





### Vaccessible

From Accessibility to Acceptability

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Social differences in COVID-19 vaccination

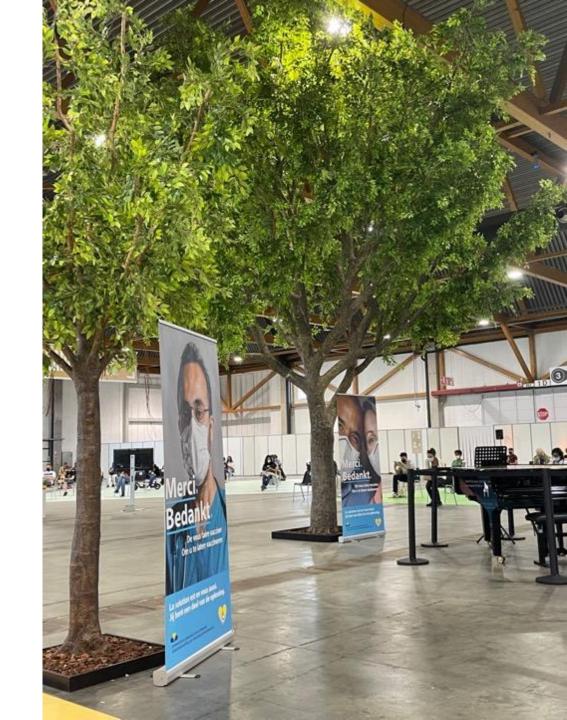
**HELICON** 



• This presentation: the results of a qualitative evaluation research on Brussels' local actions of vaccination

## Local Action of Vaccination as Policy Instruments

- Spring 21, decrease in the daily number of new vaccinations
  - political decision: large vaccination centers and local actions of vaccination
  - "Leave no one behind"
- Policy instruments\*
  - Assemblage of people, knowledge and tools
  - Convey a particular view of a collective problem
  - Contribute to the redefinition of the problem through their conception/implementation/evaluation



<sup>\* (</sup>Lascoumes & Le Gales, 2007; Law, 1984; Le Galès, 2011)



## Local Action of Vaccination as Policy Instruments

#### **Methods**

- Direct, non-participatory observation and informal conversation, semi-structured individual interviews and focus groups
- 104 persons: "local action's workers" (GPs, pharmacists, social workers, civil servants), the publics (Brussels citizens) and policy makers (regional public health department).



# The Invitation The Proposal The Relationship

#### Three "ideal types"

- 3 <u>conceptual</u> categories
- <u>Each category</u> corresponds to <u>several</u>
   <u>empirical devices</u>
- Summarizes their main <u>characteristics</u> (non-exhaustive) in terms of involved actors, knowledge and tools, publics, temporality, scope, governance model and core policy principle



# Findings Policy Device 1: The Invitation

- The invitation: link between each person (NISS) and vaccination
  - independent, informed, connected, and willing to be vaccinated citizen
- Centralized governance:
  - population sorted by age/risk-group
  - move towards vaccination centers
  - bureaucratic state and impersonal medicine
- Impersonal framework:
  - quick contacts
  - techno-/admin-mediated
- Accessibility, effectiveness, rationality and universality





# Findings Policy Device 3: The Relationship

- Embedded in health and social structures
  - Vulnerable population groups (social/health care exclusion) and/or dependent people and/or hesitant/opposed to vaccination
- Decentralized and "relational" governance
  - Articulated to a long-term (trust) relationships (health professionals & social workers)
  - Deliberate attempts to reconnect people to the social/health care systems
  - Professional legitimacy and social work, medicine, pharmacists.
- Personal Framework
  - Interpersonal relationships
  - Social help and care
- Trust, acceptability, person-specific, relationality



### Results: A Summary



	The Invitation	The Proposal	The Relationship
Publics	Informed, independent and willing to be vaccinated citizen	"Moving around" Hesitant people	Vulnerable, dependent, hesitant,
Governance	Centralised	Decentralised	Decentralised
Leading Figures	Bureaucratic State Industrial Medicine	Local Power Human Medicine	Professional Legitimacy
Structure and Supports	Event Centres Light medical and administrative equipment	Temporary Mobile	Permanent Health & Social Structure
Temporality	Reduced to a minimum: quick contacts	Short-term One or a few encounters	Long-term relationship
Objectives	Accessibility Quantity (vaccination)	Accessibility Acceptability Quality (vaccination)	Trust Acceptability Quality (social cohesion and vaccination)
Scope	Universalist	Territorial	Personal
Core principle	Rationality	Opportunity	Relationality

### Results: a shift in policy problems and solution

Objectives

Accessibility
Quantity
Acceptability
Acceptability
Acceptability
Quality
Quality
(vaccination)

Quality
Cohesion and
Vaccination)

Scope Universalist Territorial Personal











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#### THANK YOU FOR YOUR ATTENTION

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Research Report available here: <a href="https://www.ccc-ggc.brussels/fr/news/vaccessible-une-etude-qualitative-des-actions-locales-de-vaccination-implementees-en-region-de">https://www.ccc-ggc.brussels/fr/news/vaccessible-une-etude-qualitative-des-actions-locales-de-vaccination-implementees-en-region-de</a>







