

Latin American Adult Immunization Advocacy Summit Group 2

Coordinador: Dr. José Francisco Parodi (Perú)

Dr. Gustavo Pedraza (México)

Dra. Isabella Ballalai (Brazil)

Dr. Robinson Cuadros (Colombia)

Dra. Miriam Rozenek (Argentina)

Dr. Jesús Felipe González Roldán (México)

Dra. Leonor Pérez (México)

Dra María Esther Lozano Dávila (México)

Dra. Ana Gabriela Grajales Beltrán (México)

Dr. Carlos Toledo (México)

Strategy

- ALREADY TRANSLATED We propose prioritization of the gaps that exist in each of the strategies and not prioritizing one strategy over another.
- Simultaneous action of the Acción simultánea de las 4 estrategias
- Gestión coordinada del proceso
- Manejo Intersectorial del Reto
- Lucha activa contra la fragmentación de los servicios de salud

ON DAY 1 SLIDE Debilidades en Estrategias de Vacunación

(1) Capacitación y Educación

- Profesionales de Salud y la Gerencia no están convencidos sobre la necesidad, efectividad y seguridad de las Vacunas (No valoran la importancia de la vacunación en adultos)
- Pobre disponibilidad de programas acreditados sobre vacunación en el adulto

(2) Sistemas de Información e Investigación

- No hay datos epidemiológicos suficientes de Carga de enfermedad, cobertura de vacunación y muy escasos estudios de Costo-efectividad y Costo-beneficio en nuestro medio

ON DAY 1 SLIDE - Debilidades en estrategias de Vacunación

(4) Normas adecuadas

- Personal de salud no está convencido ni valoriza las vacunas
- Hay Normas (No siempre completas según la Academia), pero no siempre implementadas
- Falta de visión de “Curso de Vida”
- En algunos países no hay o no están actualizadas las Guías de Vacunación de Sociedades Científicas.

(3) Servicios Adecuados

- No hay disponibilidad de vacunas
- Presupuesto insuficiente
- Acceso
- Subutilización de lo que tenemos
- Es más la inversión que la retribución que el médico para adultos vacune en su consultorio
- Capacidad de supervisión de los Ministerios de Salud sobre los centros de Vacunación debe mejorarse.

ON DAY 1 SLIDE - Buenas prácticas para mejorar el uso de las vacunas en el adulto y adulto mayor

- Participación de líderes de opinión en medios de comunicación masiva y reclutamiento de líderes en redes sociales y blogs.
- Tomar de las buenas prácticas en pediatría el concepto de “oportunidad perdida de vacunación” entre otros
- Creación de grupos de trabajo para la implementación de vacunas (México)
 - Mercadotecnia
 - Evaluación económica
 - Marco Regulatorio
 - Vigilancia Epidemiológica
 - Logística
- No exigencia de Receta Médica
- Promover Centros de Investigación
- Promover Centros Vacunación para adultos
- Creación de Comités de Vacunación dentro de Sociedades Médicas estratégicas.

Vaccination Best Practices

- Brasil:
 - Specific legislation for monitoring and recording vaccination coverage in private health centers. (Brazilian Society for Immunization)
 - Presence of a scientific society that acts as a coordinator on issues of vaccines and is the liaison between various medical societies.
 - Pre-Congress courses (major scientific societies), distribution of pamphlets, manuals and guides
- Argentina:
 - Compulsory vaccination for health professionals.

Accredited Training Programs

(1) Training and Education

México	Brasil	Argentina	Colombia	Perú
Vaccination training program which is under the Ministry of Health in relation to all stages of life (since 2006) leads the entire health team including managers.	Isolated regional training programs in vaccines but from 2016 Brasil will have a national program from the Ministry of Health, implemented by the Brazilian Society of Immunization.	There is a vaccination program for vaccination effectors (who carry out vaccination) – not for managers or doctors who provide prescriptions.	No vaccination training programs for older adults.	No vaccination training programs for older adults.

Increase the visibility of programs that promote adult immunization aimed at the wider Community, caregivers and health promoters.

Teaching Strategy in training programs for Competence Building for Health and Managerial Professionals (Accredited Training Programs)

- Homogenous distribution of information on vaccination depending on the role individuals play in the field of vaccination.
- Measurement of different capacities between Managers, Nurses and Doctors.
- Measuring skills
- Local adaptation in training programs – Guides to Good Practice in Regional or International vaccination.

(2) Adequate Services

México	Brasil	Argentina	Colombia	Perú
Supply problems	Distribution and monitoring problems	Lack of indicating requires vaccines equals to underused vaccines. Occasionally lack of supply.	Surplus is distributed with emerging campaigns.	Problems in vaccination coverage. Developing promotional vaccination campaigns

Better management of the vaccine stock/storage based on demand.

Implementation Strategies for the inclusion of vaccines in the National Vaccination Schedule.

According to budget cuts, develop strategies for public-private partnerships for funding And long-term sustainability of vaccination.

(3) Information Systems and Research.

México	Brasil	Argentina	Colombia	Perú
Little data on cost effectiveness	Little data on cost effectiveness	Little data on cost effectiveness	Little data on cost effectiveness	Little data on cost effectiveness
Good public data coverage		Good public data coverage	Good public data coverage	

Generate more local epidemiological data and compare them with the Regions. Increasing The cost-benefit studies.

Based on these studies promote the introduction of certain vaccines in the National Immunization Schedule by country.

(4) Appropriate Standards

México	Brasil	Argentina	Colombia	Perú
Trivalent Influenza PPSV23 dT	Trivalent Influenza No pneumococcal Vaccine	Trivalent Influenza PPSV23 PCV13 (risk / immunocompromised only)	Trivalent Influenza PPSV23	Trivalent Influenza No Pneumococcal Vaccine

Based on recommendations established by Medical Societies, promote the inclusion of Vaccines in the National Immunization Schedule.

Recommendations include vaccination and endorsement by local Scientific Societies.

Inclusion in the medical history, one section documenting the applied and missing Shots. Distribute an immunization card (programming).

Identification of Cultural and Social Factors to Encourage Vaccination

México	Brasil	Argentina	Colombia	Perú
Lack of information, myths and realities about vaccination.	Association of vaccination as a cause of death. Lack of information, myths and realities about vaccination.	Lack of information, myths and realities about vaccination.	Lack of information, myths and realities about vaccination. Association of vaccination as a cause of death.	Lack of information, myths and realities about vaccination.

Education in schools through the Ministries of Education in partnership with the Ministries of Health.
Interministerial promotion of vaccination.

Benefit plans aimed at vulnerable populations of older adults, linked to vaccination.

Health workers who refuse to be vaccinated must sign a refusal form.

Form social, business and community leaders to promote vaccination.

Promote self-care (voice to voice)