



Social Vaccine

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Why in News

The Union Health Minister has recently asserted that **lockdowns** and **social distancing** are the most effective “**social vaccines**” available to fight the **pandemic (Covid-19)**.

Key Points

- **Social Vaccine**

- It is a metaphor for a series of **social and behavioural measures** that governments can use to **raise public consciousness about unhealthy situations**.
- This is made possible through social mobilisation.
 - **Social mobilisation** is a process whereby people are organized in order to enable them to collectively think and act upon their development.
 - It can **empower populations** to resist unhealthy practices, increase resilience, and foster advocacy for change. This can ultimately **drive political will** to take action in the interests of society.
- A social vaccine **addresses barriers and facilitators of behaviour change** (attitudinal, social, cultural, or economic) and supplements **Information, Education, and Communication (IEC)** with targeted **Social and Behaviour Change Communication (SBCC)** strategies.
 - SBCC** is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors.

- **Effectiveness of a social vaccine during Pandemic**
 - When applied to pandemics, the effectiveness of a social vaccine is **determined by the extent of dissemination and uptake of accurate information** about personal infection risk and methods to reduce the risk.
 - **Uganda and Thailand used SBCC strategies effectively during the HIV/AIDS pandemic** to bring down the incidence of HIV infection, **before Highly Active Antiretroviral Treatment (HAART) was introduced** in 1995.
 - These countries demonstrated how an effective social vaccine helped **“flatten the curve”** till effective treatments were discovered that dramatically reduced mortality, viral loads and infection transmission.
- **Social Vaccine amidst Covid-19**
 - The skills and experiences from controlling HIV/AIDS pandemic can be innovatively adapted for the current pandemic.
 - **Use of IEC and SBCC strategies:**
 - Maintaining physical distancing in social situations and wearing cloth masks or facial coverings in public by 100% of people is key to preventing infection along with regular disinfection of oneself and one’s surroundings.
 - **People are more likely to practise these behaviours if all leaders (without exception) promote them** publicly and consistently, the whole community believes in their importance, and if proper information, support, and materials are available and accessible.
 - **Building trust** is key if government-imposed mitigation strategies are to be embraced by the population.
- **Practising Social Mobilisation**

This will make people to hold leaders accountable to invest in: rapidly scaling-up testing; meeting the basic needs of vulnerable sections; not communalising or politicising the pandemic; providing adequate Personal Protective Equipment (PPE) to front-line workers in health, etc. and not compromising the privacy and dignity of infected individuals.

Role of Social Vaccine in Controlling HIV/AIDS Pandemic

- **Outbreak of the Disease:** The **Human Immunodeficiency Virus (HIV)** that causes the **Acquired Immune Deficiency Syndrome (AIDS)** is believed to have made the zoonotic jump through chimpanzees on humans in Africa as early as the 1920s, but the HIV/AIDS epidemic was detected in 1981 and was a pandemic by 1985.
- **Panic Situation:** The cause was unknown (till 1984) and diagnostic tests were unavailable (till 1985). Since there was no treatment, a diagnosis of HIV infection was a death sentence.

- **Impact**
 - **Widespread fears** of infection rendered many infected people homeless and unemployed. Many were denied access to care.
 - **Stigma, discrimination and violence** towards infected individuals, their families, social groups (sex-workers, gay men, drug users, truck drivers, migrants), and even health workers, were common.
 - **Conspiracy theories, misinformation and unproven remedies** were widely propagated.
 - **The unpreparedness of health systems**, societal prejudices and socio-economic inequities were starkly exposed.
- **Use of Social Vaccine**
 - Reducing HIV transmission centred on acknowledging that everybody was potentially infected — even those apparently healthy — and that infection occurred predominantly through sexual transmission and intravenous drug use.
 - The **core preventive messages** involved being faithful to one sexual partner or having safe sex, etc. These measures conflicted with prevailing cultural, social, religious, behavioural and legal norms.
 - However, IEC and SBCC activities targeted (and partnered) individuals, families, community leaders, and social and health systems to change attitudes and behaviours. Religious and community leaders were key change agents.
 - Thailand used humour to defuse social taboos about publicly discussing sex.
 - Coercive or punitive methods acted counter-productive in controlling HIV/AIDS.
 - These strategies and advocacy against stigma and discrimination were also successfully adapted in India.

Way Forward

- There is still no biomedical vaccine for HIV/AIDS. Considering the limited efficacy and uptake of influenza vaccines, vaccines for SARS-CoV-2/Covid-19 may not provide a panacea.
- Effective treatments to reduce deaths with Covid-19 may emerge, but till then, and even afterwards, **a social vaccine is needed.**
- A social vaccine **can build societal immunity** to the devastating effects of future pandemics by the lessons learned about addressing the root causes, and our responses to the current one.

Source: TH