

Social study about HPV vaccination in Bogotá, in a S&TS approach

Based on the results of the Master's thesis in Social Studies of
Science from Universidad Nacional de Colombia.

(pending for approval)



Source: arthunter.me Name: Soaring Long Wave Author: David Rokeby

“The real voyage of discovery consists
in not looking for new landscapes, but
in looking with new eyes”

Marcel Proust

Why reviewing the HPV vaccine pilot test in Bogotá?

- It was predicted as a successful vaccination campaign.
- The HPV vaccine launching in the Expanded Program of Immunization (EPI) occurred in August 2012.
- In 2014, it had an unexpected massive break point involving several girls in El Carmen de Bolívar. This circumstance not only undermined public confidence with the coverage collapse, but placed this vaccination policy at the forefront of a national controversy.
- The existence of several pilot tests carried out in Colombia a year earlier was unnoticed. In Colombia as in other parts of the world, these pilot tests were carried out to gain operational experience and scale up to the national level with greater possibilities of achieving a stable and lasting policy.
- Knowing how this pilot test was carried out in Bogotá, its contributions to national policy are a lesson learned in the introduction of the HPV vaccine in Colombia.

Why reviewing the HPV vaccine pilot test in Bogotá in a S&TS approach?

- S&TS is a field of studies which beginnings have to do with David Bloor's proposal at the University of Edinburgh with the Strong programme in the Sociology of Scientific Knowledge.
- The Master in Social Studies of Science (MESC) of the UN: critical reflection on the role of scientific-technical knowledge in the configuration of contemporary Colombian society.



THE UNIVERSITY of EDINBURGH
SCHOOL OF SOCIAL AND
POLITICAL SCIENCE



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This story gathers the peculiarities and tensions of the HPV pilot test in Bogota between 2011 and 2012, before the national policy was launched.

1. Bogotá is once again pioneer with the HPV vaccine.
2. Exploring the area selection of Engativá, San Cristóbal and Fontibón.
3. Institutions in local politics and internal tensions.
4. Discursive practices, documentary content and communication forms.
5. The encounter with the communities.
6. The District shares the experience with the Nation.



Fuente: arthunter.me Nombre: Untitled (Abstraction with Red Faces) Autor: Jean Dubuffet

1. Bogotá, once again pioneer with the HPV vaccine

- *“Bogotá was chosen because since the previous four-year period, a series of vaccines that **were not established in the national plan** have been added to the immunization program ”(Interview with the former Public Health Director in Caracol radio, 2011)*
- *“... **Bogotá has generally been a pioneer** in the inclusion not only of HPV, but also in the inclusion of rotavirus vaccines, pneumococcus, acellular DPT vaccine. That is, we have been **the pioneers** in the inclusion of biological products, we are the reference point for them” (Technical level professional, interview No. 2)*

Attenuation of the District Council's role

- "...No obligation, make the review, and the *possibility of being able to include the vaccine in the population*"
- "*Because they do the proposal. The Agreement is a proposal*"
(Interview No. 2)

Health metrics and the governance of multilateral agencies

- *"The whole study of the burden of the disease begins, if it is cost-effective, if it is not cost-effective"*
- *"Well, all the vaccination steps we have taken with the Pan American Health Organization and the World Organization"*

(Interview No. 1)

The determining role of the Ministry of Health

- *"But if the ministry does the review and considers that it should not be included, **it does not give you the approve** that the vaccine will be included."*
- *"They are knowledgeable, because they are our governing body, although they do not give the budget, **everything has to work under their approve**"*

(Interview No. 2)

What are we working with?(2011)

- Authorization by the Colombian National Institute for Medicine and Food Surveillance- INVIMA (2009).
- The first cost-effectiveness study of the National University was not positive for HPV vaccine with public funds in Colombia (2009).
- Popular action for the vaccine to be included in the compulsory benefit plans of the system (December 2010).
- District Council Agreement of January 2011.
- Bogotá's Public Health Directorate makes the decision between February and May 2011.

Bogotá makes the decision

- Interrelation of:
 - the discourse of health metrics
 - the decisions or political proposals of local levels
 - the governance of multilateral agencies public health and
 - the approval of the national health authority
- This kind of technical-political shell is perceived as a form of armor for the decision.
- That makes it look as a decision aligned to the rationality of public policy decision making.
- The role of the Bogotá District Health Secretariat is a bit diluted, its capacity for agency and decision seems to be absorbed by the context.

2. The area selection of Engativá, San Cristóbal and Fontibón

*"The decision was made to conduct a review by areas where we had the **highest number of reported cases of cervical cancer**, with an emphasis on young people"*

(Interview No. 3)

*"It was taken into account where the **greatest number of cases of teenage pregnancies** is. It is associated, ... the sex life starts earlier and the **greatest number of pregnancies occurred in these areas**"*

(Interview No. 4)



Source: arthunter.me Name: Sky Ladder Author: Cai Guo-Qiang

Socio-economic vulnerability?

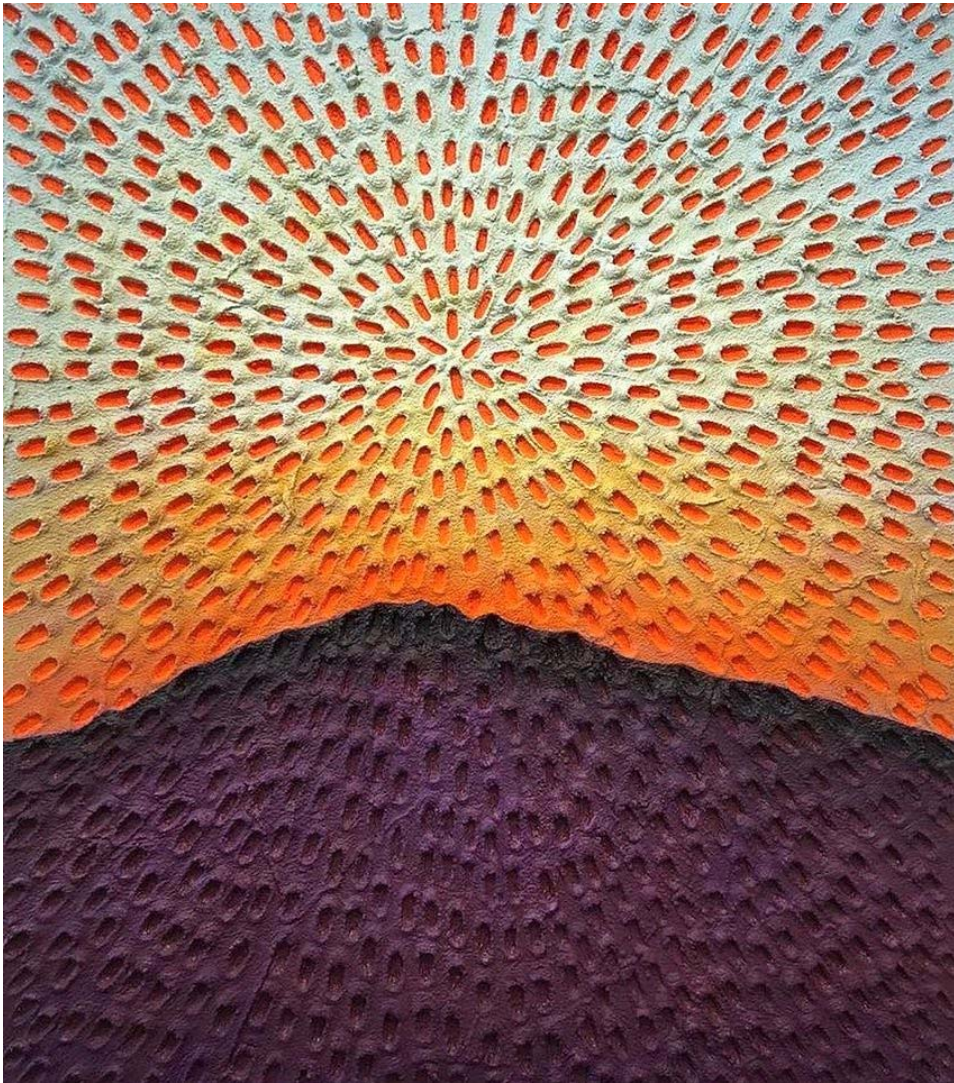
*"... a girl of a high socio-economic level has first, the power of knowledge and second the resources to go buy a condom, okay?, **the girl of low socio-economic level, does not have the possibility** of acquiring the condom or the oral contraceptive. "*

(Interview No. 2)

Easiness for the organization and operation of the pilot test

*"Let's say that the Health Secretariat made the decision to make some pilots in these areas given **the exercise that had been implemented between sectors with the educational institutions**"*

(Interview No. 6)



Worlds in motion - Jennifer Guidi

3. Institutions in local politics and internal tensions

*"That they believed in Christ, and that Christ was the one who saved them, **not vaccines**. At that school, yes, we went several times, but it was reluctant and we had to leave it, in those schools, **they did not let us exercise with 100% of the vaccinated girls**"*

(Interview No. 7)

The religious perspective. A little problem?

- "We had difficulties in Educational Institutions that were led by nuns and priests, those who are **a bit more resistant** to the application of the vaccine at the time"
- *"It is not comparative because the public network population **is much larger** than the private network"*

(Interview No. 2)

Internal tensions in Bogotá's District Secretariat of Health

- *"So where there was sexual and reproductive health, I thought how the approach could be made, maybe a talk, maybe another thing. The other one was the topic of cancer as well. So I said, well, **but who is going to follow the girls, who is going to make it happen?**"*
- *"You say, **how is it that for the one who manages the cervical cancer topic it is not a priority to know if vaccination coverage is achieved or not?**"*

(Interview No. 1)

- *"There could have been a job ... a better job there! " Because with what happened in Carmen de Bolívar you can see the fragility of the process. Right?"*
- *"... today in Colombia and I talk about Bogota, that the news comes out that a child was left with an adverse event and with a polio sequel because of the vaccine, does not knock down the vaccination program. Does not knock it down. Of course, there are sixty years of history. Does not knock it down"*

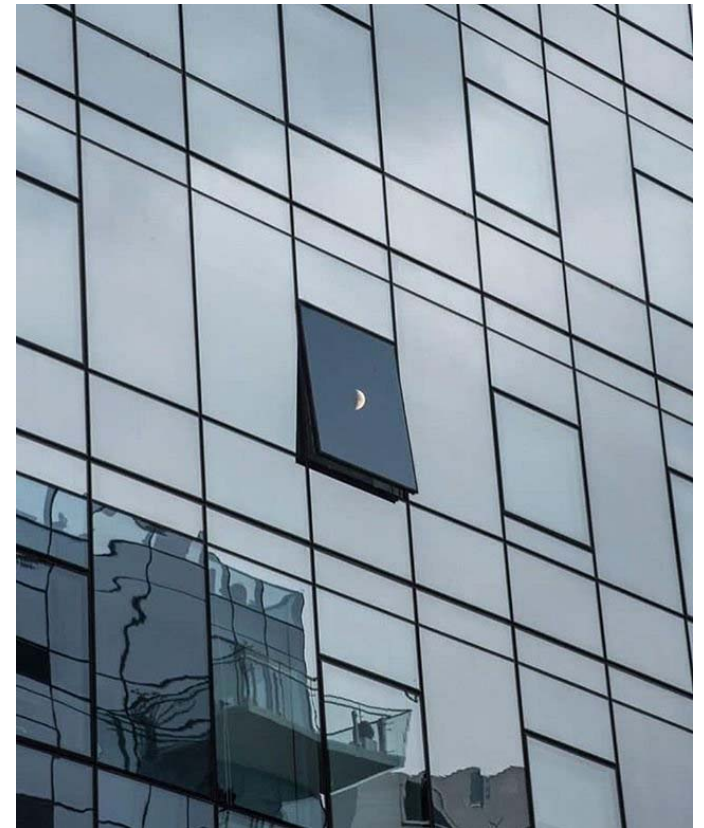
(Interview No. 1)

4. Discursive practices, documentary content and communication forms

- There was no discrimination for only one population, because we as a District are **taking care of a "city", not for a type of insurance**, but for a "city"

(Interview No. 2)

- For your information, for the person who wants to buy this vaccine in the market, each dose costs around \$ 150,000. However, through the development of this program, if you authorize your daughter, **the 3 DOSES will have NO COST**. Thank you for your support thinking about the welfare of your daughter (information brochure).



Discourses, communication

- "Then it was easier for the parent to send us a vaccination dissent ... because then **we thought there were fewer people who were going to say no**"
(Interview No. 6)
- "And although the fathers have evolved a lot in the responsibility with the subject of the vaccines, who almost **always makes that decision is the mother**, independently of what the father manages to think in some things".
(Interview No. 1)
- "Then to be able to explain to women, to the mothers and to solve their doubts or to be able to show what it represents **for the life of a daughter or a woman later on**...(Interview No. 1)
- "They almost always **leave education up to mothers**. Specially sexual education
(Interview No. 7)

Discourses, communication

- "Then we went from girl to girl, **we reviewed the agendas** and if we didn't find a note we took that as a sign, that was the girl we were going to vaccinate" (Interview No. 6)
- "The **parents of one way or another accepted the vaccination**. And that allowed the piloting to have a very good result in the exercise and later because it was then implemented in all Bogota and on a national level". (Interview No 3)
- "The girls **were given agendas, stickers and other items** about the importance of vaccination" (Interview No. 6)
- "Then we started having a **technique of isolated vaccination**, 'come here, and alone'" (Interview No 7)



5. The encounter with the communities

"'Why to us?, **Why don't they vaccinate first those gringos and why to us?**' ... because they said '**why do they catch us as guinea pigs**, and we go away and get sick and then, who is going to help us?' ...

(Interview No. 7)

"But most people **are driven by religion**. It's not, it was not even that the doctor told them: "look, this is going to happen." No. It's that 'I believe in Christ and Christ will save me'"

"... we received many requests at that time, '**and why not the boys?**' 'And why were not the boys vaccinated?' At that time. Yes. And many people asked, **why not the boys, if the boys are the ones that are transmitting the human papillomavirus, why not vaccinating them instead?**"

"But look, at that time, I asked at the Secretariat, why not? And what they answered was that, money, financially. **But in reality it's not financially, they could make an effort**"

(Interview No. 7)

"Yes you could vaccinate men and we would avoid it at the root. Because at this moment what we are doing is vaccinating the girls so that they are not contaminated with the virus..."

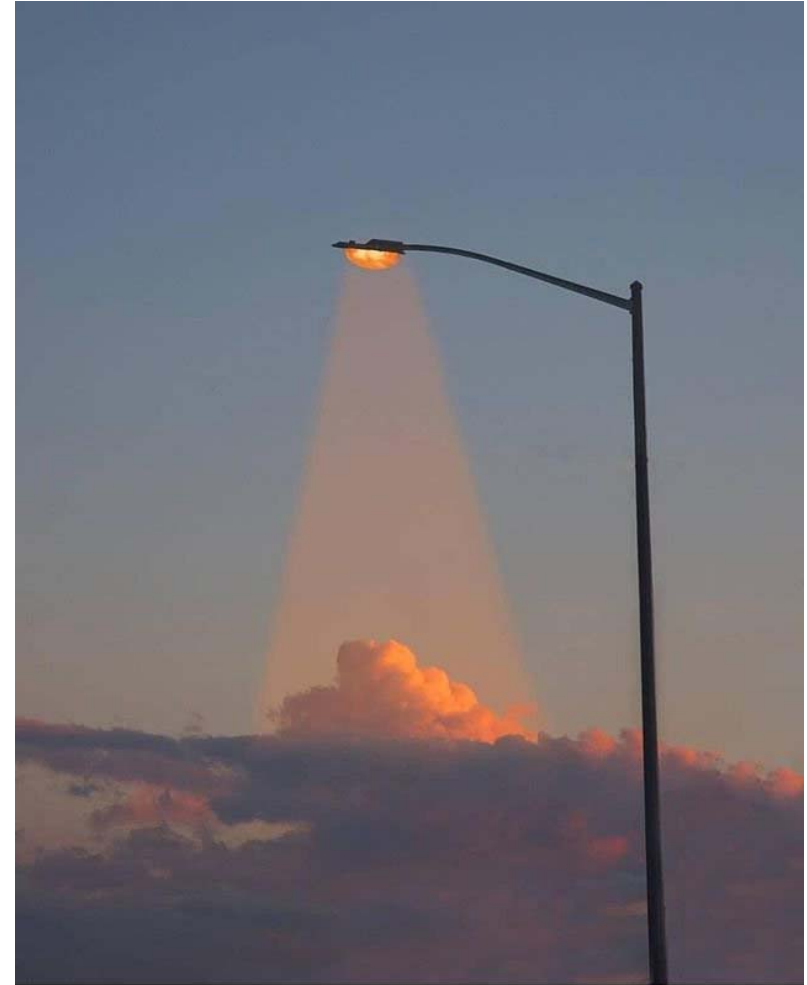
"It is more difficult to find that population. It is more reluctant people. By ethnicity they almost do not allow us to vaccinate them. The Emberá"

(Interview No. 7).

6. The District shares the experience with the Nation

"Because it is not so simple to just make the decision because 'there is additional protection' but is that my problem? I do not have it or how do I identify it and how do I show later that actually introducing that vaccine decreased that situation or that risk ... And you look at the RIPS, every effort is made to reach something and there is nothing. Then on the issue of Sexually Transmitted Infection, then a lot less"

(Interview No. 2)



"... they, they take the positive experience, which is like the minimum: populations, how much vaccine, they make those kinds of revisions, but they have to think it's a national policy"

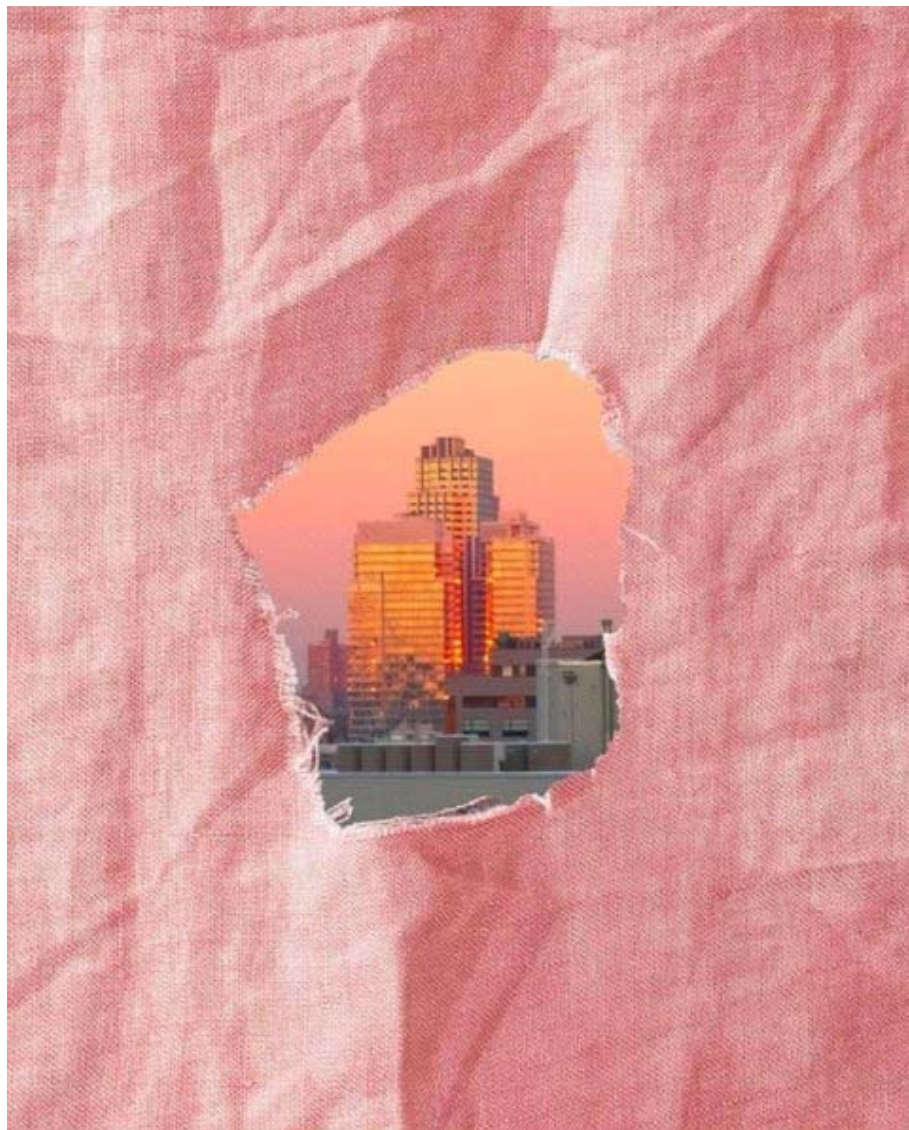
"We are in the same Colombia. But when you have the meeting with the comrades of the other territorial entities, it seems that we were different countries. "

(Interview No. 2)

“...but a preconceived decision that was already done on the subject ... **what was done in Bogota unfortunately did not help the ministry to make a decision.**”
(Interview No. 1)

"You, without numbers and without statistics, do not have public health"
(Interview No 7)

"Vaccinate, vaccinate, vaccinate, vaccinate and on that, every week they were asking me for accounts then that results in ... at what time do you do a workshop ... at what time do you answer the parents' questions, at what time ... if the question was: how many doses did you apply this week? **And do it, and do it ... it became a vaccine machine, vaccinate, vaccinate...**"(Interview No. 1)

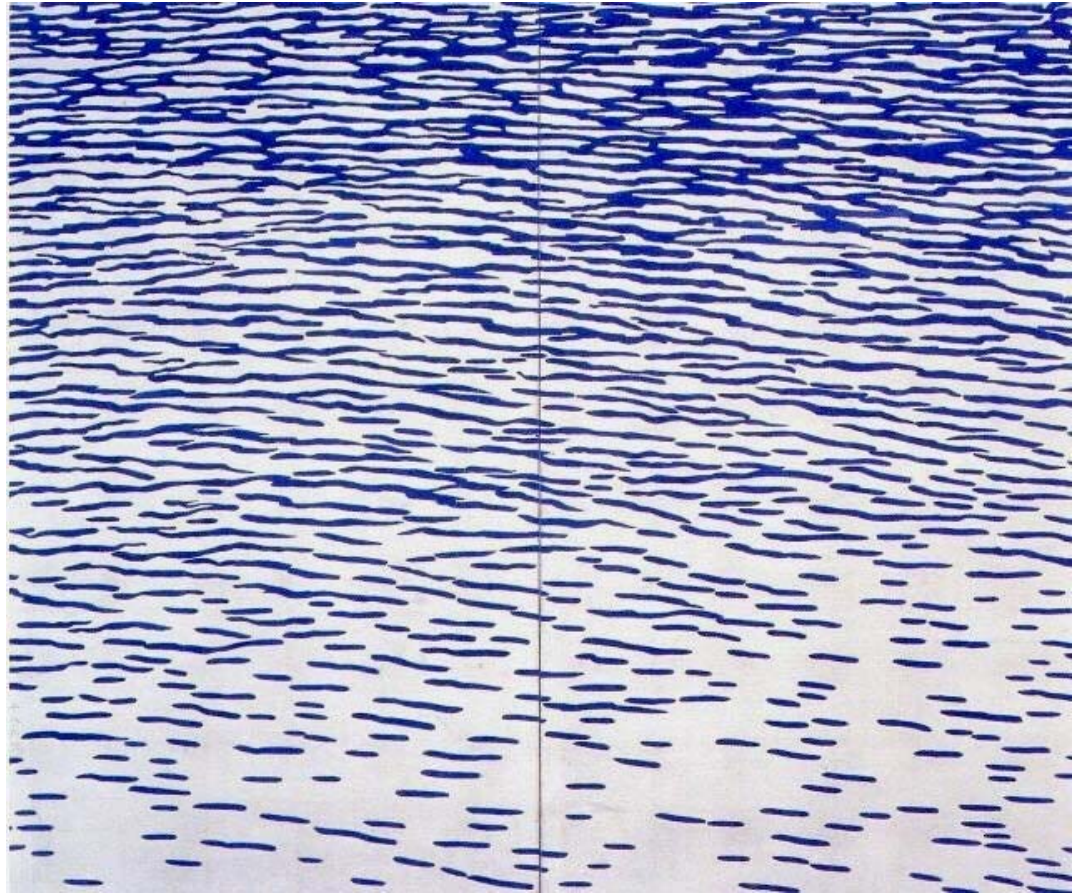


Final thoughts

If cervical cancer need a previous sexually transmitted infection with a clearly identified mechanism. Why do not we control both?

If, vaccination is a form of social marketing: Why the target client is not the center of the strategy?

Pre-adolescents, the most complex stage in the life cycle of human life.



Ripples by Fukuda Heihachiro

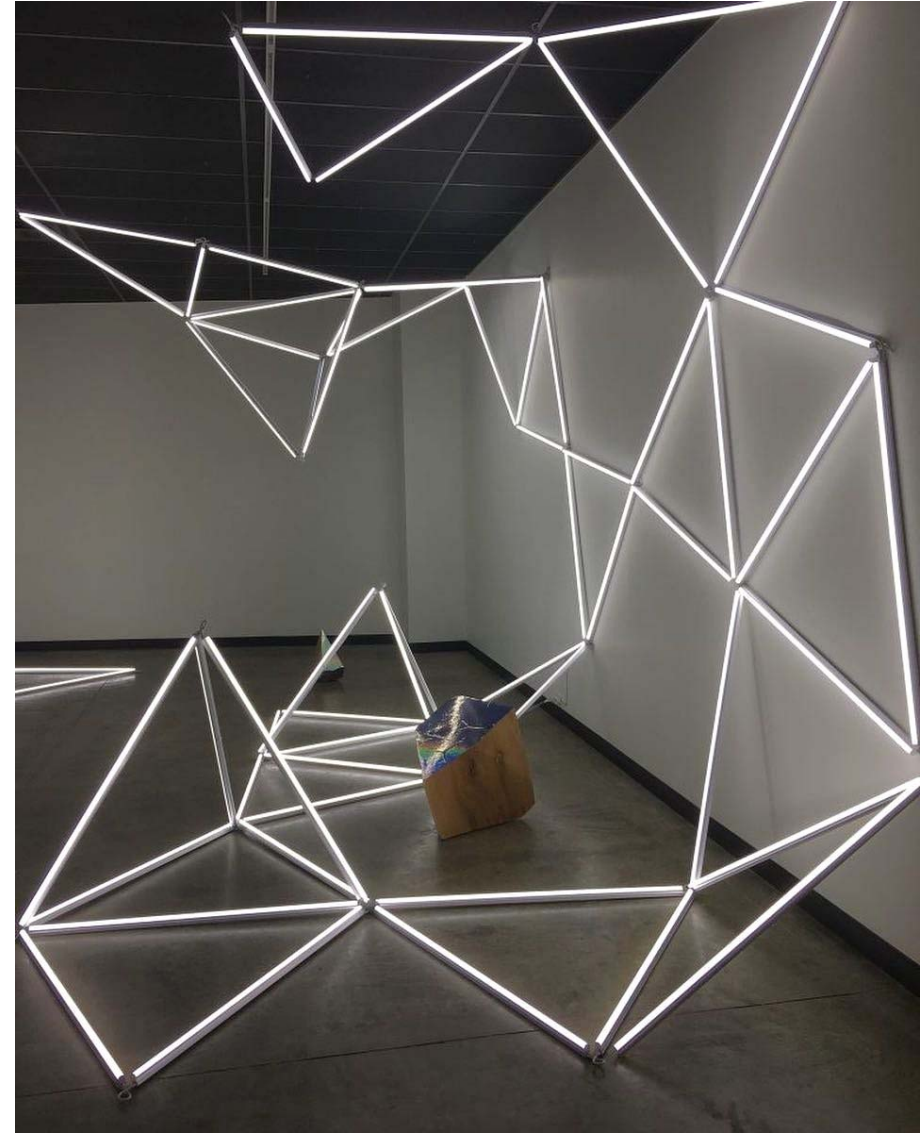
Life meaning questions for preteens and teens:

Question of the IV stage of the life cycle (Erickson) 6 to 11 years of age

Can I master the necessary skills to survive and adapt?

Question of the V stage of the life cycle (Erickson) 12 to 18 years of age

Who I am? What are my beliefs, feelings and attitudes?

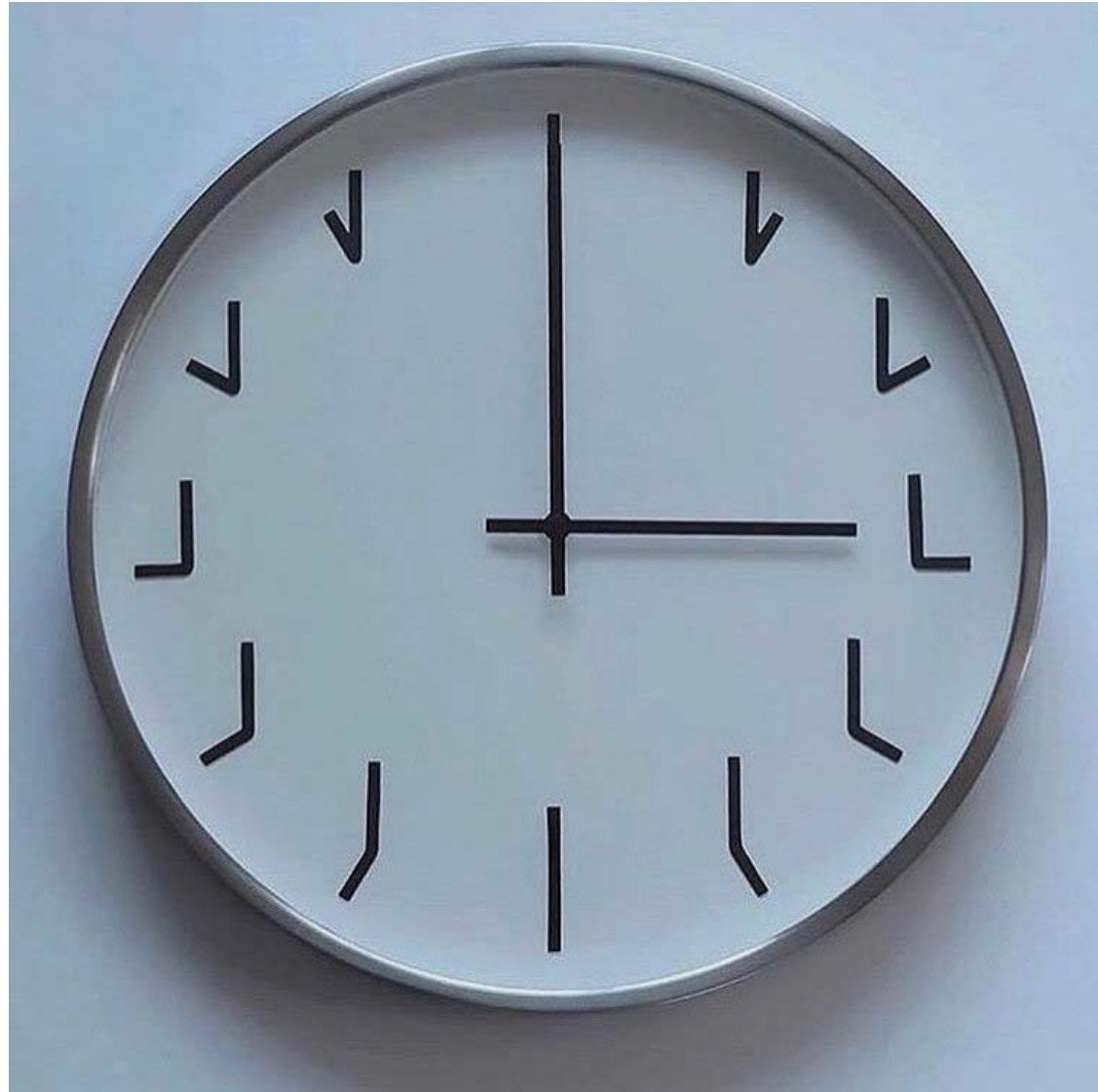


Superstructure by Keith Lemley

How to organize a more contextual approach, appropriate to cultural, regional differences and religious beliefs?

The clock is ticking.

It seems we need to
look at the HPV
vaccine and our
populations with new
eyes.



Redundant Clock by Ji Lee