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Policy Coherence for Vaccine Production to Reduce Health Inequalities

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ABSTRACT

Many efforts were made to control the COVID-19 pandemic in Iran. Such preventive measures, namely, social distancing, vaccination with foreign vaccines and supporting the domestic vaccine production, on-time diagnostic efforts and treatment of the infected put additional pressure on the health system and the country's budget. The COVID-19 crisis has subsided in the country recently, and now is the time to evaluate and review policies in various domains that were adopted during the crisis. Success in policies and implementation of programs is due to good governance which works in the context of a correct decision-making system. Moreover, efforts to reduce health inequality fall within this context. This note is written to emphasize the importance of policy coherence for the access of people to health through vaccination as a hot current issue in vaccination policymaking. Based on the country's talented human resources and supporting knowledge-based companies, producing domestic vaccines seems to be a reasonable action that could be done through re-skilling or up-skilling as well as a partnership with pioneer companies. However at this point, one should evaluate and assess the outcomes and achievements of these policies and actions, especially in the field of domestic vaccine production. Moreover, the impact of cost-benefit ratio of such actions on the public health system should be evaluated for preparedness during the future pandemics.

INTRODUCTION

Human rights are believed to belong to every person. Based on the United Nation definition, human rights are rights that are inherent to all human beings, regardless of their race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture as well as freedom of opinion and expression, to name a few [1]. Since access to timely, affordable, and reasonable-quality healthcare could be considered as examples of human rights, states are required to secure them for their citizens as well as the fundamental factors that influence the health of their subjects, including food, shelter, sanitation, safe and potable water, employment opportunities, and gender equality in accordance to the Universal Declaration of Human Rights (article 22 and 25) [2]. This emphasizes the necessity of coherent action across several policy domains.

The framework to enhance policy coherence in order to reduce the health inequalities is provided by the United Nations Sustainable Development Goals (UNSDG). Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups that have significant social and economic costs, both to the individuals and the societies. The public health community can promote policy coherence through both systemic and administrative procedures because it affects various levels of the governance. The systemic procedure is concerned with accountability and transparency which are access to health and other pertinent data as well as the ability to use the data and reporting to the legislature. The administrative procedure comprises government plans and objectives, cooperative budgeting, delegated funding, and ministerial connections between health and other areas. The necessity for policy coherence in vaccine production, specifically for Iran, has been addressed previously; however, this necessity is not solely limited to the vaccine production [3].

Policy coherence is frequently mentioned as an essential component of policy to address health inequalities or enhancing health equity. Health inequities are systemically caused by socioeconomical and environmental factors and are therefore avoidable and are seen as unjust. They are synonymous with social inequalities in health, health inequalities, or health inequities. Hence the term "health inequalities" is used here for simplicity [4]. Examples of health inequalities are easy to imagine in the vaccination sector. For instance, active health policies to restrain COVID-19 pandemic will not properly work if there is no public access to safe and effective vaccines accredited by national and international authorities. These vaccines should be produced by fully-supported domestic production or imported from abroad.

The intersection of health and trade has been a particular source of issues and governance concerns for promoting health and trade in the field of global health [5]. Health policies aim to

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address the causes of poor health and health inequality, whereas trade policies seek to promote the equal treatment of investors and businesses. The logic, interests, and politics of trade and health are very different, making it difficult to ensure their coherence. For instance, funding various domestic potential vaccine producers in order to prevent importing approved foreign vaccines may be a supportive policy for the knowledge-based companies. However, failure in gaining the international authorities' final approval or presenting no scientific data on all stages of domestic clinical trials will endanger and damage the public health and would waste the financial resources of the country. How can maintaining health equality be emphasized when the global trading system generally supports trade, regardless of what it is traded or how it affects the people's health?

The Health in All Policies (HiAP) strategy gave rise to HEiAP (The health equity in all policies). HEiAP appears to go beyond HiAP, since it focuses on policies regarding various factors that cause or address health inequalities while acknowledging that population health cannot be improved without addressing health inequalities. It can be used to identify policy initiatives and policy-making processes that can reduce health inequalities and at the same time to identify policies that are incongruent with a government strategy that seeks to reduce health inequalities. Making HEiAP a permanent policy is different from stating it as a goal and developing its procedures. Advocates of any political agenda—reduced health inequalities or otherwise—face three main obstacles.

The first is the problem with definition. Defining public vaccination programs without access to the qualified/approved vaccines is a political action that calls for coalitions, evidence, and persuasive narratives. The second is the problem of influencing agendas in other policy domains to reflect concerns about health inequalities is closely tied to the influence challenge. Any other policy domain will have different interests, priorities, and working methods, and people in it might not want to give in to concerns about health inequalities, whether that policy area is as closely related to health issues as health care services or as seemingly far removed as goods procurement. Both institutional frameworks and political backing are necessary to influence them. The third is the problem of persistence. If policies do not outlast certain ministers or administrations, there is little possibility that the benefits will be long-lasting, even if they reflect concerns about health inequalities. The issue is how to create long-lasting policies and permanently change policymaking in a way that tackles health inequalities and leans future decisions in favor of their elimination.

By addressing these three issues with what political scientists refer to as "staging" to ensure that policy coheres around a purpose of reducing health inequalities, the path to HEiAP and policy coherence to address health inequalities, is in large part determined [6]. The goal of staging is to deal with uncertainties regarding the most desirable course of action by ensuring that those who prevail in the political struggle over the underlying legislation will also triumph during the program's implementation [5]. Therefore, in order to achieve HEiAP, or at the very least, health equality, in as many policies as feasible, governance that effectively generates coherent policy for the reduction of health inequalities is just as important as good governance.

A thorough assessment of the literature revealed that the five areas of transparency, accountability, participation, integrity, and system capability are discussed when discussing governance as a concept (7). The question of how best to arrange the five areas of governance to solve the difficulties of definition, influence, and persistence for HEiAP might be rephrased as policy coherence. This is a realistic concern about how to utilize one's time in management to select individuals, actions, and objectives that will solidify laws to lessen health inequalities in the future. Since it requires legal, administrative, and political skills to determine whether a given initiative in a given setting is likely to be effective, measuring policy coherence for eliminating health inequalities (HEiAP) is difficult. The difficulty of determining whether a particular policy is effective or sustainable is equal to those of characterizing the consequences of a policy on health inequalities. Epidemiological, socio-economical skills are necessary to comprehend the effects of health equality; administrative, legal, political, and political science expertise are necessary to comprehend the viability and longevity of political systems.

Policy coherence is not a value in and of itself. Policy incoherence would be chosen if given the choice between a coherent policy that decreases health inequalities and policy incoherence. Those who want to lessen health inequalities must figure out how to change governance such that it discourages policies that exacerbate gaps and supports those that foster more health equalities. To put it another way, careful examination of intricate policy interventions and their results must be combined with equally rigorous analysis of political process, governance, and policy in order to advance health equality. The COVID-19 pandemic seems to be restrained in the country temporarily. We have to collect and investigate our lessons learned in the policies made for vaccination: domestic production versus importing the products, and the consequences. The results will indicate whether the followed policy has been successful and coherent enough. The outcomes will be valuable for future approaches. It should be carefully noted that according to the last statement of the Emergency Committee regarding the coronavirus disease (COVID-19) pandemic (January 30, 2023), W.H.O continues to constitute a public health emergency of international concern (PHEIC). The COVID-19 pandemic is probably at a transition point and appreciates the advice of the Committee to navigate this transition carefully and mitigate the potential negative consequences [8]. Therefore, the threat has not gone away.

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CONFLICT OF INTEREST

The author declares that he has no conflict of interests.

REFERENCES

1. Loughrey G. A custodial ethic: An Aboriginal way of wholeness and reciprocity. Zadok Perspectives. 2020 (148):4-6.
2. Assembly UG. Universal declaration of human rights. UN General Assembly. 1948;302(2):14-25.
3. Marandi V, Tabatabaeian S, Jafari P, Azarnoosh M. Vaccine production industry in Iran and the necessity for policy coherence. Vaccine Research. 2017;4(3):85-6.

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[DOI: 10.61186/vacres.9.2.24]

4. Saunders M, Barr B, McHale P, Hamelmann C. Key policies for addressing the social determinants of health and health inequities (2017). Report No: Health Evidence Network Synthesis Report.52.
5. Jarman H. Trade policy governance: what health policymakers and advocates need to know. Health Policy. 2017;121(11):1105-12.
6. Cox GW, McCubbins MD. Political structure and economic policy: The institutional determinants of policy outcomes. 2000.
7. Greer SL, Wismar M, Figueras J, McKee C. Governance: a framework. Strengthening Health System Governance. 2016;22:27-56.
8. Organization WH. Statement on the third meeting of the International health regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19). 2005.

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[DOI: 10.61186/vacres.9.2.24]