Policy Briefing:

Malaria Vaccines in Cameroon: When Promise Meets Hesitancy

Overview:

This policy briefing synthesizes key insights from the Cameroon Townhall for Healthcare Professionals meeting held in early 2024, weeks after Cameroon became the first country to introduce the RTS,S/AS01 malaria vaccine into routine immunisation, focusing on the theme "Malaria Vaccines in Cameroon: When Promise Meets Hesitancy," presented by Dr. Boghuma Kabisen Titanji of Emory University.

Context:

Cameroon reported over 6 million malaria cases and over 12,000 deaths in 2022, 90% of deaths in children under five. RTS,S/AS01 is a four dose protein vaccine with modest efficacy that reduced all cause child mortality in the pilot countries, but its introduction met rumours and mistrust.

Key Issues:

1. **Hesitancy and misinformation:** Rumours that the vaccine was rushed, made without Africans, or causes cerebral malaria and deaths in girls spread on WhatsApp and social media faster than official messages.
2. **Modest efficacy misunderstood:** Efficacy of about 30 to 39% is often compared with 100% rather than with no vaccine.
3. **Four doses and access:** Completing four visits costs families transport and time off work, and the vaccine needs a reliable cold chain.
4. **Sustainable funding:** Introduction is heavily subsidised by Gavi, and Africa imports 99% of its vaccines.
5. **Resistance to current tools:** Artemisinin resistance and insecticide resistance threaten existing malaria control.

Discussion Highlights:

- Health professionals were asked to act as trusted messengers in their communities.
- Messages in Pidgin and local languages on radio and WhatsApp were proposed, building on a Pidgin video recorded by the speaker.

- Regular, not campaign only, health education by the Ministry was called for.
- The choice between RTS,S and R21 was described as a national policy decision.
- The Chair called for infectious disease sub-specialty training in Cameroon.

Recommendations:

- **Community based vaccine communication:** MINSANTE and the Expanded Programme on Immunization should build messages around the concerns communities actually raise (speed of development, African involvement, safety in girls, efficacy) and deliver them through community radio, WhatsApp and short videos in Pidgin, French, English and local languages. First step: commission a set of short videos by Cameroonian experts and distribute them through regional delegations.
- **Track and answer misinformation:** MINSANTE, with academic partners, should monitor malaria vaccine rumours on social media and in communities and respond quickly through trusted health workers. First step: a simple rumour log reported by district health teams.
- **Help families complete four doses:** Regional delegations and health districts should use reminders, align doses with other visits, and reduce costs for families. First step: publish dose 1 to dose 4 completion rates by district.
- **Plan sustainable financing and supply:** MINSANTE should set out a domestic co-financing plan for malaria vaccines beyond Gavi support and keep RTS,S versus R21 under review on cost, supply and cold chain needs, while supporting regional efforts on vaccine manufacturing in Africa.
- **Keep vaccination within integrated malaria control:** The National Malaria Control Programme should present the vaccine as an addition to nets, spraying, chemoprevention and treatment, and strengthen surveillance of drug and insecticide resistance and of the parasite's genetics.
- **Train infectious disease specialists:** MINSANTE, the Ministry of Higher Education and medical faculties should create infectious disease sub-specialty training, drawing on diaspora experts as teachers and mentors.

Next Steps: The speaker's slides and her Pidgin video were to be shared through the town hall's YouTube channel and email. Dr. Titanji undertook to send data on non-responders and the hepatitis B immunogenicity reference. The next session was set for two weeks later.

Conclusion: Participants agreed that the malaria vaccine is imperfect but valuable, and that its benefit for Cameroonian children depends on acceptance. Clear, local and continuous communication by trusted professionals was seen as the main lever.

Prepared by the Co-Moderators, Cameroon Townhall for Healthcare Professionals, from the session of February 24, 2024. Recording: https://www.youtube.com/watch?v=7YgxPuHgqjU