The 'Near Miracle' Revisited

Social Science Perspectives of the Immunization Programme in Bangladesh

Editors

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THE POLITICAL COMMITMENT FOR IMMUNIZATION

Bangladesh inherited a system of basic health care, which was more curative than preventive in nature. A culture of free entitlement to health care was laboriously nourished, with little attention to system sustainability. As in most other developing countries, the initial plans of the newly independent country failed to visualize the need for a change in approach. Emphasis on immunization only emerged only after emphasis on preventive health care had been firmly established as a national policy.

The First Five Year Plan (1973–78) focused on the need to build up an appropriate health infrastructure. Its objectives were to:

- establish a basic health care infrastructure in all rural *thanas*;
- eradicate communicable diseases;
- develop and expand training facilities for doctors, nurses and para-medical personnel;
- expand the hospital and clinic facilities;
- increase the production of essential drugs and medicines[1]

The First FYP was followed by the *The Two Year Plan (1978-80)*, which stated that the major health problems of Bangladesh arose out of common preventable infections that are aggravated by poverty, ignorance and unsanitary living conditions. Diarrhoeal diseases, respiratory infections and widespread malnutrition constituted a significant proportion of morbidity, particularly among infants and young children. In general, its major aims followed those of the First FYP.

Bangladesh became a signatory to the WHO/UNICEF sponsored 'Global Strategy of Health for All by 2000', and the related PHC strategy was enunciated in 1978. In September 1979, the Bangladesh Planning Commission proposed to enforce some basic human needs, in a document entitled, 'Preliminary Thoughts on a Perspective Plan of Bangladesh for 1980-2000'. These provisions were put in terms of staple food, minimum housing with sanitation, coarse cloth and elementary health care for every citizen. The consideration of these proposals was placed on top of the government's agenda for the next 20 years. In its proposed strategy, the Perspective Plan recommended: development of an integrated health service covering promotive, preventive

and curative aspects of health services and population control, universal coverage and accessibility, full utilization of semi-professional resources supported by a well structured referral system, and promotion of indigenous research.

The Second Five Year Plan (1980–85) document viewed the health care system of the country as 'traditionally curative and urban biased'. It observed that the shortage of resources had restricted the coverage of health care to about only 25% of the population. Suggestions were made that preventive and promotive health care should continue to remain entirely financed from public funds. As a community participation strategy, the plan document ensured, among other things, the raising of voluntary HWS.

The Third Five Year Plan (1985-90) made an attempt to more explicitly re-orient priorities by emphasizing the need to build a better infrastructure, responsive to the needs of Primary Health Care. During the Third FYP the second, accelerated, phase of the EPI was initiated.

The Fourth Five Year Plan (1990-95) put emphasis on the primary health care programmes, including MHC, immunization and health education, and reconfirmed continued commitment to the EPI programme. It mentioned that efforts would be made to sustain and effectively maintain the national capability for delivering immunization services through an integrated service of health and family planning workers, multi-sectoral approach and close supervision and monitoring.

The Fifth Five Year Plan (1997-2000), formulated by a new government, started with the premise that no comprehensive health policy had been formulated earlier, therefore, this government had decided to give the highest priority to the formulation of a national health policy. The Fifth FYP's mottoes are: Health for All, Eradication of Polio, Reproductive Health Care for All Women, Eradication of Leprosy, and Universal Child Immunization. The government accepted the Primary Health Care approach as a strategy to achieve the goal of 'Health for All'. It was proposed that the immunization programme be further expanded and strengthened to effectively assist in the control of diseases. Priorities during the Fifth FYP included, among others, eradication of polio by the year 2000, elimination of measles by 2010, leprosy and neonatal tetanus by 2000. The Plan also reveals that vaccines against hepatitis B, meningitis and mumps would be added to the EPI arsenal, and the production of vaccines at home would be initiated.

Political parties and their stand on immunization

Making provisions for universal health care has always been a political pledge of almost all the political parties in this country, less than a dozen of which have an effective nation-wide network. The Awami League, the party that led the country to independence, had prioritized reconstruction of the war ravaged health infrastructure. Addressing the UN General Assembly at its fourtieth Anniversary session in 1985, the then President General H.M. Ershad declared: 'We cannot let the vigorous efforts made for child survival through several potential methods go in vain. Their survival and development is our future investment. In this context, we strongly emphasize that the goal of universal child immunization by 1990 be more vigorously pursued.'

Ershad came to power through a military coup d'etat in March 1982. Within a couple of years, the new regime started to face opposition in the streets, particularly from the students, and was confronted with the question of legitimacy. The immunization programme, with its world-wide emphasis, came for him at an opportune time. The genuineness of Ershad's 'commitment' to immunization was questionable. Whether such a commitment to immunization was motivated to gain credibility for his 'illegal' regime, both nationally and internationally, or was a sincere effort to the cause of children in the country, needs further investigation.

The manifestation of maximum commitment from the leaders was seen during 1990, when a new phase of the EPI programme was launched with a carefully planned social mobilization programme. On request from the then executive director of UNICEF, James P. Grant, President Ershad granted three minutes of prime commercial time everyday for children on radio and TV to promote EPI.

The political parties' real commitment to health, and particularly immunization is gauged by their conduct. *Hartal* (complete stoppage of work and transportation) is a popular form of protest practiced by political opposition parties against the government in power in Bangladesh. Such protest has been in fashion since the time of the great language movement of 1952 and is still a common form of protest. On 8 January 1998, the opposition party, Bangladesh Nationalist Party (BNP), called for a hartal to protest some 'wrong-doing' by the government led by the Awami League. The day was earlier declared by EPI as a National Immunization Day (NID) and all preparations had been made for the observance of NID. In spite of all appeals made by the government and UNICEF to shift the hartal by a day, the hartal was observed. There was another hartal called by the same party on June 15, 1998. It coincided with the visit to Dhaka by a top US official Mr. Bill Richardson. At the request of

the American Ambassador to Bangladesh, the BNP called off the strike. In 1996, when the BNP was in power, the opposition party, Awami League, had also called a hartal on a NID. Such instances indicate the lack of importance given to immunization by the political parties.

Religious leaders and immunization

During its second phase, the EPI managed to get public statements in support of the immunization programme from religious leaders (Abed et al. 1991). Mr. Yunus Sikdar, the Principal of Madrassa-e-Alia, Dhaka, said: *'I feel I should make people aware of the fact that this immunization programme is very important and everyone should go for it.'*

Swami Aksharananda, a Hindu religious leader said: *'The death rate of mothers and children is very high in the rural areas, as EPI has not yet adequately covered the rural areas. The role of EPI should be strengthened further and extended to the doorsteps of the people.'*

Sri Visuddananda Mahathero, the President of Bauddha Krishti Prochar Sangha, said: *'My words are not for any special religious sect, but for all human beings. This immunization programme should be implemented for the welfare of the country. People of our country are still superstitious and they should be increasingly exposed to this programme through Radio and TV spots.'*

Alliance building in EPI

As part of the strategy allowing flexibility in the vertical structure of EPI, alliance building with potential partners was initiated by the government in 1989. Besides involvement of different government departments, civil society organizations were brought into the collaborative partnership.

Collaboration with NGOs

The context of EPI has possibly been the most effective manifestation of collaboration between the government and NGOs in the country. Without large scale NGO involvement, the EPI would not have been such a success. Initially, NGOs were to provide support during the first year of programme intensification beginning in 1986. Soon this approach was found to be inadequate, as the first year was spent mainly in preparing materials, organizing basic training,

establishing outreach vaccination sessions and orienting community leaders. Therefore, NGO support was extended up to 1995. We now briefly review specific contributions of national and international NGOs.

BRAC

BRAC, the largest national NGO, has assisted the government in five major areas.

1 *Creating demand*: For each of the 147 EPI *thanas* under BRAC's responsibility, a BRAC team member worked exclusively on EPI for one year. One of the activities was to organize meetings in each village before the scheduled immunization day, in order to increase awareness about vaccination.
2 *Planning and advocacy exercises*: Before immunization started in a *thana* or union, advocacy and planning exercises were organized with government officials and the local elite. BRAC workers facilitated by helping the local EPI staff to organize these meetings, at which the whole operation of the EPI was discussed.
3 *Training*: BRAC staff provided training to mid-level and lower-level government staff on social mobilization and the management aspects of EPI. BRAC staff also selected and trained local volunteers to work for EPI.
4 *Policy formulation*: BRAC was represented at the National Steering Committee on EPI, where it assisted the government in formulating and modifying policies on EPI. BRAC was also represented at the *thana* level coordination committees for EPI.
5 *Research and monitoring*: The organization has also undertaken research and evaluation activities on EPI. The Research and Evaluation Division (RED) of BRAC conducted independent coverage surveys. They undertook in-depth studies on people's perception of six EPI diseases and vaccination, and another on the profile of EPI volunteers. Results from such studies were transmitted to EPI for further action (Chowdhury 1989; Abed et al. 1991).

CARE

CARE, an USA funded international NGO, initiated its TICA (Training Immunisers in the Community Approach) programme in 1986-87 to assist in implementing EPI more effectively. Their efforts were geared towards developing the competencies of government personnel, especially assisting in local-level planning and in the training, management and supervision of EPI staff. CARE facilitated implementation through staff assignments, logistical support monitoring, social mobilization and awareness building. The organization concentrated its efforts in 96 *thanas* in the Khulna Division. The programme was administered by their sub-offices located in Khulna and Barisal. It was implemented by a team comprised of one nurse-tutor and one community organiser. Within a