

# SPRU Friday seminars

**Date** 30 May  
**Speaker** Stuart Blume (University of Amsterdam)  
**Title** What can vaccines teach us about globalization? A Dutch story - to start with

## Abstract

A century ago, in many countries, state institutes of public health played an important role in meeting demands for the new sera and vaccines (against diphtheria, typhoid, tuberculosis). This was true of some European countries, including the Netherlands and the Scandinavian countries, where it remained the case until after WWII. In the past 20-30 years, however, these states have largely withdrawn from vaccine development and production. I am interested in the processes involved (which do not necessarily correspond with the reasons given by governments). This talk will focus in particular on the Netherlands. Until quite recently the Dutch government remained committed to retaining the state's ability to produce the vaccines required by its public health policies. From the 1980s onwards, a series of legal and institutional changes were intended to protect the Dutch public sector vaccine producer (RIVM) against (what was perceived as) the growing threat of privatization. These initiatives ultimately proved inadequate partly because of changes that were undermining the RIVM's ability to meet demand for (new) vaccines. But this is only half the story. Changes were also taking place on the demand side. Health policy makers were increasingly convinced that vaccination practices had to be harmonized with those of other European countries, which meant using the same vaccines in the same way. What purpose could local technological competence then serve? The decision to sell off the Dutch state's vaccine production facilities, taken in 2009, has to be understood in historical context. It was the outcome of globalization

processes that for two decades had worked simultaneously on both the supply and the demand sides. In future work, in collaboration with colleagues in India and Mexico, we will compare the effects of globalization processes on vaccine supply and demand in these three very different countries.

## **Bio**

Stuart Blume was born in England, and educated at the University of Oxford. After a D.Phil in chemistry he moved into the fields of science policy and the sociology of science, working at the University of Sussex, the OECD in Paris, and in various British government departments. Between 1975 and 1977 he worked in the Cabinet Office (London) and from 1977 to 1980 as Research Secretary of the (government) committee on Social Inequalities in Health (the 'Black Committee'). That led to what has since been his principal research interest: in the development and introduction of new health care technologies. Starting at the London School of Economics, he continued that work after moving to a Chair of Science Dynamics at the University of Amsterdam, in 1982. The focus of this historical and sociological research has gradually shifted, from diagnostic imaging technologies, to cochlear implants, and (from 1997) to vaccines. Current research focuses on (1) the history and dynamics of the global vaccine system and (2) the development and uses of technologies for and by people with disabilities. In 2000 he established the Innovia Foundation on Medicine Technology and Society as a virtual research institute concerned with user perspectives on new health care technologies. In 2007 Stuart Blume became Emeritus Professor. In 2009 he was appointed as expert advisor on bioethics to the World Federation of the Deaf, and from 2009- 2012 he was 'Professor 2' at the Centre for Development and Environment at the University of Oslo (Norway). In 2013-2014 he is spending part of his time as 'Prometeo' fellow at the University of Cuenca, Ecuador, and in September 2013 he is Visiting Professor at the Swedish Institute for Disability Research, Orebro University.