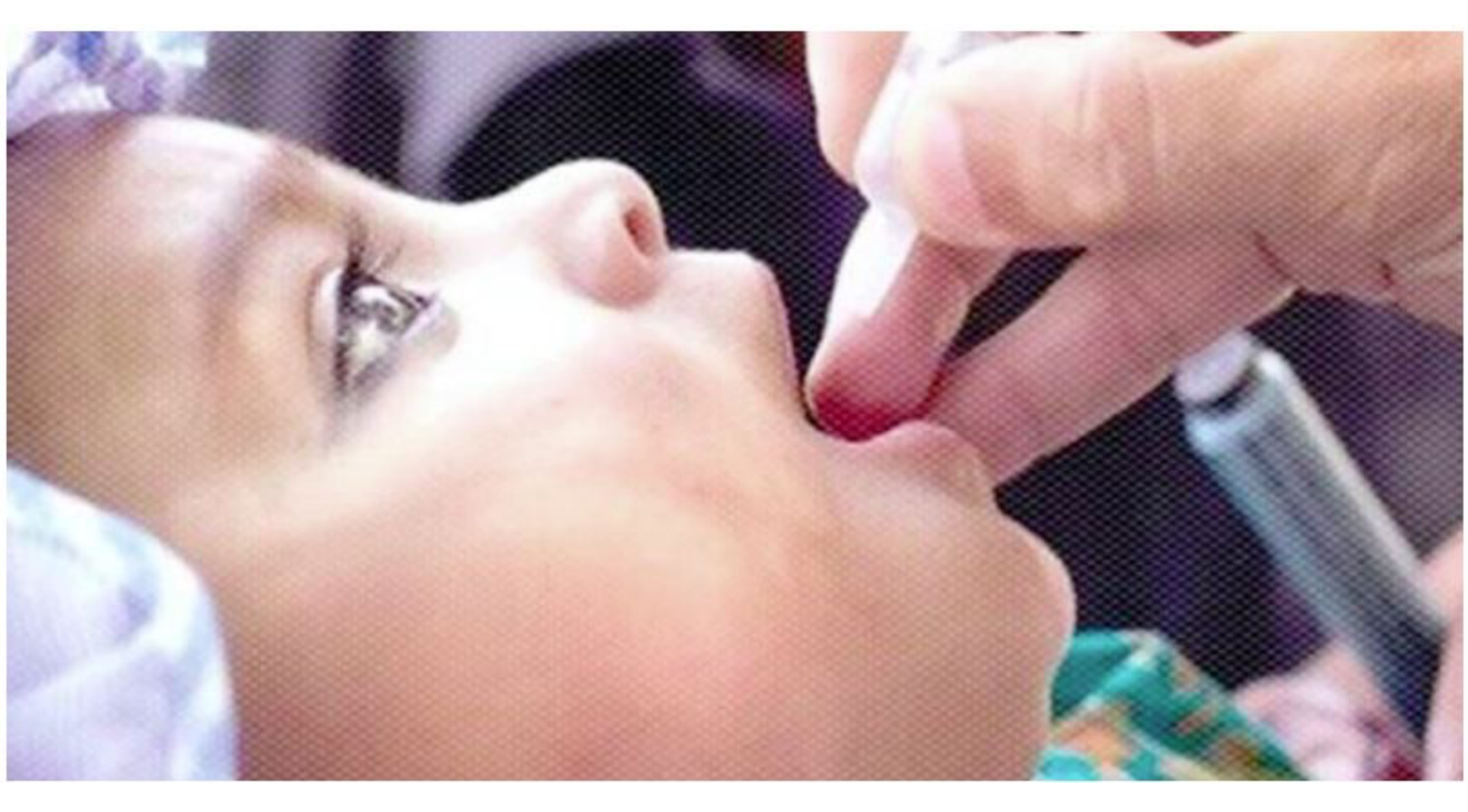
COLUMNS

Lessons from Polio Vaccination

In order to overcome the hesitancy, the centre must take lessons from its polio drive which went from door to door, locality to a locality. There's also a need for mass publicity in rural areas.

February 15, 2022 · 0 · 199



By Abhinav Mehrotra and Dr Biswanath Gupta

With the central government announcing the rollout of the booster or third dose from January 10, 2022, for frontline and health workers and senior citizens above 60 years with co-morbidities, the minimum difference between the second dose and third one has become nine months. The debate surrounding its restriction for certain categories has assumed significance as the effect of the first two shots of the vaccine has been found to be waning. This is apparent from the increasing number of cases seen earlier.

The reasons for the decline in the effectiveness are multifaceted—the careless attitude of people towards mandatory masking, violation of public health precautions, such as social distancing, and claims that India has developed herd immunity as a large number of people have suffered from prior infections or have been surrounded by those who have been vaccinated.

Despite these claims, the rise is apparent in the spread of cases caused by the Omicron variant. This surge is substantiated by a systematic report by WHO, according to which, the effectiveness of four vaccines—Astra Zeneca, Pfizer, Moderna and Johnson & Johnson—have decreased by 8% against severe Covid-19 for six months in all age groups, whereas for those above 50, vaccine effectiveness has reduced by about 10% for the same period.

India, therefore, needs to consider the decision on the interval between doses, especially for those with co-morbidities. This needs to be based on the fact that booster doses are going to be a measure for mass immunisation campaign. This is a responsibility towards citizens under Article 21 that safeguards the right to life. In this light, the government must provide the maximum amount of protection as the best way to protect people from new variants that could arise in future.

Also Read: FCRA: Delhi High Court dismisses plea against suspension of registration certificate

In India today, even in areas where technology and personnel are present, the percentage of the population getting vaccinated is low. This is not only due to flawed government policy but due to imbalance owing to socio-economic hierarchical patterns that are specific to Indian society. These include caste structures and their underlying principles through which interaction and change can be understood.

In simple words, the vulnerable population are those who require additional care and support because of social and economic discrimination. To reach the vulnerable rural populace who tend to be suspicious about vaccination programmes, the government needs to decentralise the health administration by empowering the local health infrastructure for a fair distribution of vaccine doses. Only then will these hard-to-reach groups be vaccinated and the diversion of vaccines to urban areas be controlled. There is, therefore, a need to include midwives and auxiliary nurse midwives who are well-versed with the region and are recognised as health workers to effectively discharge their vaccination duties.

Also Read: Allahabad High Court dismisses plea with Rs 50,000 cost for making false statement

In practice, the role of Accredited Social Health Activists who work as governmental representatives under the National Rural Health Mission (NRHM) assumes significance. Their role is to create awareness of health and the social determinants of health. At the same time, they encourage local communities to make the "right" choices when it comes to health to increase the utilisation of existing health services. These duties have been recognised under NRHM, which came into being in 2004 with the aim of strengthening immunisation in children by developing partnerships, encouraging, engagement and decentralisation.

Coming back to the ongoing inoculation programme, there is a need to investigate why there exists vaccine hesitancy, especially in rural areas, given the fact that there is no other way to overcome the ongoing pandemic. To make the rural populace actively take part in the vaccination process, there is a need for states to make themselves accessible to their citizens by ensuring quality of delivery. They should have local knowledge and keep in mind the structural constraints that continue to exist in providing accessible, affordable and quality healthcare to vulnerable rural populations.

In this context, reliance can be placed on the polio vaccine system and the way it went from door to door, locality to a locality for mass vaccination. Further, the government had ensured publicity to encourage people to get vaccinated. For example, polio drops were advertised as "do boond zindagi ke" (two drops of life). On similar lines, there is a need for mass publicity in rural areas about vaccination for Covid.

Also Read: Kerala High Court directs strict action against violators of road safety policy

The success of the polio eradication programme was based on three principles—bundling of health services, local stakeholder engagement and putting in place accountability mechanisms. What this means is that offering other services like check-ups, free medicines, etc. At the same time, engaging community leaders to spread awareness and ensuring that authentic data is made available regarding the inoculation programme was important. One of the most significant features of the polio vaccine programme was the role of community mobilisation coordinators who played an integral role in overcoming vaccine hesitancy among the hard to reach populations.

Going further, Article 51A of the Constitution prescribes the national duty for every citizen of this country—to defend the country and render national service when the nation needs our support. Therefore, following Covid protocol and taking the vaccine is part of our national duty given the unprecedented nature of the ongoing pandemic.

—Abhinav Mehrotra is a lecturer at O.P. Jindal Global University and holds an LL. M in International Human Rights Law from the University of Leeds, while Dr Biswanath Gupta is an Associate Professor at O.P. Jindal Global University

TAGS: Abhinav Mehrotra · Covid vaccine hesitancy · Dr Biswanath Gupta · India · polio vaccine · rural areas

Share

Previous article
Leave them Majors Alone

Next article
Kerala High Court directs strict action against violators of road safety policy