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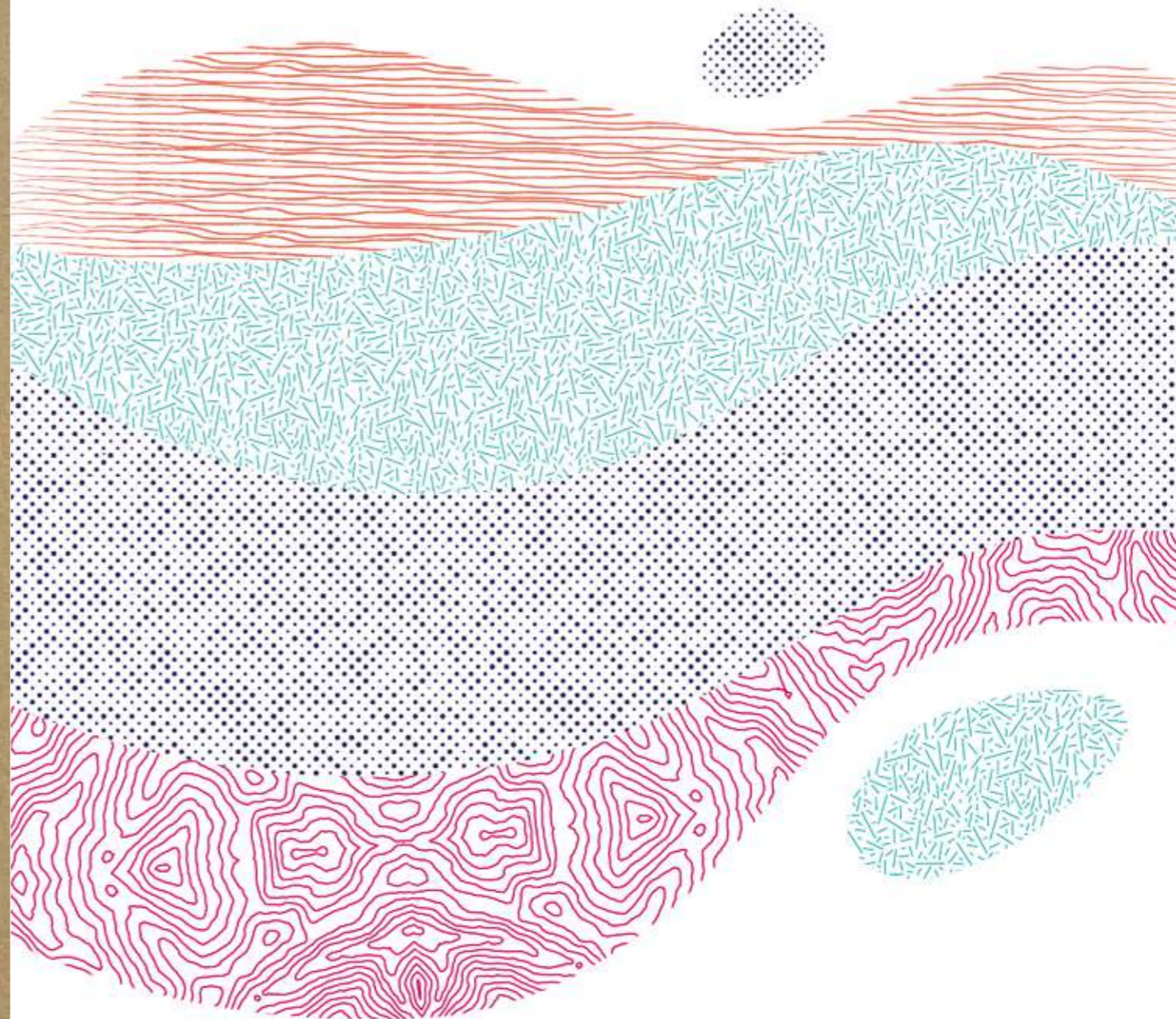
10
YEARS

OF RESEARCH
GOING TO THE HEART OF
VULNERABILITIES

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Health & Epidemics



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Humanitarian organisations, particularly the National Societies of the Red Cross and Red Crescent, aim to enhance individuals' health and well-being. Daily and worldwide, they work to improve people's access to care, health prevention, and treatment. In times of emergency, and notably in the context of epidemics, volunteers work on the front lines to support healthcare systems. To support these missions, research in the social sciences is essential to identify the barriers and disparities in access to care and improve the capacity to prepare for and respond to health emergencies.

MEETING HEALTH AND HUMANITARIAN CHALLENGES

Access to healthcare has been a primary focus of operations since the 1960s when modern humanitarian action emerged alongside development aid. In France, the "without borders" phenomenon introduced a new model for a more targeted management of medical services. These organisations emphasise the principles of impartiality and neutrality of aid, the professionalisation of nursing care, the assurance of sanitary conditions, preventive and emergency medicine, the fight against epidemics, and the training of volunteers. This focus has been constant throughout conflict, health crises, and when individuals have been excluded from health systems¹. Humanitarian organisations, as international aid actors, play a growing role in global health, delivery of care, and advocacy concerning malnutrition, infectious and vector-borne diseases, landmine injuries, patents, and access to medication. At the domestic level, humanitarian NGOs and social action organisations are committed to issues involving social cohesion, equality, inclusion, and gender-related concerns.

Although the right to universal access to health services has been acknowledged, it has yet to be realised. According to the WHO, "only 270 million people are predicted to be covered by essential health services and not experience a natural disaster by 2023"². This figure reflects the profound and long-lasting disparities and social divisions that deprive some people of their fundamental rights and access to equitable health services. These inequalities can be superimposed over crisis or post-crisis scenarios, creating a new configuration of needs and disrupting access to care and health services. According to the IFRC, more than 780 million people worldwide are denied access to safe drinking water and 2.5 billion people lack adequate sanitation³.

Given today's challenge of providing equal access to care, understanding its social and political dimensions is crucial to improving multi-provider prevention

services so that the most vulnerable people, often disregarded by health systems, can be protected. The contexts of vulnerability and precarity of affected communities must be considered to reduce the health impacts of emerging diseases, epidemics, and non-communicable diseases. From this standpoint, the French Red Cross Foundation supports field research that seeks to analyse and comprehend the contexts, perceptions, and representations of caregivers according to the specificities of each situation. Through their work, researchers participate in developing more effective health interventions, new models of care, and improved physical and psychological health practices within an ethically grounded framework.

How do social and religious norms influence women's sexual and reproductive health, and what are the endogenous strategies and local initiatives that can improve healthcare delivery?

To what extent have socio-economic, environmental, institutional, and cultural contexts impacted the success of public awareness campaigns in combatting epidemics?

How is the COVID-19 pandemic transforming the work of volunteers and sometimes underpaid and socially discredited professionals?



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CONCEPT FOCUS

"Inequalities of Life"

*"In an absolute sense, physical disparities between individuals are not based solely on a human being's inherent biological essence but are also determined by societal inequalities."*⁴

Didier FASSIN, a physician, anthropologist and sociologist, has devised a morality-based approach to social concerns. His study centres on "the Inequalities of Life". His humanitarian career in various organisations has been complemented by work in the social sciences, for which he received an honorary award from the French Red Cross Foundation in 2019. From the application of ethno-psychiatry to an analysis of the AIDS epidemic in South Africa and a study on the healthcare of humanitarian organisations, he has explored the habits, practices, and relationships that individuals have with their bodies in various national and historical contexts.

Didier FASSIN examines the moral and political aspects relative to the body's functioning in relation to an individual's health. He describes the severe consequences of social and care inequalities for health inequalities and the social, racial, and gender disparities contributing to the evolution of diseases, disabilities, and epidemics. The concept of "life" has become

fundamental to determining public policies and social values. His work on the AIDS epidemic in South Africa is a practical case example demonstrating his approach's actuality.⁵

The concept of "inequalities in life" entails examining the social issues within the health sector. Through the application of ethnography and localised field research, the social sciences provide insights into the social disparities associated with disease and mortality that must be combatted for what they are.⁶

Didier FASSIN
Anthropologist, sociologist,
physician, the Foundation's
research award recipient in 2019

TOWARDS A BETTER UNDERSTANDING

1. OBSTACLES AND UNEQUAL ACCESS TO CARE

When 100 million people fall into extreme poverty each year due to their inability to afford health costs, the issue of obstacles preventing access to care is a social question⁷. Throughout the 20th century, the medical field has significantly advanced globally. However, despite this progress, the medical profession has remained intent on offering ready-made solutions. Furthermore, it must cope with the challenge of disseminating medical services wherever they are needed, and this difficulty hinders local access to healthcare and has led to numerous medical treatment failures.

In 2019, in the context of intra-Africa migrations, geographer **Joséphine LEMOUOGUE** studied the specific factors related to the access or lack of access to healthcare among Central African refugees in Cameroon. She investigated how procedures in reception facilities were designed to improve the provision of basic services and to satisfy the essential needs of refugees, particularly for children under the age of five. Her work highlights how their living conditions, in this case, in emergency shelters, negatively impact their health. Their social precarity restricts their ability to satisfy their basic needs, such as food security, and continuously subjects them to ongoing health risks.

The following year, in 2020, **Daniel Valérie BASKA TOUSSIA**, an academician and researcher in geography at the University of Maroua, Cameroon, pursued this observation by studying the problems of access to care for refugees and displaced people in Cameroon's Minawao Camp and its surrounding vicinity. He shows that the conditions during their journey and their stay in the camps create obstacles to their access to adequate healthcare. These obstacles are worsened by the difficulties they encounter upon their arrival at the reception facilities. These people were compelled to flee and abandon their homes and livelihoods and now live in a camp affected by food and medical insecurity. The researcher also notes that geographical inequalities in access to healthcare also contribute to population shifts.

Anthropologist **Alice SERVY** investigated a developing topic for humanitarians, explicitly concentrating on treating chronic illnesses: the distribution of healthcare management systems in French Polynesia. Her research, conducted in 2020, focuses on medical evacuations known as "medevacs", a medical transfer procedure involving transport to a facility equipped with medical resources to treat a specific illness. Her work revolves around the experience of cancer patients and contributes to a better understanding of the mechanisms that restrict or facilitate access to care.

“If I have lung cancer and have six chemotherapy sessions, I'll refuse to have them all during one hospital stay and ask to travel back to the Marquesas between sessions. Three months is too long for me. I won't let myself be taken like the other time. I plan to go back and forth and take Tahiti rā'au [medicines] simultaneously because the two medications go together. I'm looking to get cured, too.”

(Male, 72 years of age, oral cancer, lung and prostate cancers diagnosed. Interviewed by Alice SERVY⁸)

By describing people's way of life, the researcher brings to light the diverse array of individuals, materials, concepts, and practices surrounding medical evacuations. She depicts the personal experiences that motivate patients, from a social perspective, to decide whether to seek treatment. Obstacles to healthcare stem from multiple factors, particularly the anxiety of dying during a medevac. According to this research, improving evacuation quality and public healthcare services is possible. Ethical considerations can also further advance by aligning them with societal cultural values.

2. ACCESS TO SEXUAL, MATERNAL, AND PAEDIATRIC HEALTH



The many facets of inequality make access to quality care particularly difficult. They relate to discriminatory social norms that translate into restraining attitudes, behaviours, policies, and laws against women and children.”

Aïssa DIARRA
Physician and Doctor in Anthropology

Globally, between 1990 and 2015, the maternal mortality rate fell by 45%, and the under-5 mortality rate more than halved⁹. However, access to sexual and reproductive health is becoming increasingly unequal, and most pregnancy-related deaths have occurred in developing countries¹⁰. These inequalities are attributable to many factors central to health, cultural, and social concerns.

Aïssa DIARRA, a physician and social anthropologist in the Sahel, has spent many years studying this subject. The sexual and reproductive health indicators pertaining to women and adolescent girls in the Sahel are a matter of concern due to low contraceptive usage and elevated maternal mortality rates, early marriages, and illegally induced abortions. In Niger, Mauritania, and Mali, she studied the disparities between planned health programmes and local realities. She describes the difficulty in expanding access to healthcare and notes pervasive gender-based violence. Her work also discusses the “positive norms” developed by local cultures. In addition, she explores the local and endogenous solutions that communities have come up with based on their standards and the practices health professionals have devised to deliver palliative healthcare services. The author suggests that the contribution of local health practitioners be more thoroughly incorporated into public health policies.

Voahirana Tantely ANDRIANANTOANDRO is a demographer who specialises in studying family structures and organising activities and development in rural Madagascar. She examined the extent to which pregnant women and mothers with children under five utilise healthcare services in regions highly exposed to climatic hazards, particularly in the Androy region. She notes the low use rate of maternal and child health services despite the presence of humanitarian organisations and basic health facilities funded by international NGOs. Her study seeks to explain why people are reluctant to utilise healthcare services and, from this, identify the obstacles they perceive to propose concrete solutions. According to her findings, religious convictions and the distance between the person’s residence and the health centre have a bearing on the utilisation of healthcare services. In addition, childbirth in a medical facility is mentioned as being preferred because of better post-natal care. In contrast, matrons are used for deliveries as a last resort due to anxieties related to travel or financial constraints. Finally, her study emphasises the importance of cooperation between humanitarians, health facilities, community health officials, and traditional healers to ensure the effective delivery of maternal and child healthcare services.

3. EPIDEMIC RISK FACTORS: PERCEPTION AND REPRESENTATION

The research funded by the Foundation considers the specific health needs and circumstances of populations in various settings. It analyses socio-cultural factors when carrying out actions designed to ensure people’s access to care, prevention and healthcare systems. As for risk factors of epidemics, understanding the obstacles that impede access to healthcare services is crucial for developing preventive measures more appropriate for local contexts.

Regarding maternal health and exposure to epidemics, malaria remains a significant public health problem in Mali, especially for pregnant women. The research of sociologist **Samba DIARRA** highlights the significance of people’s perceptions of malaria and prenatal care in Bamako, as well as the obstacles to healthcare and factors related to equipment and financial resources. Her paper emphasises the differences in attitudes among women according to their prior pregnancy history, age, family pressures (especially from husbands and mothers-in-law), country or ethnic origin, and the gender of healthcare providers. In conclusion, research findings suggest implementing participatory strategies for distributing malaria prevention within communities.

Alexandra RAZAFINDRABE, an economist affiliated with the Université de la Réunion, developed a relevant analysis of public policies related to the combat against the plague in Madagascar by considering people’s perceptions and personal experiences. She shows that awareness of the plague epidemic depends on socio-economic, cultural, and institutional circumstances. According to her survey, although well-informed of the appropriate measures against the plague, a population may not necessarily apply preventive measures in everyday routines. The researcher states that investing in education early on and further developing group communication rather than mass communication is essential.

Sociologist **Aude STURMA** studied the relationship between people’s exposure to social vulnerability and their perception of water contamination in Mayotte to build social and institutional response capacities to address the risk of an

epidemic caused by faecal contamination. Her research revolved around the social management of water in a specific municipality. She describes the people exposed to the health threats attributable to contaminated water and, in so doing, calls into question the relevance of public awareness campaigns and suggests the use of a more socio-cultural approach. She also examined health hazards and their link with poverty. In Mayotte, in 2013, over 50% of the population spent 10% of their budget on water. Aude STURMA also identifies the social factors defining water use, which must be considered when planning health prevention. Her study shows that health risks can be effectively mitigated by adopting hygiene practices, epidemiological surveillance, and awareness campaigns tailored to the socio-cultural context.



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RESEARCHER FOCUS

A Health Historian in the Field

Anicet ZRAN is a Doctor in the History of Health and an academic teacher-researcher, affiliated with the research centre on the history of the peoples of the African savannahs at the History Department of the Université Alassane Ouattara in Bouaké, Côte d'Ivoire. As a historian specialising in infectious diseases, he devotes most of his research to his country's current health issues. His work incorporates documentary and field research with methodologies typically employed in other disciplines, such as sociology and anthropology. *"This approach is part of a historian's work, not limited solely to library books. Fernand BRAUDEL expresses it very well in his work, 'Écrits pour l'histoire': a historian must become an economist, a sociologist, an anthropologist, a geographer. Nowadays, these disciplines can no longer be separated. A historian requires methodological input from other social sciences to research his or her subject."*

Anicet ZRAN has adopted this view of the historian, which, far from being a mere theoretical construct, is a practical necessity due to the complex nature of his research topics, such as epidemics and their multidimensional effects. *"Epidemics are not only public health occurrences, but points of time that contest and challenge society. They lie at the heart of a society's existence. They relate to the economy, beliefs, and life-and-death representations. The health historian, in general, understands how society experiences and copes with an epidemic and how it confronts the various changes brought about by epidemics. It is therefore a matter of undertaking the history of what they represent, which necessarily calls upon anthropology, sociology, and other disciplines."*



Anicet ZRAN
Doctor in the History of Health

CRISIS FOCUS THE COVID-19 EPIDEMIC

The COVID-19 epidemic has posed many challenges for healthcare systems as they attempt to contain the disease by assuring the continuity and quality of medical healthcare services. According to the WHO, the pandemic has caused at least 15 million additional deaths since 2020. One of the numerous complications observed has been the mixed results of national vaccination campaigns. Furthermore, particularly vulnerable populations, such as migrants, refugees, displaced people, rural inhabitants, prisoners, the homeless, and undocumented individuals, have suffered from the severe consequences of unequal access to preventive care and health.¹¹

The French Red Cross Foundation has followed the guidelines of the WHO and the GloPID-R network in supporting research in the humanities and social sciences. This research has been undertaken to identify relevant, appropriate, and practical approaches for the physical health and psychosocial needs of those involved in the epidemic response. The Foundation actively presents novel perspectives on front-line volunteer action during health crises. It lends a listening ear to the members of the International Red Cross Movement who have been enlisted in the global fight against the spread of COVID-19. It has developed a programme to fund research in the social and human sciences during emergencies and to assist humanitarian and social actors in responding to this unprecedented crisis to benefit health caregivers and aid recipients.

As one of the ten research projects conducted during health crises, the team from the Maurice Halbwachs Centre examined the new forms of commitment and volunteerism of the “Red Cross at Home” programme. Within the shifting timeframes of the pandemic, the Centre has observed the consequences of lockdowns on the work of volunteers, as well as the exposure of beneficiaries and volunteers to health-related risks. This approach has been supplemented by the work of **Émilie MOSNIER**, physician and Doctor in Epidemiology, Public Health, and Clinical Research at the Université de la Guyane, in the context of French lockdowns (see “RESEARCHER FOCUS” below), and by **Annabelle JACCARD**, clinical psychologist, psychoanalyst, and Doctor in Psychopathology with Red Crescent volunteers in Comoros (see Volunteer action in a time of crisis). In Haiti, sociologist **Lukinson JEAN** has examined the knowledge, attitudes, and practices of volunteers and urban residents concerning COVID-19. He also notes the concerns of volunteers over their exposure to risks. The researcher emphasises the need to better inform volunteers about the reality of the epidemic, the virus, and its modes of transmission to ensure that actions taken are consistently and effectively applied¹². These actions include fighting against false claims, safeguarding the livelihood of individuals, promoting local endeavours, and providing key population groups with pertinent information. The operational findings from this research offer potential ideas on applicable management practices for current and future epidemics.

In addition, the French Red Cross Foundation has initiated contact with the Institut Pasteur (IP), particularly the Anthropology and Ecology of Emerging Diseases Unit, headed by Dr **Tamara GILES-VERNICK**. The purpose is to conduct joint research in Ile-de-France with care and social action support actors (SASA) from the French Red Cross. The main objective of this research has been to determine the factors that motivate individual volunteers and professional staff in Ile-de-France. This should facilitate the formulation of measures that will sustain their motivation and ensure the continuity of their engagement in a crisis context, especially when they are anxious and frustrated about not being permitted to conduct fieldwork if they are over 70 or at risk.

RESEARCHER FOCUS

The Value of Social Sciences in Combatting Epidemics

Émilie MOSNIER, a Doctor in Epidemiology, allocates her time between her activity as a physician specialised in infectious diseases at the Infectious and Tropical Diseases Unit of the Centre Hospitalier Andrée Rosemon de Cayenne in French Guiana and her public health research in the laboratory of the Sciences Economiques et Sociales de la Santé et Traitement de l'Information Médicale (SESSTIM) of the Aix-Marseille University. As a physician trained in the natural sciences, she has specialised in the anthropology of health throughout her career. She has demonstrated the value of social sciences in the study of epidemics. *“Ever since Ebola, the value of the social sciences in improving the crisis response to epidemics is beyond doubt. Changing people’s behaviour is only possible by examining their needs and what epidemics mean. However, as we have seen again with the Covid outbreak, people’s behaviour is the primary lever in the fight against epidemics. After the issue of individual preventive measures against COVID-19 will come the challenge of vaccination and the fight against false claims that fuel people’s mistrust. Epidemiology is a discipline that manipulates data and numbers. However, input from the social sciences is essential to truly understand the issues and unravel the complexity of people’s reactions. The social sciences have a stake in the Foundation’s Scientific Council, which was set up to steer France’s public health decisions. The next step would be to give more space to people’s feelings, listen more attentively to patients, and develop education in therapeutics so that people take responsibility for their health and the strategy being applied. The social sciences have a major role in achieving this goal.”*



Émilie MOSNIER
Doctor in Epidemiology and Infectiology

ACTING MORE EFFECTIVELY

1. OVERCOMING OBSTACLES TO HEALTHCARE ACCESS

Multiple economic, political, and social factors deny people adequate access to care, guaranteeing their health rights. Research demonstrates the importance of having those affected by inequities and obstacles develop their autonomy through comprehensive and localised approaches.



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In her work funded by the Foundation in 2022, sociologist **Christelle HOUNSOU**, who was provided funding in 2022, examined health needs and limited access to oral healthcare. This infrequently explored topic brings socio-economic issues, geographical inequalities, and strong social representations to light. The researcher investigates the renunciation of dental care in certain zones qualified as “dental medical deserts”. She points to the need for securing funding and resources to

combat discrimination toward people in exile and those in precarious situations. Her study underscores the importance of local input in promoting access to dental care and preventive health, which are fundamental social rights.

Understanding the obstacles to accessing healthcare can lead to designing new models for health and social interventions. In his research, **Thibault BESOZZI**, Doctor in Sociology, emphasises that this is particularly valid in implementing a participatory approach. He examines the advantages of socio-aesthetics in providing healthcare for the homeless. His study on psycho-corporal healing with aesthetic care reveals the significance of personalised support for people suffering from precarity and vulnerability. He demonstrates that recovery requires improving one’s positive self-image, which extends well beyond providing emergency aid.

According to his research on the homeless, “the struggle for everyday survival in prevailing conditions of discomfort and uncertainty pushes their health concerns to the background, inevitably exposing them to visible physical deterioration and a decline in their relationship with themselves”¹³. However, by considering their needs and wants and establishing relationships of recognition through care and listening, socio-aesthetics serve to therapeutically educate and medically pre-diagnose. This research therefore enables the generation of ideas on the access to physical and psychological care in situations of extreme precarity.

These thought-provoking ideas also reflect the work of **Chiara BROCCO**, Doctor in Anthropology, who explores the difficulties in receiving migrants and families. Having observed that some exiles refuse to be accepted by established institutions and prefer to follow their own unofficial path despite the potential hazards, the researcher seeks the motivations behind their decision. She shows that institutional pathways are rigid, lengthy, and uncertain, which can push exiles to bypass reception systems, even if it means struggling to survive.

By identifying the limitations of reception systems and the difficulties they represent for new arrivals, the researcher proposes “concrete action plans to improve the reception of migrants, to have them more actively integrated, to make their transition less problematic”¹⁴. She emphasises that each individual must be attentively cared for through processes that entail their participation. More concretely, she recommends the organisation of workshops, meetings, and focus groups led by social workers, volunteers, researchers, and even other migrants so that migrants can share their perspectives on their personal experiences and journeys. These are steps that make social support systems more inclusive and less vertical.



© Afghan Red Crescent

2. COMMUNITY PARTICIPATION

Social science research investigates the necessity for enhanced integration and engagement of aid recipients to develop health models that safeguard their rights. This can be achieved by elucidating the various resources available to recipients and considering their views on health. Community participation calls for the active involvement of community members in decision-making, planning, implementation, and evaluation of initiatives, programmes, and policies that affect them.

Geographer **Daniel Valérie BASKA TOUSSIA** discusses “health resilience strategies” in his research on the difficulty refugees and displaced people have accessing healthcare services in and around Minawao Camp in Cameroon. The second part of his work examines the strategies designed at community level to care for the ill and provide for health prevention. It also describes how refugees and displaced people can compensate for deficiencies in health and social services.

The researcher observes that “the inadequate infrastructures and equipment for the healthcare of refugees have resulted in them coming together as a community to deal with certain illnesses”¹⁵. These stratagems underscore the inadequacies in providing them with access to healthcare. The researcher therefore suggests that communities upgrade their facilities to much better enable refugees to access health services.

Samba DIARRA also advocates using participatory strategies in her research on preventing malaria among pregnant women residing in the rural Mali commune of Safo. She demonstrates that the fundamental reason for the absence of follow-up in maternal and child healthcare is the subordinate status of women within the family and society and the lack of community commitment toward maternal care. In a context where health decisions are not individual choices, the researcher underlines the need for collaboration and health prevention at different community levels. Also, to improve the accessibility and acceptability of preventive care, health officials or community health officers must get involved.

Roseline GBOCHO N'DA, an anthropologist at Alassane Ouattara University in Côte d'Ivoire, examined the facilitation of access to healthcare. Her work in Côte d'Ivoire on “volunteerism as a socially acceptable activity in providing end-of-life support to children with cancer” emphasises the importance of relationships between volunteers, caregivers, and relatives of ailing children. Religious volunteers play a crucial role in caring for children with terminal cancer.



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3. PREPARING AND PREVENTING

Health prevention is an essential component of public health. Its purpose is to prevent the transmission of diseases and reduce health threats for individuals and communities by anticipating and implementing proactive measures. In this regard, research has been conducted to explore the factors that hinder or promote the rationale behind prevention.

In her work on the fight against the plague in Madagascar, economist **Alexandra RAZAFINDRABE** recommends broader support and continuing collaboration between those involved in health prevention, health services, and education. In addition, she points to local customs that enable the development of a

preventive culture that notably includes healers or hiragasy—a popular artistic event traditionally combining music and theatre. This comprehensive approach recognises individual actions and collective interventions and pleads for greater coordination between those committed to prevention.

Edouard Kouadio KOUASSI, an agro-economist and rural development specialist, has researched the fight against malnutrition in Côte d'Ivoire. He presents the findings of programmes dedicated to malnutrition and sanitary conditions. He observes how people in the community he studied perceive the link between animal excrement and malnutrition and the impact of this perception on their health. He also suggests that strategies be implemented and adapted to the local context. This should encourage people to take total ownership of the programmes and make enduring behavioural changes. He recommends adapting support to the socio-ecological environment through long-term local projects. This viewpoint is consistent with the findings of the increasingly popular One Health approach.

Céleste FOURNIER, who holds a PhD in Administration, has also investigated the provision of support and health prevention through a study of a first-aid training course given to over 16 million people and conducted annually by the National Red Cross and Red Crescent Societies. Her study describes the transfer of knowledge that fosters a better link between learning and interventions:



Céleste FOURNIER
Doctor in Administration

*"In first-aid training, you impart knowledge that people absorb, learn, and, hopefully, retain," she has observed. "The curriculum includes practice and role-playing. But, once the course is over, many trainees feel unprepared for handling a real-life emergency that requires them to administer first aid, or cope with distress or a cardiac arrest, for example."*¹⁶

Her research should help improve current teaching practices and spark ideas about training programmes. This includes incorporating identified hands-on experience to manage real-life scenarios. Her research has notably led to the development of methods for monitoring the effectiveness of large-scale first-aid training.

AND TOMORROW?



Interview with...

Khoudia SOW
Doctor in Medicine
and Anthropology

Khoudia SOW is a public health doctor with a PhD in socio-anthropology. She is a researcher affiliated with the Centre régional de recherche et de formation à la prise en charge clinique (CRCF) at the Centre hospitalier national de Fann in Dakar (Senegal) and has supported the development of innovative research in health programmes linked to the fight against emerging epidemics (HIV, then Ebola) and specific areas requiring major transformations (the fight against addiction) and in medical research practices (research ethics in the South). She uses her dual expertise in medicine and anthropology to develop participatory approaches that respect socio-cultural dimensions. She is the 2019 winner of a Foundation research prize.

What, in your opinion, are the merits and achievements of the social science approach to epidemics?

I believe the social sciences have drawn attention to the ineffectiveness of coercive strategies in public health and the need for humanised, more understanding, and more compassionate approaches.

The social sciences have allowed us to understand the constancy of human behaviour during epidemics, guided by anxiety-driven behaviour that triggers the stigmatisation, exclusion, or rejection of any person likely to transmit or be affected by the virus.

Research has also examined caregivers at risk during epidemics and

immediately suspected of being potentially dangerous carriers of the disease themselves. In contrast, others on the front lines wear minimal protective equipment but are socially and financially at risk. The social sciences have also shown the importance of community involvement in humanitarian initiatives that perform a wide range of actions that should be highly valued and receive more financing. The social sciences have also exposed the complex nature of having trust or mistrust in public health measures during epidemics in a context where social networks have become prominent platforms for spreading knowledge, whether scientific or not, that is accessible to a broad audience.

In your opinion, how will epidemics evolve, and what will researchers in social sciences be studying in the coming years?

I believe that epidemics will be more visible and that there will be a heightened awareness of the associated risks, particularly in the countries of the North that have discontinued monitoring them. With improved screening methods, epidemic diseases in Africa are expected to be detected much earlier.

Social sciences researchers must investigate numerous topics:

- Preparing for epidemics; understanding and investigating response mechanisms to epidemics; studying the history of past epidemics to avoid ignoring their impact and foregrounding the memory of past experiences and past actions undertaken against them.
- Explore the health system's response mechanisms to epidemics using an ethnographic approach in evaluating health institutions combating epidemics on behalf of national ministries of health and national and international organisations.
- National and international systems governing epidemics.
- Community dynamics.

How do you envision developments in access to healthcare globally over the next ten to twenty years, considering emerging trends and new phenomena in this field? Where is social science research in this field headed?

I believe that access to healthcare in most African countries should increase because healthcare services have significantly improved. However, in countries plagued by instability due to the ever-growing number of conflicts, access to healthcare services may be compromised. Providing greater financial assistance for access to healthcare is an essential factor to consider.

The social sciences must better define and investigate the strategies and mechanisms for implementing universal health coverage policies. Few studies in the social sciences have explored the pooling of resources and the cost-free delivery of care through public health insurance systems with community support. Colossal amounts of funding have been allocated to these without reaching any tangible results.



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