Communication Strategy for Public Health Campaigns

With special reference to Pulse Polio Immunisation Programme

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Communication strategy has to be integral to the programme. Communication efforts, devoid of a sound programme for improvement of health status, are bound to have only limited impact. This means that one should, first of all, have a good programme for the communication strategy to be successful.

To take a simple example, we have long been campaigning against spitting on the roads, throwing litter around and urinating on roadsides with little effect. Any campaign for cleanliness in public places would be successful only if there is an adequate programme to maintain dustbins, urinals and the like. Men who are prone to throw litter on the road would not do so on the pavement of a well maintained and clean park with message board to use the dustbin that is available at a nearby location.

Kerala is currently carrying out a *Clean Kerala* Programme. When an outbreak of Dengue fever and other diseases occurred in the State, one of the communication strategies was to have taped messages played at junctions in Thiruvananthapuram city. No need to say that it severed little to check diseases. Now, the city is facing a major outbreak of Malaria. The efforts to fight the spread of communicable diseases were compartmentalised and have not succeeded so far.

This brings us to the question of soundness of policies and honesty in communication strategies. It is not unusual for Government to adopt slightly dishonest communication strategies-- sometimes to achieve results faster and sometimes to hide flawed policies. This paper looks into the family planning and immunisation programmes in this regard in some detail.

Family Planning:

In the case of family planning programme, the communication strategy was highly integral to the programme itself. When the campaign reached its zenith in a locality, it was accompanied by a medical camp for sterilisation operations. This yielded results. At the same time, the message communicated was not often very honest. Birth Control devices such as pills were not hundred percent safe. However, this was hardly ever mentioned. The chances of failure of pills were as much as 16 per cent. Condoms were never tested 100 per cent for holes after manufacture. Yet these, facts were often hidden from the people.

However, a backlash was avoided possibly because of the stress on sterilisations. (The only major backlash suffered by the Programme was during the emergency, which led to the renaming of the Programme as Family Welfare Programme). Otherwise, a serious credibility problem would have arisen.

Immunisation:

Immunisation has been around for sometime and the vaccines are not entirely free of side effects. However, doctors do not often tell the parents about that. Vaccines contain harmful substances like mercury in small quantities. Mercury can affect the brain of the infant and overdoses or administration of multiple vaccines containing mercury at a time can cause problems. This is only one aspect of the risk involved though small. In case of oral polio vaccine, which contains weakened virus, there is the risk of vaccine associated paralytic polio. (The level of risk is one case per 2.5 million doses of vaccine administered).

In this context what I propose to discuss here is the Pulse Polio Immunisation Scheme, which the Government has devised without taking several unwelcome aspects of the policy into consideration.

The first question is whether the priorities are right. Eradication of polio is indeed a priority at the International level. The World Health Organisation is pressing India to get free of polio so that Western nations, which now have no incidence of polio, would not be at risk.

But would that automatically translate into the priority for this country? Here the problems faced by the children are not just risk of polio or Vitamin A or Iodine deficiency that the International organisations highlight. They are malnutrition and absence primary health care and environment needed for their healthy growth. The female child is especially at a disadvantage.

Now, let us look at the history of Pulse Polio Immunisation. The programme was started eight years ago. At that time, it was claimed that polio would be eradicated in a few years because of a factor called 'herd immunity'. According to its proponents, all children would get immunity from the disease even if 100 per cent coverage of vaccination was not achieved. If most of the children in a locality were vaccinated, they would eject enough number of viruses into the environment, which in turn would immunise the rest of the children. However, this did not happen and the initial national target of 2000 had to be advanced twice. Now, it would be at least be another five years before the region could be declared free of polio. Some experts say that total eradication of polio is an unrealistic goal. Even if the region becomes polio free, vaccinations could not be suddenly ended because the attenuated viruses used in the vaccine can mutate.*

The Central Government has so far spent roughly Rs. 2500 crores on the programme and proposes to spent at least Rs. 600 crores this year. The Budget would be up in the coming years. Even if we are on the brink of achieving elimination of polio, the question remains whether this amount of money could not have been spent on reaching nutritious food and primary health care to children and strengthening routine immunisation (which covers more number of diseases). There is the dubious argument that routine immunisation alone, however good it may be, will not help in completely interrupting polio virus transmission in the environment. In any case, administration of oral polio vaccine alone

would not help to eradicate polio and discontinue vaccinations as attenuated virus would keep on circulating in the environment and cause polio in children who are not immunised. (The cycle would have to be broken with costly injectable polio vaccine containing dead viruses that, incidentally, contain mercury.)

Pulse immunisation essentially involves giving additional doses of vaccine children who are covered under routine immunisation. In case of medicines, additional doses are anathema (There is only the correct dose). But in case of polio vaccines, additional doses are being recommended for 100 per cent protection. However, it is notable that in States like U. P., even the additional doses have not reached children who need vaccinations. (Hence, the fresh outbreak of polio there). It is notable here that those who could not be covered are children who would face a high risk of dying from other causes even if they get vaccinated for polio. Even a substantial number of children who do receive the vaccinations would die of plane dysentery and malnutrition, if not tuberculosis or Dengue fever. So, if child's survival was the prime objective of our immunisation policy, we would have focused on primary health care and routine immunisation instead of going in for a costly programme like pulse polio immunisation. Even for total eradication of polio is achieved, it could be sustained only if the deprived children could be reached routinely.

Also, note how much vaccine is being wasted. Most of the children who received additional doses would have been already immunised. (Now as many as five or six rounds of pulse programme is proposed in several States to ensure total coverage). Thus, the programme is a national waste of time and money. Elimination of polio is a minor goal for the country where millions of children are otherwise deprived. The right of the child is not just immunisation but primary health care.

The West always overdoes things and consumes excessively causing much waste. Wastage of vaccine is not something that a developing country like India can afford, even if some of the money comes from organisations like the WHO or Rotary International as grants and loans.+

Communication:

Flawed programmes often result in flawed communication policies. Efforts are often made to misrepresent facts. When it becomes difficult, even some mode of censorship is tried. For example, when reports critical of the pulse polio immunisation programme appeared in the Press, the Director of Health Services of Kerala reacted with the following lines:
“Immunisation is Fundamental Right of the Child granted by the United Nations and any individual, agency and organisation that campaigns against childhood immunisations against the National Health Policy should be condemned for misleading the public and making Kerala vulnerable to Wild Polio Virus attacks.” This sentence, which sounds like the Pope’s condemnation of heretics in matters of faith on which he assumes infallibility, is obviously intended to suppress dissent.

The long-term effect of such communication will be negative, as people would start to suspect the motive. Truthful and sincere communication, that does not hide risks, would be successful in the long run.

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* See the following for more information:
Helen Pearson, ***Polio vaccine may spawn disease****, Study highlights need for polio eradication exit plan****, Nature,*** 17 November 2003.
<http://www.nature.com/nsu/031110/031110-20.html>

Helen Pilcher***, Polio eradication strategy revised:*** *Cash crisis forces mass vaccination campaign to focus,* ***Nature***, 14 May 2003.
<http://www.nature.com/nsu/030512/030512-4.html>

+ Wastage is not confined to vaccine alone. Wastage of liquid nitrogen, power etc occurs as a cold chain is to be maintained. The six rounds of pulsing, proposed now, would result in most children getting six doses of vaccine in a single year.

Quotes from the key note address by Dr. J. V. Vilanilam, Former Vice Chancellor of Kerala University at the seminar:

“Factors contributing to the ill-health of the large majority of people in a ‘developing’ society do not engage the serious attention of health planners nationally and internationally. Most of the time, international priorities trigger national debates when fundamental issues get little attention.”

“The real reason, at least the major reason, for most diseases of poor countries, is the poverty of the large majority of people in those countries. Any strategy of public health communication, therefore, has to give primary consideration for the removal of poverty, particularly poverty among the dilapidated sections of the metropolitan cities and that among all rural areas.”

“Public Health Communication (PHC) strategies have to be evolved in such a manner that people’s overall social improvement is taken as the target and not just the implementation of a few ad hoc national health campaigns such as eradication of polio and prevention of AIDS/HIV etc. which are, of course, essential.”

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