Cellule d'Analyse en Sciences Sociales- CASS

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GVIRF 2021

EVIDENCE AND LESSONS LEARNED ON SOCIAL SCIENCES ANALYTICS AROUND VACCINATION

Discussion points

1. Key results from data used on vaccination during the 10 and 11th Ebola outbreaks in the DRC

2. How we've adapted questions based on learning from Ebola for COVID in the DRC for household (HH) and healthcare worker (HCW)

3. Results from HCW surveys vaccination questions and how this can be used

4. Guidance for better use of social sciences analytics and vaccination in humanitarian settings

The Social Sciences Analytics Cell (CASS)

Sept 2018	Sept 2018-2020	March & June 2020	March 2020→present
Set up operational social sciences analyses: service approach	Integrated Epi and CASS team systematically informing response	Integrated Analytics commission (MoH) for COVID & Ebola XI	Global support & learning for other countries (DRC+) for multiple diseases

CASS key objectives

1. Conduct rapid studies to better understand and explain outbreak dynamics (including their impacts)
2. Provide near-real-time data to inform decision-making in outbreak response (strategies, interventions)
3. Help response actors to use data and co-develop actions, document and monitor the use of data in decision-making over time.
4. Create space for integrated multidisciplinary outbreak analytics (IMOA): bringing together data sources to better understand the dynamics of epidemics and public health outcomes
5. Train national researchers and develop relationships and partnerships with national institutes to build capacity and use of integrated social science analysis for epidemics.

COMMON QUESTIONS KEY RESULTS FROM DATA USED ON VACCINATION DURING THE 10 AND 11TH EBOLA OUTBREAKS IN THE DRC

Important distinction between vaccination trials vs. campaigns & the unique Ebola context

Ebola in Phase III vaccination trial was rolled out in large scale under compassionate use

This meant…

Use of consent forms

Use of the word “trial” “experiment”

META-SYNTHESIS OF EVIDENCE ON VACCINATION IN EASTERN DRC & EQUATEUR

Eastern DRC

(July-November 2019)

- **14** CASS studies, a total of **3,061** individuals
- Including HH, HCW and qualitative studies

Equateur

(June- July 2020)

- 117/189 healthcare facilities
- **HH surveys a**cross 7 health zones covering **over 2000** individuals

For the complete studies and more information / presentations of the CASS – see drive CASS

KEY DATA RESULTS, NORTH KIVU 2019

COMMUNITY PERCEPTIONS

- 47% -62% of community respondents reported that, since Ebola, they are **afraid of vaccines for their children**, fearing all vaccines were Ebola vaccines

- **46% reported that people refuse the vaccine because the eligibility criteria** (ring vaccination) wasn't clear

- **23%** reported that people **refused** the vaccine because the **information about the vaccine isn't clear**

HEALTHCARE WORKER PERCEPTIONS

- **42%-55%** of health workers report that **they need more information** on vaccinations.[1]

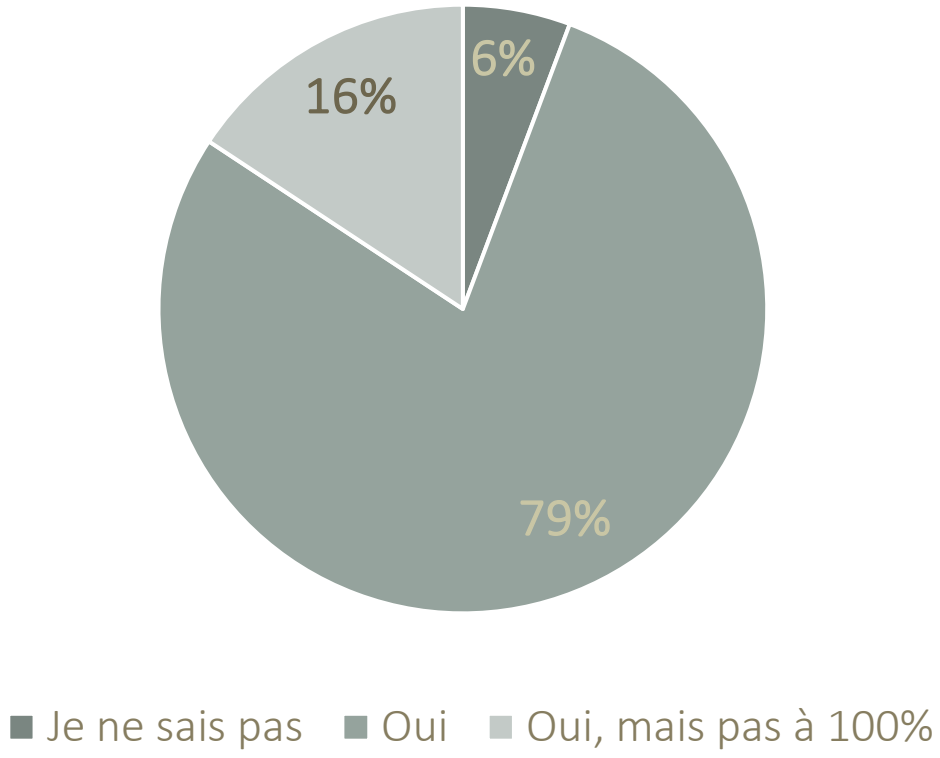
- In epicentre, only **21%** have received training on vaccinations.[2]

- **65%** healthcare workers reported that **communities refuse the vaccine because they are afraid of side effects**

KEY HEALTHCARE WORKER DATA RESULTS, EQUATEUR (2020)

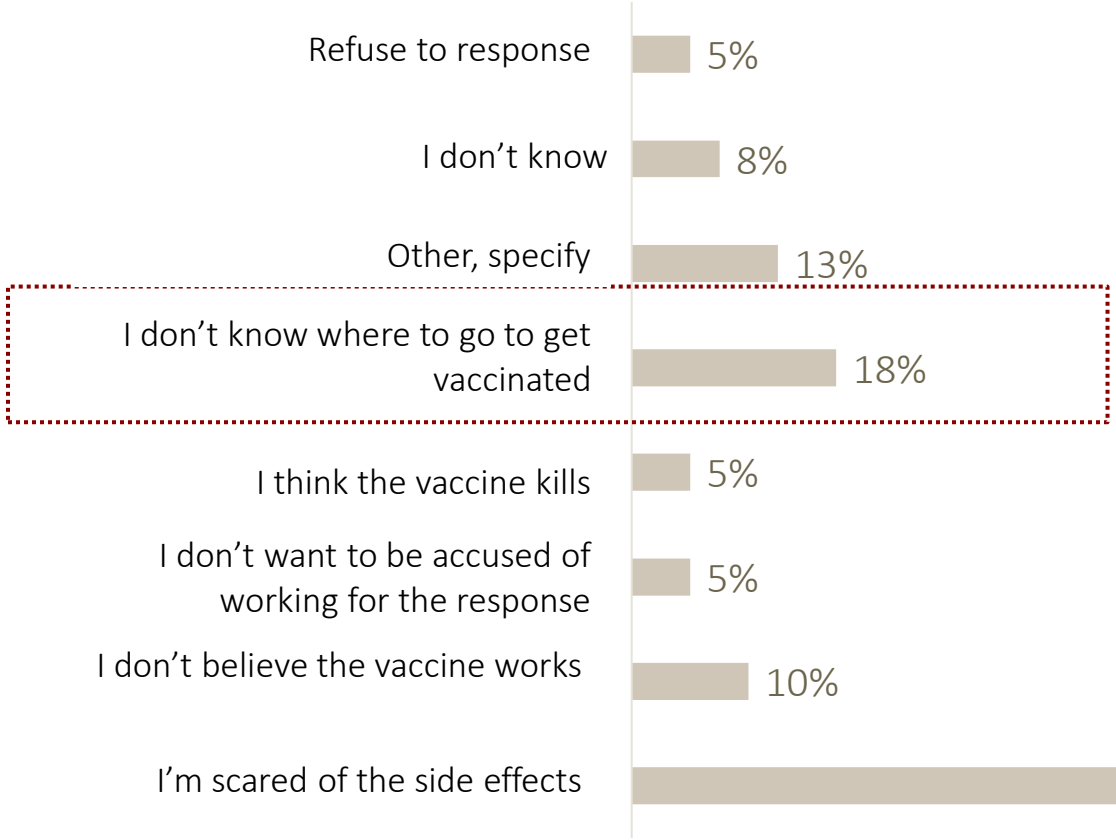
83% reported knowing of an existing vaccine

Of those who reported knowing the vaccine,
« Do you think the vaccine works?»



49% have **not been vaccinated against Ebola**

Reasons for not being vaccinated



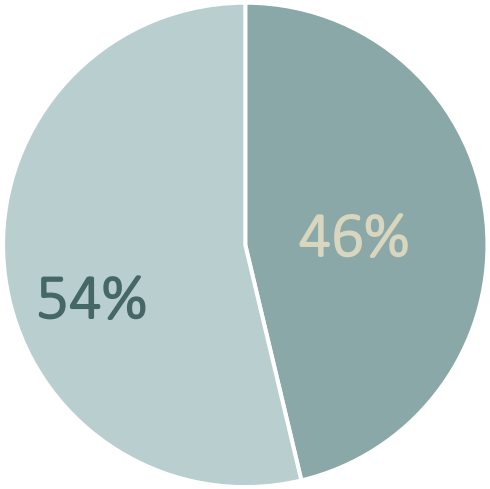
KEY COMMUNITY DATA RESULTS, EQUATEUR 2020

88% Wangata

92% Mbandaka

Reported having heard of the vaccine

Q: « Would you agree to be vaccinated if you were offered the vaccine?» (n=739)



Reasons for refusing the vaccine

47% do not trust the vaccine

34% reported **fearing the vaccine** would infect them

31-42% believe there is not Ebola in the area

14% reported **not trusting healthcare workers**

***no difference by sex*

KEY RESULTS OF META-ANALYSES

Not enough “improvement” in vaccine perception from 2018-20….

1. Misunderstanding and misinformation on the vaccine are largely on

- Side effects
- Eligibility and strategy (ring vaccination, changes in eligibility for pregnant & breastfeeding women)

2. Distrust in vaccines as a result of

- Lack of understanding about how the vaccine works
- Vaccine promotion, but not provided for everyone
- The use of unknown healthcare workers to administer vaccines
- Unusual location for vaccinations (tents, outside of the healthcare facility)
- The use and presence of the police at some vaccination locations
- Ethics forms unclear and in French, academic Swahili

Photo Katharine Thomas

3. Perception that there is a lack of training and information for

- Trusted health care providers (nurse, doctor) unable to answer questions or explain the vaccine

HOW WE'VE ADAPTED QUESTIONS BASED ON LEARNING FROM EBOLA FOR COVID IN THE DRC FOR HOUSEHOLD (HH) AND HEALTHCARE WORKER (HCW)

WHY VACCINE PERCEPTIONS DATA CAN BE DANGEROUS

Asking "would you accept the vaccine" – is not enough…

1. Create image/ perception of communities as "defiant" or "hesitant" based on a hypothetical question
2. Lack actionable interventions
3. Difficult to understand causes of perception
4. Lack nuances at community level (e.g. "women in X country seem more hesitant")

Result: campaigns focused on acceptance, without adapting to specific questions or how to gain confidence

HOW TO MAKE DATA BETTER USED

1. Mixing qualitative and quantitative data
   - understanding perceptions, causes of behavior or perceptions and options to action and address

2. Asking action-oriented questions
   - What information do you want/ need? From who? How?

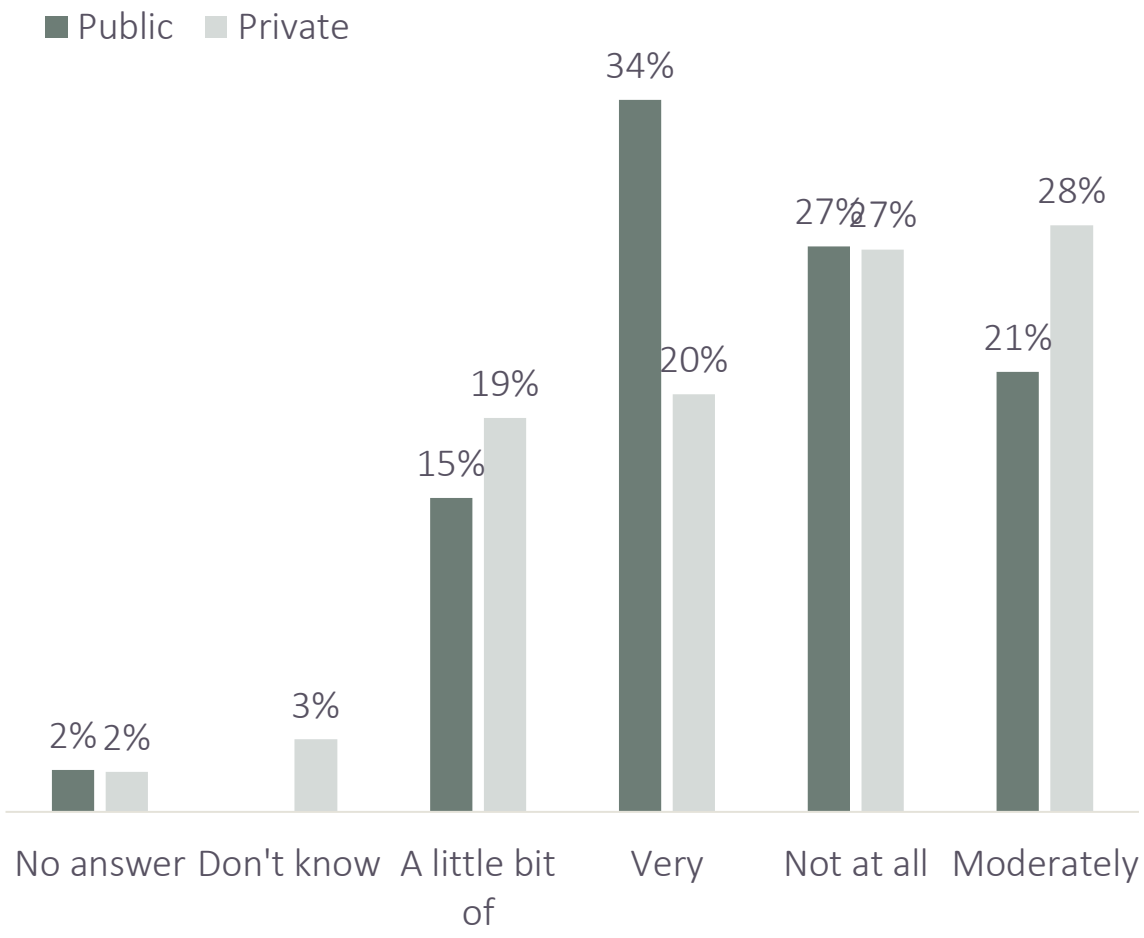
3. Ensuring that key data users are involved in survey/ study development
   - What answers can develop communication and vaccination strategies? At what level of community do data need to be representative? (e.g. strategies at health zone or provincial level)

4. Not focusing on COVID-19 alone, integrating questions on dynamics with all vaccination over time
   - DHIS2 data (services use/ vaccine participation)
   - Impact of stocks/ routine vaccination in HCW surveys

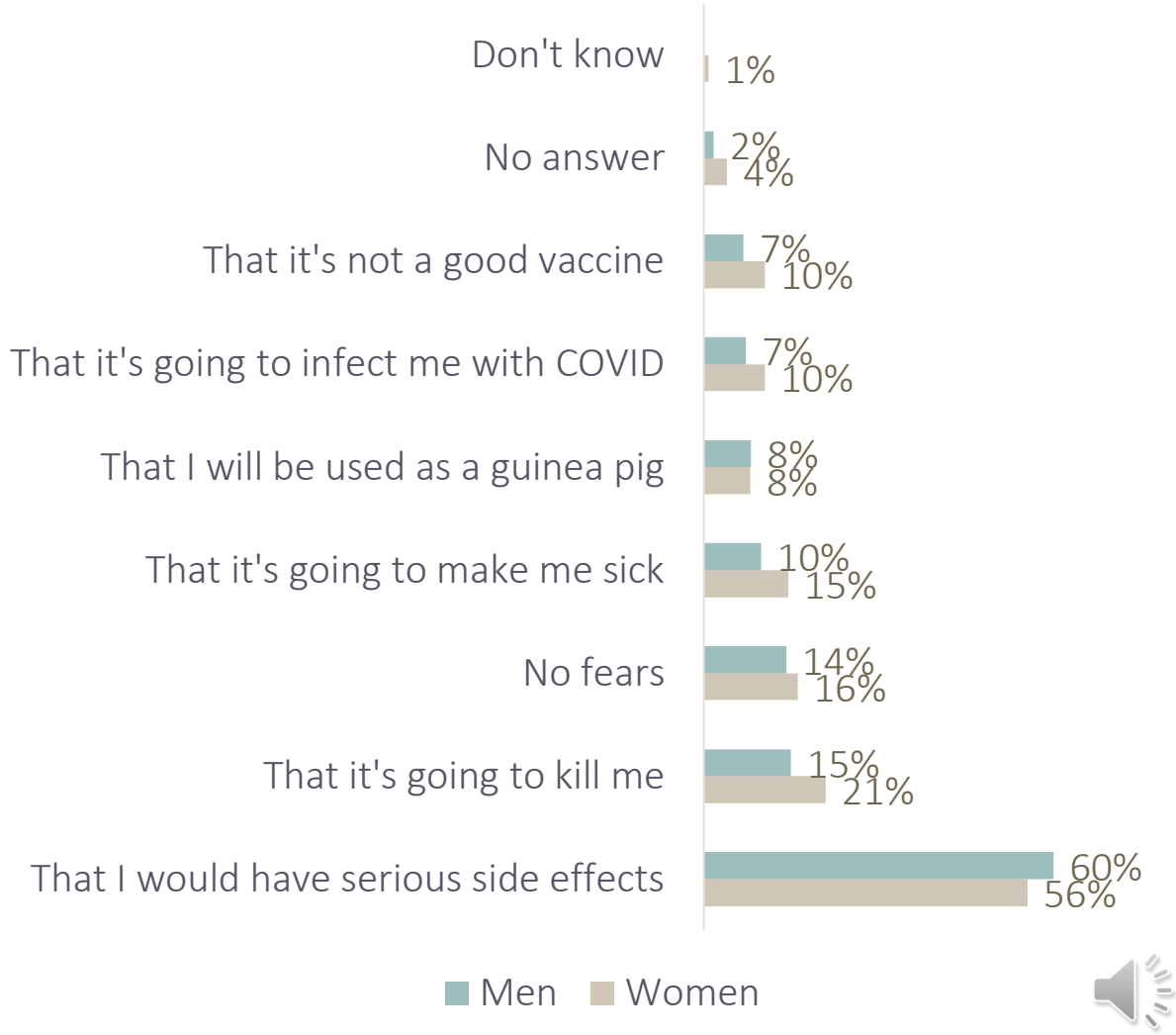
RESULTS FROM HCW SURVEYS VACCINATION QUESTIONS AND HOW THIS CAN BE USED

RESULTS KINSHASA HCW SURVEY (JAN 2021)

Q: How confident would you be in the new Covid-19 vaccine if it were available to you now?

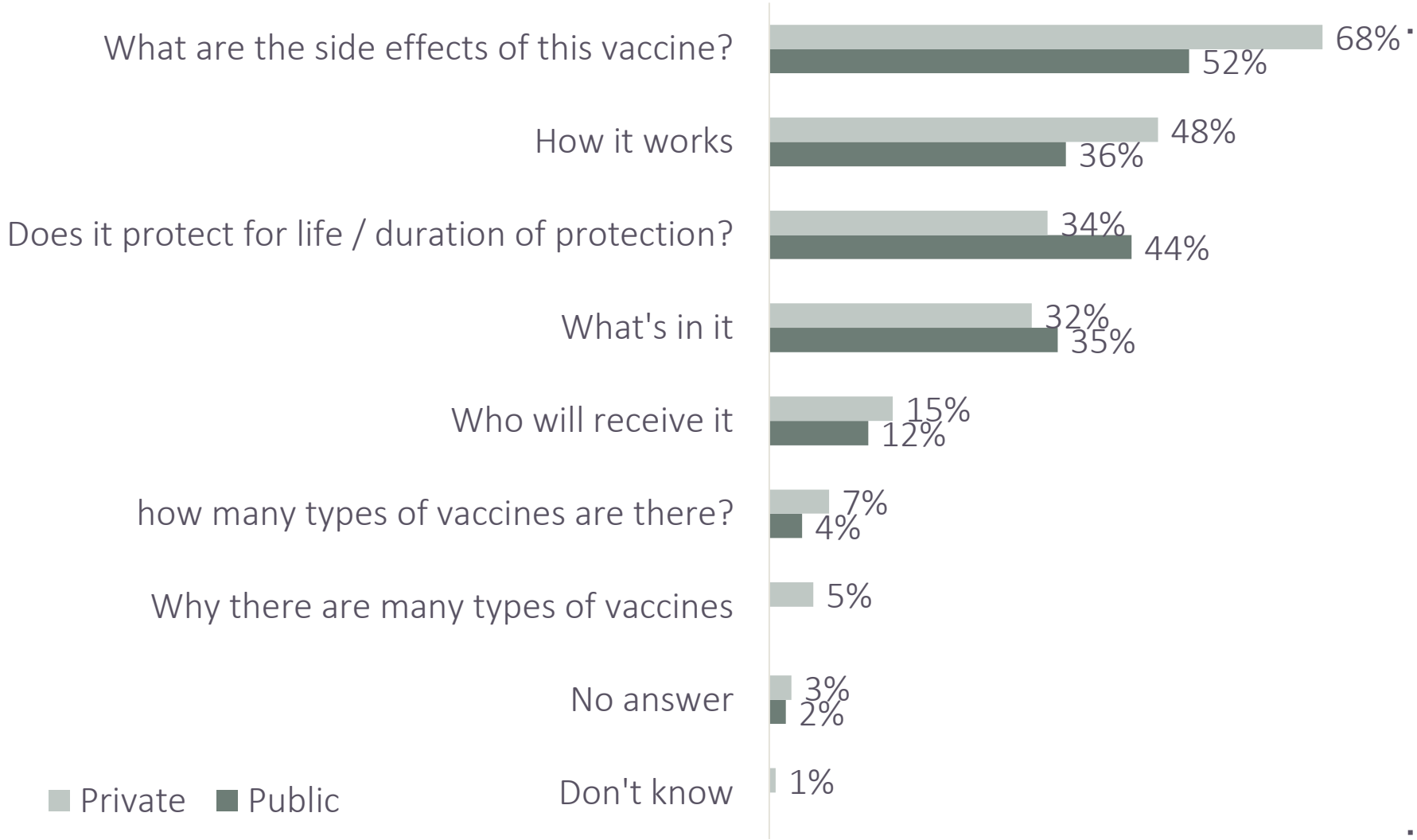


Q: What are your fears/concerns about a new vaccine for COVID-19?



RESULTS KINSHASA HCW SURVEY (JAN 2021)

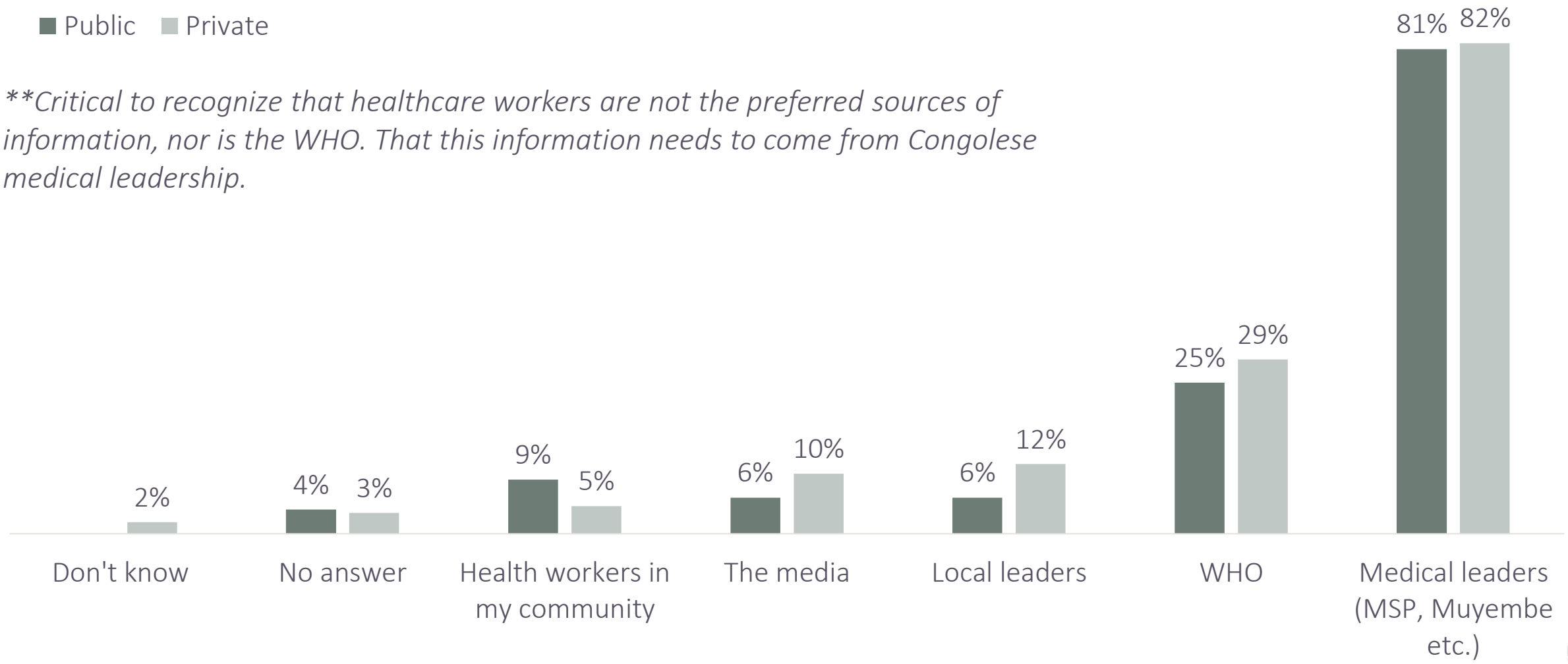
Q: What information would you like to have about the new COVID-19 vaccine?



We can ensure these answers are part of training for all healthcare workers

RESULTS KINSHASA HCW SURVEY (JAN 2021)

Q: Who would you prefer to receive this information from?



***Critical to recognize that healthcare workers are not the preferred sources of information, nor is the WHO. That this information needs to come from Congolese medical leadership.*

GUIDANCE FOR BETTER USE OF SOCIAL SCIENCES ANALYTICS AND VACCINATION IN HUMANITARIAN SETTINGS

KEY RECOMMENDATIONS FOLLOWING LESSONS LEARNED

1. Repeat surveys over time
   - Are your information needs being met? (type and source of information)

2. Present results across RCCE, IPC-WASH and health actors to ensure data are included in strategies and activities
   - Support the use of results by presenting clearly, across multiple forum
   - Inclusion in the development of surveys

3. Document the codeveloped agreements and track over time
   - To demonstrate to others how this can be done over time

4. Qualitative studies
   - Barriers to access or use of vaccinations
   - Specific studies for high risk groups

Questions & discussions

Ressources, et liens vers les études en ligne

Google drive Ebola 2018-20 (lien)

Google drive CASS (toutes épidémies depuis 2020) (lien)

Thank you & Merci ☺

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