A. IMMUNIZATION: CHALLENGES AND OUTLOOK

Background

1. At the 50th Directing Council of the Pan American Health Organization (PAHO), the concept paper Strengthening Immunization Programs (Document CD50/14 (2010)) was submitted and adopted through Resolution CD50.R5. This resolution recognizes the great strides made in this area in the Region and urges the Member States to endorse national vaccination programs as a public good, while reiterating its support for the Regional Strategy for Immunization and its vision to sustain the achievements, complete the unfinished agenda, and tackle new challenges. It also calls for continued support for PAHO’s Revolving Fund for Vaccine Procurement.

Progress

2. Vaccination coverage in the Region is among the highest in the world. The World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) estimated coverage for the Region of the Americas in 2009 at 94% for BCG, 91% for VOP3, and 92% for DTP3 in children under one year of age, and 93% for the MMR vaccine in children aged one. However, 10 countries reported national coverage of less than 90% for DTP3, while 43% of municipalities in Latin America and the Caribbean reported coverage of under 95%.

Sustain the Achievements

3. Since 1991, our Region has been free of polio cases caused by wild poliovirus. There have been no indigenous cases of measles since 2002 or indigenous rubella or congenital rubella syndrome since 2009. In 2010, 63 cases of measles imported from other regions of the world were reported, along with 190 cases connected with imports. Measles outbreaks in Argentina and Brazil in 2010 involved people who had attended the Soccer World Cup in South Africa.

4. Given the reintroduction of polio in disease-free countries in other regions of the world and the imported cases of measles, in 2010 all the Member States analyzed the risk of the reintroduction of these diseases, the capacity for timely detection of cases or of the reintroduction of the viruses, and the capacity for timely and definitive prevention of secondary cases.

5. Haemophilus influenzae type b (Hib) vaccination has resulted in a dramatic reduction in the number of cases and hospitalizations from this cause, and measures to
assess the impact of the vaccine are being strengthened. It is possible that many countries have already eliminated the invasive diseases caused by Hib.

**Complete the Unfinished Agenda**

6. Use of the vaccine against seasonal flu in the vaccination programs of the Member States has been on the rise; 36 countries and territories now include the vaccine in their immunization scheme. Based on the lessons learned from the vaccination efforts to combat pandemic influenza H1N1 2009, the vaccination approach targeting at-risk groups, especially pregnant women, has proven to be very important.

7. Yellow fever vaccination has remained a priority in Member States where the disease is enzootic. In 2010, vaccination efforts were compromised by a drop in the supply of vaccines from producers. The situation has begun to correct itself in 2011, and it is anticipated that Member States will catch up on the vaccination of their at-risk populations.

8. Each Member State has prepared a plan of action to achieve or maintain municipal vaccination coverage of 95% or higher and to strengthen epidemiological surveillance. In this effort, the technical and financial support of the Canadian International Development Agency (CIDA) and the U.S. Centers for Disease Control and Prevention (CDC) has been key.

9. Vaccination Week in the Americas (VWA) represents an opportunity to keep vaccination on the countries’ political and social agenda and to connect with vulnerable or hard-to-reach populations. In 2011, the theme of the ninth VWA is “Vaccinate your family. Protect your community.” Four other regions of WHO are holding their own Vaccination Week in 2011: the European Region is holding its sixth, the Eastern Mediterranean Region, its second; and, the African and Western Pacific Regions are holding their very first. PAHO has provided technical support to the other regions through workshops, teleconferences, and field visits to share materials and information on experiences and lessons learned. The South-East Asia Region has committed to launching its own initiative in 2012, bringing us close to the goal of declaring a World Vaccination Week.

10. Haiti is at risk for the reintroduction or reemergence of vaccine-preventable diseases, especially given the fragility of its health situation following the earthquake and cholera outbreak of 2010 and the number of susceptibles that have accumulated. In light of this, PAHO, under the coordination of Haiti’s Ministry of Public Health and Population, has called on other institutions and partners to work together to strengthen the country’s vaccination program.
**Tackle New Challenges**

11. Extraordinary progress has been made in the introduction of new vaccines, which will save lives and avert expenditures. By 2010, 15 countries and territories had added the rotavirus vaccine to their regular series, 18 had the pneumococcal vaccine and 5, the human papillomavirus vaccine. Sixteen countries have sentinel surveillance centers that will enable them to assess the impact of vaccination and detect changes in the epidemiological patterns of diseases in a timely manner.

12. Through the ProVac Initiative, PAHO has continued its technical assistance to the Member States in all the aspects of decision-making in connection with new vaccines and support for the aspects related to economic studies.

13. Studies have been conducted with the Member States and technical partners to consolidate the lessons learned from the introduction of new vaccines in terms of cost-effectiveness, epidemiological impact, and the cost and surveillance of adverse events. These studies have served as a global reference.

14. Ensuring timely and adequate information on the vaccinated population, coverage, and vaccine and supply needs for the development of strategies and planning operations is one of the major challenges for vaccination programs. With support from PAHO, the Member States have promoted the creation of digital vaccination records. Some countries have had records of this type for years, and others are well into the development and execution stage. The Member States have made a commitment to sharing experiences and working together, which means that the use of digital vaccination records is likely to spread in the Region in the short term.

**PAHO Revolving Fund for Vaccine Procurement**

15. At the close of 2010, 40 Member States had purchased vaccines, syringes, and supplies through the Revolving Fund for Vaccine Procurement (RF). In 2010, the RF offered 45 different biologicals, with purchases totaling US$ 510 million.

**Next Steps**

(a) Sustain vaccination as a public good.

(b) Strengthen epidemiological surveillance measures and vaccination at all levels in response to the risk that vaccine-preventable diseases already or eliminated in our Region could be reintroduced.

(c) Strengthen communication, information, and education for the population about the benefits of vaccines and immunization.
(d) Continue providing technical support to the Member States through the Pan American Sanitary Bureau.

**Action by the Directing Council**

16. The Directing Council is requested to take note of this progress report and offer recommendations in this regard.