GLOBAL GOVERNANCE AND LOCAL GOVERNANCE IN TACKLING ANTI-VACCINATION

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Abstract: Children vaccination against incurable or dangerous diseases is optional in many countries with arguments ranging from human right aspects concerning the medical treatment to the “unadmitted” dangers of the vaccine. Per se the vaccination optionality is not a problem until a significant part of the population refuses vaccination. The latest measles epidemic in the USA is a clear example of the dangers that can emerge from an extended vaccination refusal. In a world where global efforts are being made, through international organizations such as WHO, UNICEF, UNDP or ONG’s such the Bill and Melinda Gates Foundation, to eradicate diseases through vaccinations, individuals refuse, consciously, the immunizations on subjective grounds, jeopardizing public health. The article follows the international means used to control this practice and also some national rule enforcements in the field. Doing so, we will try to identify a viable way to, at least, contain the practice, internationally and nationally.

Keywords: global governance; international organizations; vaccination; national and international policy.

I. Global governance and vaccination

The global governance understood as a complex concept which comprises international actors such as states, international organizations and international non-governmental organizations, on one hand, and international law, on the other, represent an important subject of international relations with ramifications in many fields of study. The development of an international health system represents a mile stone in the fights against health concerns with trans-border implications. The global governance in health developed, as David Fidler points out, in the last 100 years, when due to the globalism effects a transition from national to global governance started in the mid XIXth century. The transition was more or less accelerated depending on the configuration of the political international system and the major events that marked it.

One of the big concerns was related to infectious diseases and their trans-border spread. So, organizations were created in order to generate a propitious climate for international negotiations between states as well as finding solutions on international health problems.

Nowadays WHO is the major international organization that deals with problems related to health, in partnership with other organizations such as UNICEF. A part of its mandate regards the communicable diseases as stated in the WHO Constitution. Moreover the problem of communicable diseases and immunization appear as a major subject which needs to be addressed globally in order to reduce the risks of spreading diseases that can be avoided. In this matter the WHO develops strategies and policies in order to coordinate in a coherent manner states in implementing health policies.

The WHO, following the Strategic Advisory Group of Experts on Immunization (SAGE) recommendations, developed, in its quality of global policy coordinator, Position papers on 24
vaccination procedures\(^5\). In these procedures WHO detailed the need and benefits of vaccination, the stages best suited for immunization and the current global stage in implementing a certain type of vaccination. Also WHO offers a database with immunization safety documents, which provides information on vaccines, from adverse effects to transportation and storage\(^6\).

An important strategy is the Global Vaccination Action Plan 2011-2020, which building upon Global Immunization Vision and Strategy 2006–2015. The Action Plan sets forward a strategic framework meant to combine synergic efforts in order to reduce or eradicate vaccine-preventable diseases. Thus, the Action Plan refer to states efforts to comprise in the legislation, budget and vaccination policies the rules and principles set forward in order to eradicate certain diseases\(^7\). Also, the Action Plan points out the need for rising awareness on the right to receive vaccination\(^8\). But the main point is the references made to the need of a better communication in terms of immunization advantages and disadvantages, in an efficient manner, so that the strong “anti-vaccination lobby groups” can be persuaded in terms of vaccine necessity or the dangers of the disease\(^9\). As a possible solution identified by the WHO, but with effects that must be yet studied, is the incentive offered for vaccination or conditional social benefits\(^10\).

II. The anti-vaccination movement

The anti-vaccination movement does not represent a novelty in the national and international arena. From the starting point of the vaccination campaigns, until nowadays the idea to refuse vaccination appeared in different parts of the globe and in different stages of the historical evolution. Robert Wolfe and Lisa Sharp analyses some trends in England and United States, pointing out that resistance to vaccination is not a new trend. The two authors present the British Vaccination Act of 1840 which offered free inoculations for poor’s and outlaws and the Vaccination act form 1853 which made vaccination compulsory in Britain. Soon after the second law violent riots started in several towns and the Anti-Vaccination League was created in London which focused on the infringement of personal liberty and choice\(^11\).

In the US similar associations were formed such as Anti-Vaccination Society of America in 1879\(^12\).

In France the contemporaneous anti-vaccination movement spread in base of a vaccination case related to hepatitis B vaccine\(^13\). Even if lawsuits were introduced previously claiming the link between vaccination and some diseases, judges were reluctant to give a verdict in favor of this claims\(^14\). But, after a French court decided that there was a link between the vaccines and demyelinating disease, anti-vaccination movements spread and become more vocal\(^15\).

In Nigeria was registered an interesting movement of vaccination refusal, based on political and religious reasons. In Nigeria in 2003 after the vote, the Baptist retired General Olusegun

\(^5\)WHOvaccine position papers http://www.who.int/immunization/policy/position_papers/en/
\(^6\) WHO http://www.who.int/immunization/documents/safety/en/
\(^8\) Idem
\(^9\) Idem
\(^10\) Idem
\(^12\) Ibidem
\(^13\) S. Tafuri, M.S. Gallone, D. Martinelli, R. Prato, C. Germinaro, Addressing the anti-vaccination movement and the role of HCWs, Vaccine, nr. 32(2014), pp.4860-4865
\(^14\) Jean-Sébastien Borghetti, Litigation on Hepatitis B Vaccination and Demyelinating Disease in France: Breaking Through Scientific Uncertainty?, on line http://www.udg.edu/Portals/89/Filosofia%20Dret/textos%20seminaris/Borghetti_Litigation%20on%20Hepatitis%20B%20Vaccination%20and%20Demyelinating%20Disease%20in%20France.pdf, accessed 05.05.2015
\(^15\) S. Tafuri, M.S. Gallone, D. Martinelli, R. Prato, C. Germinaro, op. cit., pp.4860-4865
Obasanjo won the election against his Muslim opponent. This lead to the claim that the Polio vaccine was contaminated with anti-fertility drugs meant to sterilize the Muslim girls.\textsuperscript{16} The anti-vaccination movement is also called in some states and on internet sites anti-vaxxers. The movement developed in time through the media and internet and through non-governmental organizations. The most affected countries are the USA, Europe, Japan, Australia\textsuperscript{17}. The new anti-vaccination movement, unlike the past associations mentioned before, benefit from the internet in order to spread its ideas. Generally they use three five of means to spread information:

- Social networks such as Facebook and other similar pages
- Web-pages to post materials, more or less documented, and thus spread the information.
- Meetings regional, national etc.
- Newspaper articles
- TV shows in the extent media group invite advocates from this group.

Lately numerous articles appeared related to this subject, some pro\textsuperscript{18} other against\textsuperscript{19} vaccination. Also, TV shows started to invite advocates from this movement such as the case of ABC who was criticized for inviting anti-vaccination advocates in it shows\textsuperscript{20}.

\textbf{III. \textit{Local and regional governance in pro- vaccination / no-vaccination}}

In the European Union (EU) the Vaccine European New Integrated Collaboration Effort (VENICE)\textsuperscript{21}, undertakes efforts to generate an integrated system of consultations regarding different European vaccination practices. In the second VENICE Report some key facts regarding the legal practice in making certain vaccination mandatory and other not. The report identifies four types of vaccination requirements: “mandatory vaccinations for all; mandatory vaccinations for those at risk; recommended routine vaccinations for all; recommended vaccinations for those at risk.”\textsuperscript{22} From the data collected it resulted that some states apply a mandatory system on certain vaccines such as polio (12 countries\textsuperscript{23}), diphtheria, tetanus (11 countries\textsuperscript{24}) and hepatitis B (10 countries\textsuperscript{25}).

\textsuperscript{16} Judith R. Kaufmann, Harley Feldbaum, Diplomacy and the Polio Immunization Boycott in Northern Nigeria, Health Affairs, volume 28, no. 4, p. 1091

\textsuperscript{17} S. Tafuri, M.S. Gallone, D. Martinelli, R. Prato, C. Germinaro, op. cit., pp. 4860-4865


\textsuperscript{20} John Quiggin, Anti-vaxxers: so friendless that free speech is enough to defeat them, The Guardian, 08.01.2015, http://www.theguardian.com/commentisfree/2015/jan/08/anti-vaxxers-so-friendless-that-free-speech-is-enough-to-defeat-them, Accessed on 20.04.2015

\textsuperscript{21} VENICE website http://venice.cineca.org/the_project.html


\textsuperscript{24} Ibidem

\textsuperscript{25} Ibidem
The Report also pointed out that the penalty for choosing not to vaccinate is different from country to country. Some choose a more strict system that stipulates criminal charges to more light which even give the option to not vaccinate\textsuperscript{26}.

In Australia the anti-vaxxers started to generate problems for the government, because of the large number of persons that opted not to vaccinate their children. Because of that the government changed the legal framework and, even if vaccination was not made compulsory, the Australian administration chooses to cut welfare for the ones that refuse vaccination\textsuperscript{27}.

In Singapore the Infectious Disease Act enacted by the Parliament in 1976 has as objective the control and eradication of diseases. An important part of the Act is the vaccination policy, especially related to children. In order to prevent vaccine preventable diseases the vaccination of the young is compulsory\textsuperscript{28}.

Early this year the international media pointed out that in Pakistan several persons were arrested because they refused the polio vaccination for their children. The local authorities stated that they had more than 13.000 refusal cases, and WHO point out that Pakistan has a high incidence of polio cases\textsuperscript{29}. The measure was taken in a desperate attempt to solve the polio problem in the northern region, controlled by Al Qaeda and the Talibans who attacked medical personal earlier.

<table>
<thead>
<tr>
<th>Country</th>
<th>Compulsory</th>
<th>Enforcement method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>Yes</td>
<td>Criminal charges-jail</td>
</tr>
<tr>
<td>Australia</td>
<td>Yes</td>
<td>Social welfare cuts</td>
</tr>
<tr>
<td>Singapore</td>
<td>Yes</td>
<td>Criminal charges-fine</td>
</tr>
<tr>
<td>USA</td>
<td>No</td>
<td>Increased health insurance cost</td>
</tr>
<tr>
<td>UE</td>
<td>Yes/No</td>
<td>Different from state to state and on the type of vaccination</td>
</tr>
</tbody>
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Examples of various approaches on vaccination enforcement policy

IV. Discussions

The problem of anti-vaccination exists in many countries, existed in many historic periods and their motivation is different from a region to another. The legal rules sometimes, even if the law provides a system with mandatory vaccination, are inefficient. The lack of effectiveness cannot be entirely attributed to bad policies or bad policy management. Sometimes the social and political situation dictates a certain status-quo that need to be addressed not through health policies but political actions meant to ensure the security of a certain territory, country or region.

Truly the major problem globally remains the access to vaccine in poor countries with scarce resources, low economic development and bad political management. But as the anti-vaccine movement gathered many followers in recent years international and regional organizations, states, non-governmental bodies must start taking serious actions in order to prevent global pandemics especially in the case of vaccine preventable diseases. The WHO started taking into account the need for a more solid approach to the anti-vaxxers through a better communication strategy, which should point out the strong points but also the week points of vaccinations, and via a legislation reform. So maybe a more concise policy is needed in respect to this problem in the light of the recent problems in USA with the measles epidemic.

Legally the system differs from one country to another. In extreme situation a legal reform that introduces the compulsory vaccination is needed, and must be considered as an option. In other

\textsuperscript{26} Ibidem
cases the conditioning of social benefits or other form of benefits on the vaccination is an option, as the Australia case shows. Also, the UE report points out that even if different systems exist regulating vaccination, the effectiveness of the mandatory vaccination must be still studied. In some European countries even if the vaccination is not mandatory the rate of non-vaccination is low. So, in the end, a part of the problem is the collective mentality regarding the importance and benefits of vaccination. In states where the access to vaccination is still low such as certain African states or India the idea of of vaccination is not regarded as such a burden. And maybe this is the key element in fighting the anti-vaxxers, namely effective communication, social involvement and transparency. Also a better use of the modern means of communication must be found.

The balance between personal rights and collective rights need to be still clarified and applied in consequence even in the UE. In the initial form, J. Locke talked about the idea of liberty in the following manner: the liberty exist till the point that my liberty does not affect the liberty of others. In this context the right to non-vaccinate should not affect others right to health and even life. The Universal Charter of Human Rights states in article 3 the right to life and article 25 states the right to health. So these rights should be sacred not only for the individual but also for the majority.

V. Conclusions
In the light of the new development regarding the anti-vaccination movement new measures must be taken globally but also at a national level. The measure should comprise legislation amendments that have in mind the general interest not only the individual one. As a start the solution presented by the WHO regarding the linkage of social benefits to vaccination seems a feasible solution. Also better communication is needed, and more so when most of the advocates do not possess medical training.

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