BOHEMIA

Broad One Health Endectocide-based Malaria Intervention in Africa

Mozambique: 2021 & 2022

Kenya: 2022 & 2023
Aim

To understand the acceptability of iMDA as a strategy for malaria control in the context of the BOHEMIA clinical trial in Mozambique and Kenya & identify the factors likely to enhance or constrain the uptake of iMDA as a strategy for malaria control.
Objectives

1. Community Acceptability Study (Task A):
   – To contribute to the development of MDA delivery approaches and community engagement strategies that are responsive to local needs.
   – To identify the local norms and daily realities that drive adherence or non-adherence to ivermectin MDA.

2. County & sub-county stakeholders (Task B):
   – To identify the system level enablers and challenges to intervention delivery.
Study Design Task A

Longitudinal qualitative exploratory study using an ethnographic approach:

• **Phase 1: Formative Study** (prior to trial)
  
  – *Rapid ethnographic assessment*: researchers live in villages for 1 to 2 months collecting data through participant observation; informal conversations; formal interviews & groups discussions.
  
  – **Data on**: key community stakeholders & influencers (engage for co-design of CE); structural & social/cultural context; key health concerns, health maintenance practices and perceptions of disease prevention; Livestock husbandry practices; previous experience of MDA
Study Design Task A (2)

- **Phase 2: Implementation study** (during iMDA)
  - *Ethnography of implementation*: researchers live in villages for 2 weeks during each round of iMDA collecting data through participant observation; informal conversations; formal interviews & groups discussions.
  - **Data on**: exposure to and interpretation of CEng activities; experiences of iMDA process; perceptions and effects of ivermectin in the days after administration.

- **Phase 3: Uptake study** (1 – 3 months post iMDA)
  - *Cross sectional qualitative study*: FGDs among additional villages spanning types of adherence.
  - **Data on**: perceptions & experiences of iMDA; effects of intervention; advantages and concerns; factors affecting adherence/non-adherence
Social Science Timeline of Activities

**Y0**
- Stkh meetings
- Phase 1
- CEng design & piloting
- CEng activities

**Y1**
- Stk feedback meetings
- Analysis & reporting
- Phase 2
- Phase 3 (FGDs)

Legend:
- Social Science activities
- TASK A
- TASK B
- Post study
- Trial activities
Value of Ethnographic Approach

• Development of ‘trust’ between ‘researcher’ and ‘researched’
  – Helps in development of appropriate community engagement strategies and messaging
  – During trial helps identify and resolve rumours quickly
  – Observe and hear things that are often ‘hidden’ in one off interviews and FGDs
Value of Ethnographic Approach

• Allows researcher to develop understanding of what is ‘normal’ in a community
  – Can identify unusual behaviours and ‘silent refusals’ during the trial
  – Helps unpick which experiences and perspectives are related to the trial effects and which to the intervention itself.
  – Provides in-depth understanding of context that helps inform effective ‘probes’ in FGDs and interviews.
Key Messages

• Understanding the acceptability of an intervention is central to understanding it’s likely efficacy

• However, trials of interventions come with huge inputs that are never replicated under routine conditions

• In gauging acceptability, disentangling trial and intervention effects is very challenging.
Way Forward

• Cross sectional social science research is more likely to provide insight into the acceptability of the trial than the intervention itself.

• Longitudinal qualitative research using an ethnographic approach can help disentangle the experiences and perceptions of an intervention from the experiences and views on trial participation.

• Data from acceptability studies conducted alongside a trial should always reflect on potential trial effects.