LETTER TO THE EDITOR

Enhancing sustainable vaccination programmes in an unstable world: a social science perspective

Sir – From the point of view of cost, efficacy, and efficiency, immunization constitutes one of the most reliable means of improving the health status of whole populations. Recent immunization successes in eliminating or controlling many communicable diseases are impressive. International agencies have increasingly emphasised immunisation in the developing countries of the southern hemisphere as part of a broader effort to reduce morbidity and mortality. A main accomplishment has been the creation of the Expanded Program on Immunization (EPI). The EPI has contributed significantly to reducing the levels of infant and child mortality. In addition, in many countries a vaccination organisation has been established which is potentially capable of vaccinating every newborn cohort of infants and children with a high degree of coverage. There are also possibilities of adding new vaccinations to existing immunisation programmes, as was recently the case with the vaccination against hepatitis B.1,2,3

The impressive preventive potential of vaccination programmes is not, however, fully realised. The emergence of epidemics of diseases, such as that of diphtheria in the former Soviet Union, illustrates the fact that a crumbling, disoriented, or contracting government health care organisation can not provide the conditions required to achieve the objectives of vaccination programmes. Socio-political contexts which provide adequate conditions for sustainable vaccination programmes are, in general, those of (civil) war, disintegration of states, and contraction of public services due to economic crises and the requirements of structural adjustment programmes.

There is, of course, the additional possibility that the state is perhaps willing, but not able, to include vaccination programmes fully among its public health responsibilities, as is presently the case in Bangladesh. There we see that free vaccination services in the private sector, that is provided by non-government organisations, fill the void with the result that high coverage has been achieved, but that sustainability remains a problem.4,5

Another problem arises when the state is able, but not inclined to include immunisation in the public health sector but leaves this to the private sector, as is the case in the USA.4,6

The result of this is that fewer infants and children from poor and less educated households are covered by immunisation.

Despite the availability of appropriate vaccination technology (vaccines, cold chain), skilled staff, and management capability there may be social, cultural, and political factors which interfere with the goals of international immunisation policies and prevent vaccination programmes reaching their medical goals. The dynamics of the inter-related roles of the state and private sectors in immunisation are an important but not the only subject of social science research on immunisation. Such research also aims to understand the broader social and cultural background of variable levels of coverage and the sustainability of vaccination programmes by studying the culture and social organisation of both sides involved, the users and the providers of vaccination, as well as the specifics of their interface.

With regard to the users, research questions are directed at understanding shared views and values on illness prevention and the benefits of vaccination. What criteria do parents use when gauging the quality of vaccination services? What determines, on the one hand, compliance of mothers and, on the other, refusal of vaccinations by certain groups, such as orthodox protestants and followers of Anthroposophy in The Netherlands? Are there, from the point of view of recent urban migrants and certain ethnic groups, social and cultural barriers in terms of vaccination services? With regard to providers, research questions look further into the social and cultural appropriateness of services provided. Do the views and stereotypes of health care providers influence the accessibility of vaccination services and the perceived quality of care? Does the organisational culture of the vaccination service include sufficient flexibility to adjust to specific requirements of the groups served?6

The category of providers may, of course, also be widened to include the designers and producers of vaccines. Social science research questions relevant to these groups will include: how do values and views of designers determine the outcome of choices to be made when developing new vaccination technology, and do the social and cultural conditions in "the bush" influence decisions at "the bench"?

Since 1994, a social science research group has been engaged in an international comparative research project on social science and immunisation in Asia, Africa, the USA and Europe. The research project, which is directed by the author, is administered at the Royal Tropical Institute in Amsterdam. Its aim is the improvement of coverage and sustainability of vaccination programmes through a better understanding of their social and cultural aspects. It is crucial that in the course of the studies the researchers keep close contact with those involved in the technological development and implementation of immunisation. This letter aims to contribute to this.

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REFERENCES


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