanding of measles vaccine hesitancy in Sudan, this study aimed at exploring the opinions of Expanded Program on Immunization officers at ministries of health, WHO, UNICEF and vaccine care providers at Khartoum-based primary healthcare centers. Methods: Qualitative data were collected using semi-structured interviews during the period January-March 2018. The topic list for the interviews was developed and analyzed using the framework “Determinants of Vaccine Hesitancy Matrix” that developed by the WHO-SAGE Working Group. Findings: The interviews were conducted with 14 participants. The majority of participants confirmed the existence of measles vaccine hesitancy in Khartoum state. They further identified various determinants that grouped into three domains including contextual, groups and vaccine influences. The main contextual determinant as reported is the presence of “anti-vaccination”; who mostly belong to some religious and ethnic groups. Parents’ beliefs about prevention and treatment from measles are the main determinants of the group influences. Attitude of the vaccine providers, measles vaccine schedule and its mode of delivery were the main vaccine related determinants. Conclusion: Measles vaccine hesitancy in Sudan appears complex and highly specific to local circumstances. To better understand the magnitude and the context-specific causes of measles vaccine hesitancy and to develop adapted strategies to address them, there is a need ...
3-Line story for IPA, VARN, measles

What is the problem?
What is your work doing about it?
Happy ending
## Implement a 3-line story

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<thead>
<tr>
<th>Medium</th>
<th>Process</th>
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<tbody>
<tr>
<td>Pitch</td>
<td>Springboard story</td>
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<td>Call or Proposal</td>
<td>Agree on language</td>
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<td>Presentation</td>
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<td>Website</td>
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Interactive intervention

Lived Stories -> Cocreated story

Cocreated story is retold in personal stories

Stories spread through social networks

Cocreated story is retold in personal stories

Cocreated story is retold in personal stories

Cocreated story is retold in personal stories

Cocreated story is retold in personal stories

Strategic Narrative
Cocreated story

(re)tell
health promotion
motivational talks
training programmes
guides, manuals
(re) presentations
TIP
.......
9,000,000 mosquito nets in Malawi 2017
A health worker narrates:

Yes, we have known for years already that the netts are used for all sorts of different things. They are distributed to the women in villages and the men use them for fishing. Or the kids make football goals out of them, sometimes we see them as chicken hatches. The thing is that these people are poor, they try to make a living by fishing. And their children are hungry. The local population dealt with malaria all their lives. Sickness is a fact of live and prevention is not their first priority. The funny thing is that the men have agreed amongst themselves to tell the aidworkers that they are afraid that the persticides make them infirtile that is why they are not used...
What’s WHO (Ripple) missing?

Listen: to stories
Understand: analyse discourse
Engage: align themes, time, language
Cocreate: a new narrative
Narrate: share cocreated story
Making stories work

Think of a project where you can use storytelling to increase uptake and acceptance of vaccines?
Thank you – make stories work!

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Program

1. Introduction – Binta’s story
3. Background: Binta’s story revisited
4. Storytelling; narrative interventions in practice
5. Dynamics of storytelling; the unknown dimension that causes change
6. Presentation: 3 lives cases - 3 participants on their topics
7. Workshop: co-create a 3-line story for our colleagues
8. Practice: steps in narrative intervention
9. Closure: What do you need to implement compelling stories in your practice?
10. Feedback on the workshop