The role of trust in global resource allocation decisions for vaccine preventable diseases

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Background Evidence on disease burden and the impact of interventions are instrumental in vaccine related investment decisions. It is imperative to understand what the facilitators and barriers of evidence use are to ensure the most effective vaccine investment decisions for public health at global and national level are made.

Aims Overall, this research aims to understand if, and how, mathematical models are used to inform resource allocation decisions for vaccine-preventable diseases in low-and middle-income countries. Here we focus on exploring the role of trust in the potential use of evidence from mathematical models.

Methods Twelve semi-structured interviews were conducted with mathematical modelers (evidence producers) and employees at international organizations, who are involved in decision-making processes (evidence consumers) at a global level. Information was collected on stakeholders’ experiences and perceptions of the use of mathematical models at global and national level. All mathematical modelers were purposively sampled by their extensive vaccine modelling experience at a global and/or national level. Data from interviews were coded and mapped to a theoretical framework, which identified the spectrum of evidence use by policy and decision makers.

Expected results This presentation will describe how mathematical models are being used in global level resource allocation decisions, and more specifically, how trust is understood by both model consumers and producers. Preliminary findings suggest trust is both an integral facilitator and barrier for evidence use and heavily influenced by model producer’s research environments and length of relationships with model consumers. Amongst consumers the concept of trust is most notable in the context of methodologies, data transparency and stakeholder relationships.

Conclusion This research suggests that the use of evidence and perceptions of evidence differ among stakeholders. Trust among evidence producers and consumers is an integral component in evidence informed decision-making that can be a barrier or facilitator.

Day 2: Friday 19th March – 14.50-15.50

Social justice and disease eradication: understanding the ‘trust gap’ in polio’s final strongholds

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Background The global effort to eradicate polio has reduced cases by 99% globally. However, delivering the programme to the world’s hardest-to-reach populations, who continue to receive inequitable access to health resources and services has impelled distrust and refusal of the program.

Aim This study explores key determinants for building and sustaining public trust in global disease control programs.

Methods STRIPE (Synthesis and Translation of Research and Innovations from Polio Eradication) is a collaboration seeking to map, synthesise, and disseminate lessons learned from polio eradication in Afghanistan, Bangladesh, the DRC, Ethiopia, India, Indonesia, and Nigeria. We conducted 194 key informant interviews with policymakers, government and program officials, and frontline workers across the global, national, and sub-national levels. Here, we draw on interviews from Afghanistan and Nigeria.

Results Public trust in the polio eradication effort has been progressively deteriorating, especially among the marginalised and disenfranchised populations. At the country level, repeated and aggressive mass vaccination campaigns, de-emphasis of routine immunisation and other essential health services, and gender dynamics, have combined in critical ways to influence community response to program activities.

Informants highlight the importance of community knowledge and experience, socio-cultural norms and local area issues, access to essential health services, and transparent and consistent communications as key determinants of trust and acceptance of the polio program and vaccine.

Conclusion Early polio eradication efforts singularly focused on eradication strategies, failing to acknowledge community priorities or account for other essential services, including water, sanitation and hygiene, maternal and childcare, etc., reinforcing existing inequities among the vulnerable populations, and resulting in refusals and resistance. The Global Polio Eradication Initiative has more recently taken steps to