**Challenges and opportunities of communicating vaccine safety in Sub Saharan Africa (SSA)**

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**Statement of the Problem**: Immunization has been recognized as one of the most cost-effective public health intervention which has led to decreased burden of infectious diseases leading to improved life expectancy, decreased mortality and morbidly globally but less so in SSA. The decrease in infectious diseases and their negative effects has led to public complacency and questioning the need for further immunization of children and raised concerns about vaccine safety.

**Purpose:** To describe some of the challenges and opportunities to communicating vaccine safety in SSA

**Methods:** Literature review

**Results:** There is a widening gap in access to vaccines between developed and developing counties especially SSA. Successful immunizations programs depend to large extend on the immunization acceptance. One of the factors leading to low immunization coverage rates in SSAs is concern about vaccine safety which may be real but often perceived. Effective vaccine safety communication is important in ensuring vaccine acceptance and improved immunization coverage in developing countries. Key challenges in communicating vaccine safety in developing countries include: illiteracy, , limited access to information, multiple ethnic groups with many languages, poor health and other infrastructure, negative cultural and religious beliefs, inadequate social mobilization, inadequate number of health workers, inadequate knowledge and skills and poor motivation of health workers ,negative and inaccurate messaging, vaccine hesitancy, inadequate funding and political interference.

The major opportunities to enhance vaccine safety communication include: strong donor support, availability of administrative, political, cultural structures at national, and community levels; existing community and non-government organizationand growing print and electronic electronic media media.

**Conclusion & recommendations:** Communicating vaccine safety in SSA needs to be strengthened by addressing cultural, political, infrastructure, knowledge and skill gaps; and dispelling negative messaging. Adequate funding and staffing for health systems are key. This process can tap into existing opportunities at international, national and community levels.

### Communication Cycle-How communication works

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**Recent publications**

1.Edison M. Arwanire,William Mbabazi & Possy Mugyenyi((2016) Communicating Vaccine Safetyin the Context of ImmunizationPrograms in Low Resource Settings;Current Drug safety ,2015,10,68-75

2.World Health(2009) Organization.Immunization safetyGeneva>WHO

3Jacobs F,The patient per doctor Map of the World 2007

4.UNICEFCommunication for Development:Social mobilization January 2013(<http://www.unicef.org/cbsc/index_42347.html>

5.Mohanty M.Parthi P(2011). Folk and traditional media: a powerful tool for rural development Jcommunication2011;2(1):41-47

 Biography

A Ugandan Paediatrician with keen interest in infectious diseases and childhood immunization. Currently working as a senior consultant Pediatrician at Mulago National Referral Hospital and Honorary lecturer at the College of Health Sciences Makerere University. Actively involved in the Uganda National Expanded Programme on Immunization and introduction of New Vaccines into routine immunization. Has published widely and a peer reviewer for several journals.

A member of several professional and technical bodies including : the Uganda Medical association, Uganda Pediatric Association, International Society for Infectious diseases, International Pediatric Association, Vienna Vaccine safety Initiative, East African Rotavirus Advisory Board (GSK)& Institutional Biosafety committees for the Makerere University and Walter Reed Collaborative HIV Vaccine Trials; East African Centre for Vaccines and Immunization and member. External Expert Advisory group on Stronger Systems for Routine Immunization Project in Uganda and a Member of the East African Meningococcal Advisory Board (PfizerEmail:

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**Women, trauma and alcohol dependency: Connections and disconnections in alcohol treatment for women**

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### Abstract

Statement of the Problem: Women who have experienced intimate partnerviolence (IPV) are at greater risk for physical and mental health problems including posttraumatic stress disorder (PTSD) and alcohol dependency. On their own IPV, PTSD and alcohol dependency result in significant personal, social and economic cost and the impact of all three may compound these costs. Researchers have reported that women with these experiences are more difficult to treat; many do not access treatment and those who do, frequently do not stay because of difficulty

Biography

Deanna Mulvihill has her expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsiveconstructivistscreatesnewpathwaysforimprovinghealthcare.She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions. The foundation is based on fourth generation evaluation (Guba& Lincoln, 1989) which is a methodologythatutilizesthepreviousgenerationsofevaluation:measurement, description and judgment. It allows for value-pluralism. This approach is responsive to all stakeholders and has a different way offocusing.

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maintaining helping relationships. However, these women’s perspective has not been previously studied. The purpose of this study is to describe

the experience of seeking help for alcohol dependency by women with

PTSD and a history of IPV in the context in which it occurs. Methodology & Theoretical Orientation: An inter subjective ethnographic study using hermeneutic dialogue was utilized during participant observation, in- depth interviews and focus groups. An ecological framework was utilizedtofocusontheinteractionbetweenthecounselorsandthestaffto understand this relationships and the context in which it occurs. Findings: The women in this study were very active help seekers. They encountered many gaps in continuity of care including discharge because of relapse. Although the treatment center was a warm, healing and spiritual place, the women left the center without treatment for their trauma needs and many without any referral to address these outstanding issues. Conclusion & Significance: Women with alcohol dependence and PTSD with a history of IPV want help however the health and social services do not always recognize their calls for help or their symptoms of distress. Recommendations are made for treatment centers to become trauma- informed that would help this recognition.

### Image



**Notes/Comments:**

**Recent Publications (minimum 5)**

1. Harper C (2009) [The neuropathology of alcohol-related braindamage. Alcohol Alcohol 44:136-140.](http://www.ncbi.nlm.nih.gov/pubmed/19147798)
2. Heilig M, Egli M (2006) Pharmacological treatment of alcohol dependence: Target symptoms and target mechanisms. Pharmacology and therapeutics 111:855-876.
3. LiX, SchwachaMG, ChaudryIH, ChoudhryMA (2008)Acutealcohol intoxication potentiates neutrophil-mediated intestinal tissue damage after burn injury. Shock 29:377.
4. Room R, BaborT, Rehm J (2005) [Alcohol and public health. Lancet](http://www.ncbi.nlm.nih.gov/pubmed/15705462)

[365: 519-530.](http://www.ncbi.nlm.nih.gov/pubmed/15705462)

5. Sullivan EV, Zahr NM (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on “Increased MCP- 1 and microglia in various regions of human alcoholic brain”. Experimental neurology 213:10-17.