

stories of CHANGE

Telling compelling stories

Changes health behaviour

Work(shop)

The background is a dark blue field filled with the word "CHANGE" in various colors (pink, orange, yellow, and light blue) and fonts (handwritten, block letters, cursive). The word is repeated many times, creating a dense, textured effect.

Stories are like ID

contagious

infectious

go viral

cause epidemics

stories of **CHANGE**

Stories kill Stories change Stories cure

listen, understand
engage, cocreate,
narrate

rumours
misinformation
myths, fake news

narrative intervention
influence health
behaviour

stories of *change*

How to implement storytelling to increase uptake
and acceptance of vaccines

Before the intervention



After the intervention

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



Binta's story

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?



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Binta's story

Language: local expression

Time: connects past and present

Theme: local habits, rituals

Theme: listening intently

An interpreter narrates:

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Is this what you do with the story of change?

Language: uses my words

Time: connects past, present, future

Language : adopts my words

Sokoto, Nigeria January 2018

stories of CHANGE

Telling compelling stories

truth, trustworthy
authentic, real

dynamics: stories emerge
while making sense
sharing experience

medium: story
with actors, events,
plot, timeline

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interactive, narrative
intervention

Making

stories

synchronise science
themes, time, words

work

narratives and lived
experience stories



Story levels

Macro: meta story, overall purpose

Meso: connects and translates meta story

Micro: health professionals, scientist, target audience

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the health & save the
lives of all children

IPA: Working for every child, every age, everywhere

Features



https://vaccineacceptance.org/



Sneltoetsen in Windows - Win...

Vaccination Acceptance Res... x



Bestand Bewerken Beeld Favorieten Extra Help



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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 hesitancy 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.




Vaccine hesitancy in Khartoum state, Sudan. A quantitative study

March 2019

DOI: 10.1101/568345

Project: [Epidemiology of Measles Vaccine Hesitancy in Sudan](#)

 Majdi Sabahelzain ·  Mohamed Moukhyer ·  Eve Dubé · [Show all 6 authors](#) ·  Bart Van den Borne

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Description

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 vaccination 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 n ... [Read more](#)

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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

Medium

Pitch

Call or Proposal

Presentation

Research paper

Website

.....

Process

Springboard story

Agree on language

Align expectations

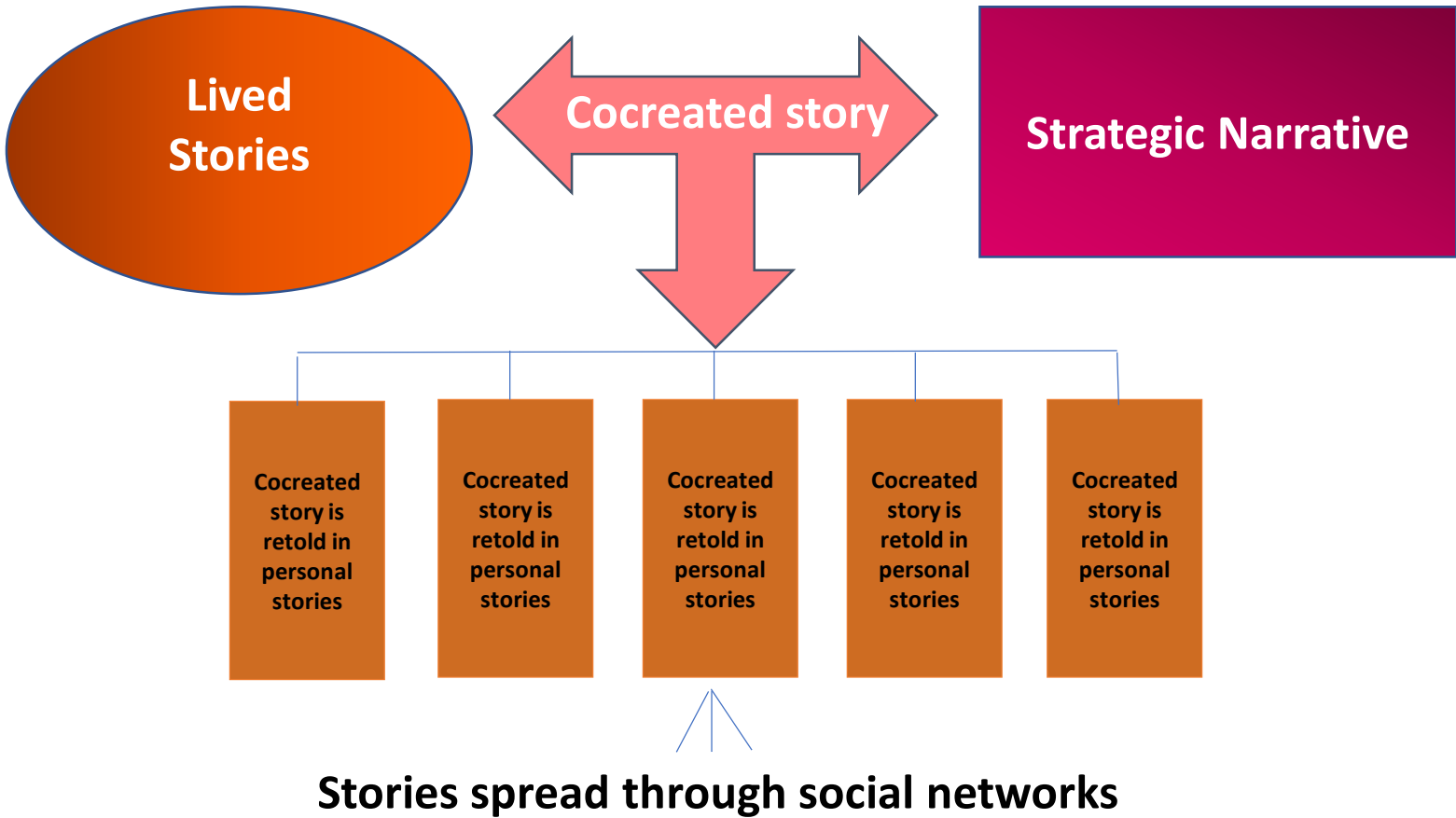
Connect partners

Monitor results

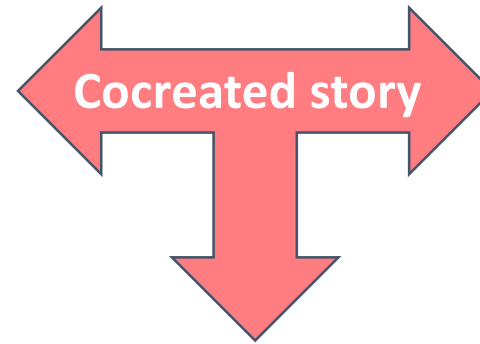
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Interactive intervention

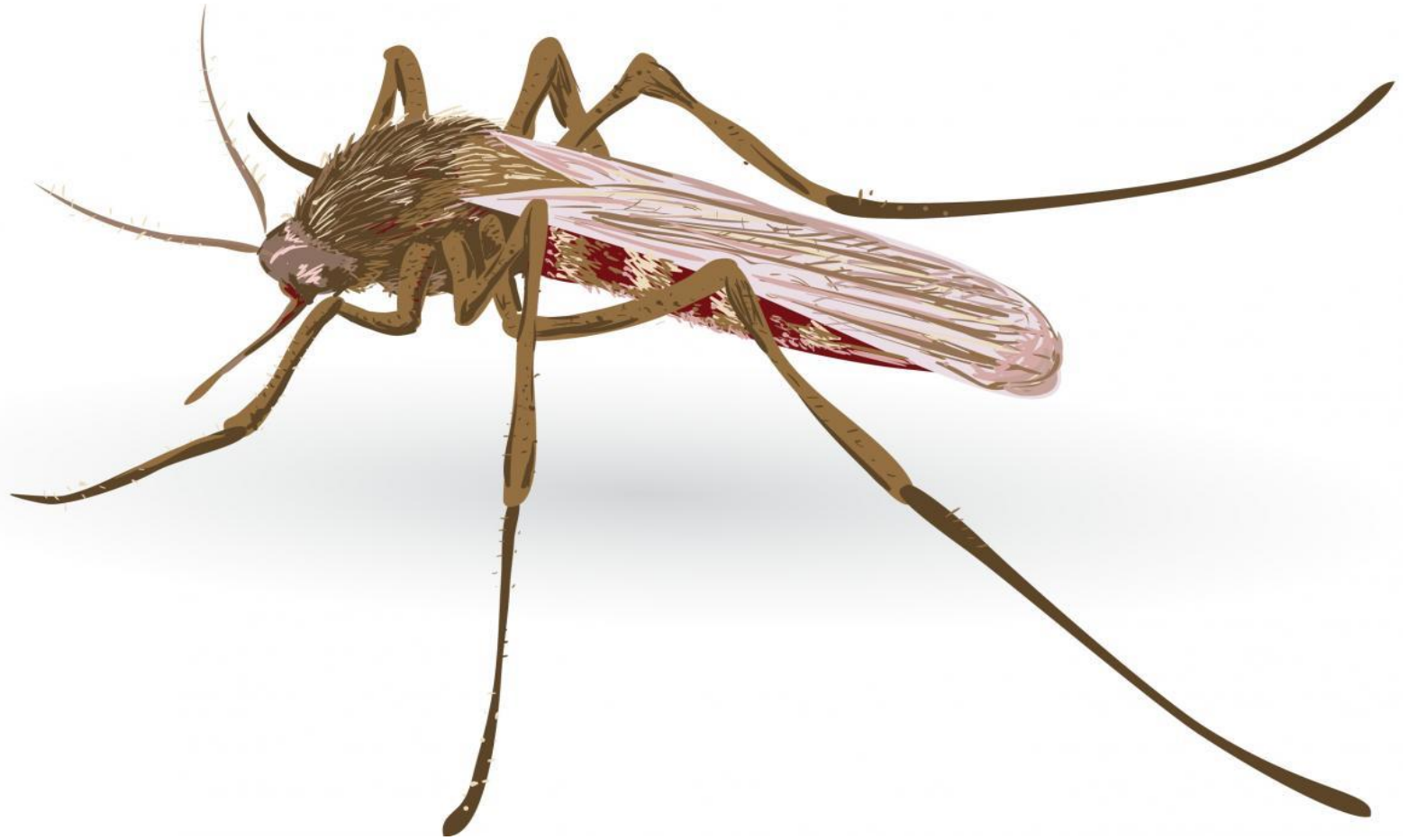


stories of CHANGE



(re)tell
health promotion
motivational talks
training programmes
guides, manuals
(re) presentations
TIP
.....

stories of change



9.000.000 mosquito nets in Malawi 2017



Malaria, Mosquito Nets and Fishing

Malaria in Malawi

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 life 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 pesticides make them infertile that is why they are not used...

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What's WHO (Ripple) missing?

Listen: to stories

Understand: analyse discourse

Engage: align themes, time, language

Cocreate: a new narrative

Narrate: share cocreated story

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Making stories work

Think of a project where you can use storytelling
to increase uptake
and acceptance of vaccines?

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Thank you – make stories work!



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Program

1. Introduction – Binta's story
2. Workshop: what story changed you? Exchange and retell stories
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