Access to Vaccination in the Municipality of Camaçari: Analysis of the Economic, Technical, Organizational, and Symbolic Dimensions

Acesso a Vacinação no Município de Camaçari: Analise das Dimensões Econômicas, Técnica, Organizacional e Simbólica

Acceso a la Vacunación en el Municipio de Camaçari: Análisis de las Dimensiones Económicas, Técnica, Organizacional y Simbólica

RESUMO

Objetivo: Este estudo analisou os aspectos que interferem no acesso à vacinação em Camaçari (BA), sob a ótica de usuários, profissionais de saúde e gestores do SUS. Com base nas dimensões econômica, organizacional, técnica e simbólica do acesso. **Metodologia:** Trata-se de um estudo qualitativo, de caráter descritivo onde foram realizadas entrevistas semiestruturadas com 16 participantes. **Resultados:** Os resultados apontaram obstáculos como desabastecimento de imunobiológicos, falhas na organização dos serviços, desinformação e dificuldades logísticas. **Considerações Finais:** Conclui-se que é urgente o fortalecimento das políticas públicas, da educação permanente e da gestão territorial para ampliar o acesso equitativo à imunização.

DESCRITORES: Vacinação. Acesso à saúde. Imunização. Sistema de Saúde.

ABSTRAT

Objective: This study analyzed the factors that interfere with access to vaccination in Camaçari, Bahia, from the perspective of users, healthcare professionals, and SUS administrators. The study analyzed the economic, organizational, technical, and symbolic dimensions of access. **Methodology:** This was a qualitative, descriptive study in which semi-structured interviews were conducted with 16 participants. **Results:** The results highlighted obstacles such as shortages of immunobiologicals, service organization gaps, misinformation, and logistical difficulties. **Final Considerations:** It is concluded that strengthening public policies, continuing education, and territorial management is urgently needed to expand equitable access to immunization.

DESCRIPTORS: Vaccination. Access to healthcare. Immunization. Healthcare system.

RESUMEN

Objetivo: Este estudio analizó los aspectos que interfieren en el acceso a la vacunación en Camaçari (BA), desde la perspectiva de usuarios, profesionales de la salud y gestores del SUS, con base en las dimensiones económica, organizacional, técnica y simbólica del acceso. **Metodología:** Se trata de un estudio cualitativo, de carácter descriptivo, en el cual se realizaron entrevistas semiestructuradas con 16 participantes. **Resultados:** Los resultados señalaron obstáculos como el desabastecimiento de inmunobiológicos, fallas en la organización de los servicios, desinformación y dificultades logísticas. **Consideraciones finales:** Se concluye que es urgente el fortalecimiento de las políticas públicas, de la educación permanente y de la gestión territorial para ampliar el acceso equitativo a la inmunización.

DESCRIPTORES: Vacunación; Acceso a la salud; Inmunización; Sistema de Salud.

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INTRODUCTION

Factors such as lack of information, poverty, and anti-vaccine movements impact populations' access to vaccination, as stated in the report *The State of the World's Children 2023: Vaccination for Every Child*.[1] This may be just one of many reasons affecting access to and vaccination coverage across the country. In the municipality of Camaçari, the situation is no different; factors such as geographical barriers, a shortage of qualified professionals, and a lack of quality information reflect the difficulty in accessing the municipality's vaccination services and hinder access as a universal right.

In this context, constant changes also affect the supply and demand for vaccination in these areas. From this perspective, vaccination stands out as an effective strategy for preventing infectious diseases, widely offered through Primary Health Care (PHC) and grounded in equitable and strengthened access. However, despite all the knowledge regarding the rights guaranteed by the Unified Health System (SUS) in this field, current vaccination strategies remain fragile and unable to address the challenges identified today.

Recent years have been marked by significant advances in the field of immunization; however, vaccination uptake has generally fluctuated due to various factors. After facing consecutive declines in vaccination coverage since 2016—one of the reasons being the spread of misinformation regarding the safety and efficacy of vaccines—Brazil has seen the loss of important gains made by its vaccination program.[2]

In this context, to determine which factors influence vaccination coverage in the municipality of Camaçari, we conducted this dialogue with health managers, users, and workers to understand access to vaccination in light of the dimensions of access.

METHOD

This study was conducted with users, health workers, and managers in the municipality of Camaçari, from September to November 2024, conducted in accordance with the ethical principles established by Resolution No. 466/2012 of the National Health Council, and approved by the Research Ethics Committee (CEP), with opinion number 6,962,978, CEE: 79648624.6.0000.0053.

For data collection, the instrument used was a semi-structured interview, addressing guiding themes divided into four dimensions of access—economic, organizational, technical, and symbolic—according to Assis and Jesus.[3] The questions were designed based on vaccination and access activities or topics related to the subject, such as: knowledge about vaccines and vaccination, barriers to access, work processes, training of health workers, investment in logistics, beliefs and fears, as well as educational initiatives.

Sixteen individuals were interviewed, comprising five users, seven health workers, and four managers. To protect the privacy of the research participants, we will use the following codes accompanied by numbers in the order of the interviews: EU for user interviewees, EP for health professional interviewees, and EG for manager interviewees.

Data analysis followed the content analysis approach[4], and the data were organized according to the suggested themes: Supply, regularity of supply and shortage of immunobiologicals, work organization, structure of vaccination rooms, quality of care, technical capacity of the service, investment in vaccination, logistics, continuing education, and beliefs.

RESULTS

The economic dimension plays an important role in access to healthcare and impacts the capacity of healthcare service provision in terms of both quality and quantity. Economic inequality can create significant barriers to access, while investment in healthcare can have positive impacts on health and even on the economy.

When discussing barriers to access, public transportation was one of the most frequently cited issues in the interviews, emerging as a key indicator of this dimension and directly impacting vaccination in the municipality, as we can see below:

> "The economic issue of having to take public transportation makes it difficult to come to the clinic to update the card. That's the excuse they give" (EP7);

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> "We have the problem of non-existent public transportation, which makes access even more difficult" (EG3);
> "In the past, the state provided cars for the teams to make home visits. Now we're on our own" (EG4);
> "The clinic is far away, and I have to take transportation, but I don't have the money" (EU1).

Assis and Jesus[3] highlight that the economic dimension involves necessary investments to ensure equitable access. The difficulty of public transportation appears among the main obstacles, while Moura and other authors[5] also pointed out economic aspects, suggesting social vulnerability related to the inability to afford transportation.

In fact, the lack of public transportation in the municipality burdens users' commutes and negatively impacts access; in some statements, users mentioned that they need to seek vaccines at different clinics.

Another finding in the records concerned the need for investment in human resources as well, as the interviews point to worker overload in the vaccination room:

> "HR staffing levels need to improve, as does investment in vehicles and cameras" (EP1);
> "It would be essential to have two technicians in the vaccination room, as it is very demanding to be alone and do everything" (EP3);
> "We need investments from management in both training and qualified HR staff, as well as in numbers" (EG2);
> "I believe vaccination must also be a priority for management; for there to be investment, it must be a priority, and we no longer see that—there is no investment in vaccination rooms, equipment, maintenance, or trained staff" (EG1);
> "Management invests in training, but it's still not enough. The Ministry of Health and the state also no longer invest; they've left it entirely up to the municipalities. Investment must expand services to other public spaces with the involvement of local teams" (EG4).

Investment in human resources for immunization is necessary to ensure the effectiveness and safety of vaccination campaigns. A qualified team, in adequate numbers, is essential for good practices in vaccination rooms, protecting individual and public health.

On the other hand, when asked about their perception of vaccine availability at the municipality's vaccination sites, users, managers, and workers noted the ease of finding vaccines at the municipality's health centers and the regularity of supply. They also reported the existence of home-based vaccination and even services in non-assigned areas. This is evident in the following statements:

> "There are plenty of vaccination sites" (EU4);
> "In addition to finding vaccines, there is home vaccination" (EU5);
> "I think it's good. Everywhere I go to vaccinate my children, there's always a vaccine. There's never a shortage here" (EU4);
> "The supply is comprehensive, available at all times, and includes all vaccines. It serves both the local population and people from other areas" (EP4);
> "Supply meets demand. We only have supply issues if they're national" (EG1);

This reality facilitates access and strengthens prevention and promotion efforts, as the vaccine is a service available to the entire population and serves as an open door in these areas.

However, when it comes to availability, the interviewees mention that there are issues with the regularity of supply, which can lead to a reduction in the supply of certain immunobiologicals:

> "Some vaccines should be available in greater quantities for the population, because sometimes people come looking for them and there isn't much available" (EP1);
> "Some vaccines are out of stock" (EU1);
> "We even have to go looking at other clinics" (EU2);
> "At the clinic near my house, the vaccine is always out of stock; I don't think there's much vaccine available" (EU3);
> "Supply meets demand. We only have supply issues if they're nationwide" (EG1);
> "Camaçari has no difficulty accessing or receiving these immunobiologicals" (EG4);

These responses indicate that Primary Care has a broad vaccine supply, occasionally affected mainly by national shortages. This global problem impacts Brazil and reverberates throughout its territory, which may explain part of the decline in vaccination coverage.[1, 6]

Duarte had already highlighted that the unavailability or irregularity in the supply of certain immunobiologicals is a significant factor in dissatisfaction and a major barrier to access.[7]

In the organizational dimension of access to health services, we can analyze how these services are planned, organized, and managed; hence the importance of paying attention to the perceptions of those groups directly involved in the care provided or received. This dimension involves aspects such as workforce management, how tasks are distributed, communi-

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cation among professionals and across different sectors, the coordination of protocols and care pathways, as well as the integration between various levels of healthcare.[8]

Thus, since immunizations are available and offered at all health centers in the city, we asked the interviewees about their experiences with the vaccination service, specifically regarding the reception and organization at the facilities:

> "I think the reception is good; they even provide guidance" (EU3);
> "Not all staff members are welcoming during care" (EU2);
> "We even train the receptionists; everyone welcomes users from the moment they walk in" (EP6);
> "The team always provides good service and goes to people's homes to vaccinate our elderly" (EU2).

In fact, a warm welcome facilitates communication between professionals and users and promotes adherence to the program, as it can resolve doubts and answer questions, as well as ensuring the practice of humanization in healthcare.

Even in light of these reports, we also found statements pointing to actions that required greater attention in promoting care. Duarte *et al.*[9] had already emphasized the importance of identifying weaknesses in services and adopting user-centered strategies. In another study from 2021, the same author also discusses the importance of services adopting strategies that enable user-centered care, promoting access to health services and, consequently, to immunization.

To find statements in this vein, we directed our questions toward topics addressing service organization. We found accounts in the narratives of a lack of planning and difficulties with operating hours, and what we observed is as follows:

> "I think there's a lack of planning, because there's only one technician for everything, so we end up focusing too much on vaccinating, and we get overwhelmed" (EP4);
> "Vaccination hours also end early, and no one provides much information" (EU5);
> "The teams define the work process based on their needs and not on those of the population" (EG1);
> "There isn't much planning for vaccination activities at the clinics" (EU1, EU3);
> "I've been to three units, and honestly, I can't understand why one unit or another can't manage vaccine orders so that these other units don't run out, if some units can" (EP4).

The focus in these accounts is on the organization of the work process in vaccination rooms, prioritizing action planning and order management, and emphasizing the importance of the health workers' team's participation so that they assume their roles in organizing the vaccination rooms.

> "The teams are merely executors and place themselves in this position because they do not consider vaccination to be a task specific to primary care, but rather to epidemiological surveillance" (EG1);
> "The teams do not mobilize to organize vaccination activities; they still view it as an activity of Surveillance rather than Primary Care" (EG2).

Some of these statements corroborate the findings of the study by Duarte *et al.* [9] which cites problems in the organization of work processes that restrict access by limiting hours and/or the availability of immunobiologicals, where some teams may base service organization standards on their own preferences rather than those of the user.

In another study, Borburema [10] had already noted that service operating hours are an important factor that can influence coverage, given that the available hours are not compatible with the work schedules of users in the formal labor market, particularly mothers, in addition to delays in service delivery.

In the perception of managers, in particular, we find statements that demonstrate the fragility of day-to-day operations in the vaccination room due to a lack of initiative on the part of the teams regarding the provision of this vaccination service:

"The teams act individually, each doing things their own way, and no longer adhere to protocols or guidelines," (EG3);

> "The passivity of the teams regarding vaccination activities is reflected in professionals who behave like day laborers," and he also highlights "the lack of qualifications among the professionals arriving at the units." (EG4).

When analyzing the provision of services from a technical perspective, we can focus on the practical and operational aspects that make access to health services possible and effective. This includes the organization of services, the availability of qualified professionals, adequate infrastructure, the quality of procedures, and the technology employed. In other words, it is the guarantee that health services not only exist but are also accessible and adequate to meet the population's needs[11,19] . In the interviews, these factors were reflected in the following statements:

> "The teams define the work process based on their own needs rather than those of the population" (EG1);
> "There is a lack of technical

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qualifications and a shortage of training in the area of immunization" (EG3);
"Many professionals hired through REDA arrive with no knowledge of vaccination" (EG4);
"Many professionals are REDA contract workers and arrive knowing nothing about vaccines, and this hinders patient care" (EG2);
"Vaccination room staff, in addition to lacking adequate qualifications, are also aging, falling ill, and shirking the task of vaccinating" (EP2);
"Parents are still frightened by fake news. But there is also fatigue among some health professionals; the workload is indeed overwhelming" (EP5).

We noted a particular emphasis on the fragility of precarious employment relationships, where the precarious nature of employment in the healthcare sector has negative impacts on both professionals and the quality of services provided to the population. The lack of stability, security, and labor rights can lead to demotivation, burnout, and low productivity among professionals, in addition to compromising the quality of care provided, such as long waiting lines, difficulties in treatment, and a lack of preventive measures[12]. On the other hand, the involvement of the family health team in vaccination efforts can be seen in the following statements. In addition to highlighting the importance of continuing education as a factor in constant updating and concern for best practices in the vaccination room.

"The city government always offers training, and we also have district staff who assist us" (EP1);
"The nurse provides daily supervision, and we have a good relationship; the nurse always asks if I need anything, and I also share information with her. I feel comfortable asking her for help" (EP2);
"I would like to reiterate the lack of adequate training on vaccination in academic settings, which is why professionals arrive on teams so inexperienced and also cannot find places to gain the necessary qualifications" (EG3);
"Changes in information and record-keeping systems are a hindrance to the work process" (EG4).

Duarte[13]and colleagues had already emphasized the need for greater efforts to ensure the effective use of computerized systems and to give greater attention to workers through increased continuing education for professionals, so that all opportunities for guidance and referrals of users to the vaccination room can be utilized.

Since the nurse is the technical manager, they exercise supervision as a key resource for improving the quality of services provided, with the role of organizing, monitoring, and promoting the team's development. Supervision encompasses the entire process of monitoring the work performed in the vaccination room, extending beyond record-keeping and goal-setting to include the technical work of the room's staff.[14]

Turning to the aforementioned topic, the interviewees' responses ranged from noting that the unit's nurse supervises the vaccination room—which they said helps with the workflow—to pointing out that the absence of such supervision leaves this role to management.

"The nurse supervises us daily, and we have a good relationship; the nurse always asks if we need anything, and I also bring information to her. I feel comfortable asking her for help" (EP2);
"We do have supervision; the nurse comes by and asks if we've placed an order or if we're having any difficulties. When she receives memos or information, she brings them to us" (EP1);
"We have supervision, but the nurse doesn't have time for everything either." (EP7);
"Even though there is a nurse on each team to provide supervision at scheduled times, this doesn't happen, and it ends up being handled by management" (EG3);
"What we see is us doing this work remotely while the team shirks responsibility under the pretext that they're already overloaded and don't see themselves in that role. But it's not a matter of lack of time, since in the municipality we have established parameters; I think what's missing is organization of the work process," and adds, "here, the AB teams think vaccination is an external activity, belonging to Epidemiological Surveillance" (EG1);
"There is a gap in undergraduate education that fails to prepare nursing professionals to address vaccination room supervision in depth" (EG4).

These reflections address a characteristic present in some health teams where members see themselves as mere executors of demands and often wait for others to carry out daily tasks, as they do not see themselves as part of the process, according to the municipal administration's observations.

Nunes and Ribeiro[15] had already highlighted in their study the importance of strengthening the family health strategy as a tool to facilitate access to health services and encourage behaviors that promote safety and

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responsibility. Meanwhile, Overmars and other authors[16] argue that these barriers can be overcome through improvements in training that focus on equipping nurses to provide recovery services.

Now, returning to the symbolic dimension of access related to the subjective realm of relationships, encompassing how individuals and social groups understand the health-disease process, their beliefs, values, cultural contexts, and rights. The interviewees' statements reveal divergent opinions: while some point out that the population seeks vaccination services only when required to do so, other professionals emphasize the relevance of the right to vaccination and collective protection as a fundamental principle of public health.

When we addressed the beliefs and fears surrounding vaccination, we received many responses from users; however, both managers and professionals demonstrated little attention to the topic, downplaying its importance in maintaining vaccination coverage:

> "Before, there was a sense of obligation to get vaccinated, and that was important, but now the vaccine isn't valued as much" (EU1);
> "I'm afraid of side effects or of seeing my children suffer" (EU2);
> "Sometimes people only get vaccinated because it's required by work or school. People only go if there's a disease or an outbreak, because if everything's fine, the population doesn't even look for it. My mom always vaccinated us too, but I think the vaccine hurts and causes a fever, and I'm afraid my child will suffer" (EU3);
> "I try to be as friendly as possible; I'm cordial, I call everyone by name since I can see it in the system—I don't see why there's any reason to be afraid" (EP6);
> "I think it's very much associated with fear and pain, because of the vaccine. Today, there are also many people who want to decide what to do... and it's not quite like that" (EP4);
> "The public does not understand the great importance of vaccine advancements for the collective improvement of health" (EG2).

A population that harbors a fear of vaccines will inevitably affect vaccination coverage; beyond improving the quality of information about immunobiologicals and combating *fake news*, it is important to discuss the right to this service.

Vaccination holds a prominent place in Brazil, recognized as a citizen's right and a responsibility of the State. Access to vaccines is universally guaranteed by the National Immunization Program (PNI), and the Statute of the Child and Adolescent (ECA) mandates that childhood vaccination is mandatory in cases indicated by health authorities[17] .

Given this, we asked how participants understood the right to vaccination, and the findings were diverse, ranging from recognition of the universal right to health, yet accompanied by criticism of the population's failure to exercise their citizenship—despite the right to health being enshrined in the Federal Constitution—as well as the influence of anti-vaccination information circulating in society, shaping social perceptions on the subject, as seen below:

> "[users] believe it is important, just like access to other public health services" (EU4);
> "the population doesn't know how to fight for their rights" (EU2);
> "I think it's important, but people don't know how to ask for improvements" (EU5);
> "People come here because of Bolsa Família or their jobs. On the day the benefits are distributed, this place gets packed" (EP1);
> "Vaccination is the best service of the SUS; it's an efficient government service. Everything else might be missing at the clinic, but there's never a shortage of vaccines" (EP2);
> "There is a difference between what the staff sees and what the users see, highlighting the importance of the staff making users' rights visible" (EG1);
> "The population does not understand the great importance of vaccine advancements for the collective improvement of health" (EG2);
> "There is a significant negative influence of fake news on users' decision-making process when it comes to rights" (EG3);
> "We have the right to health, but the anti-vaccine movement has contributed to the public's neglect of these rights" (EG4).

There is still a lack of understanding regarding the right to access, both among users and health professionals. Additionally, they did not mention the elements of social control that can be utilized for civil organization. These issues can be addressed by encouraging everyone's participation in the development of public policies. Moura et al.[18] call for reflection on the importance of participation and social control among the key actions needed to change the landscape of inequities faced by the population, including the importance of mapping situations that indicate vulnerability within a specific population by correlating economic factors that impact access.

Sato[19] already highlights the growth of the anti-vaccine movement as a threat that must be overcome; this is necessary for the maintenance

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of a successful national immunization program, as evidenced in the statements of managers when discussing the population's understanding of rights.

Finally, we asked the interviewees questions about public participation, and the users' responses were unanimous in revealing that the only participation they see is going to the clinic to get vaccinated; health professionals report that this participation is nonexistent, except in specific cases involving certain groups; and managers believe users have no interest in participating.

> "I always go to get vaccinated; I participate" (EU1);
> "I take my children to the vaccination campaigns; I like to participate" (EU2);
> "During the COVID-19 pandemic, the population fought to gain access to the vaccine" (EP1);
> "There also aren't major investments on the part of management" (EG1);
> "Management doesn't even invest much in public participation—I mean in information and encouragement" (EG2);
> "No participation at all; I'm a member of the municipal health council, and the only time we discussed vaccines was during the COVID-19 pandemic" (EG4).

The understanding of access to vaccination in light of the dimensions presented indicates some barriers that have been confirmed and points to other, more complex perspectives involving the fragile political and social formation, particularly among SUS users, and the possibilities that the media could still be further leveraged by professionals and managers to strengthen social representation regarding the efficacy of immunobiologicals.

CONCLUSIONS

It is clear from the statements of these interviewees just how much we can understand about the dimensions of access. Users, workers, and managers alike highlight the key areas where improvements are needed to strengthen and structure equitable access to vaccination. Examining the dimensions of access facilitates the organization of the vaccination process in accordance with SUS guidelines and contributes to the development of an increasingly collective health system.

In this context, we can infer that the issue of vaccine access is multifactorial, as we see a focus on issues related to geographical access difficulties, including a lack of investment in public transportation in the municipality, the need for investment in high-quality and reliable information about vaccination, investment in training and human resources, as well as better qualification of workers in terms of planning and work processes.

It is important to note that irregularities in the national supply of certain immunobiologicals are mentioned throughout the interviews, reflecting a fragility in the supply of all types of vaccines at the same time. However, beyond the aspects that have a negative impact, it is also necessary to highlight the extensive reach of vaccination services in the munic-

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