# Group 4

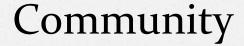
Pedro Paulo Marín Larraín-Juan Manuel Gómez Muñoz-Daniel Stamboulian-Flor Avila Fermatt-Ricardo Ramírez Montoya-José Ricardo Jauregui-Rosa Terán



- We decided to split the discussion on aspects of professionals, community and governments.
- First, it is important to have a survey to understand the adult vaccination information on an individual and population level.
- Systematic and un-fragmented approaches to programs.

#### **Professionals**

- Little or poor pre and post degree education. Lack of inclusion in general health questionnaires.
- Prevention: Little emphasis on its importance next to the hegemonic or medicalizing model
- Culture:
  - (More groups in health are more conviced than others). Focused on Dx and Tto., Less prevention)
  - There is no vaccine focusing on the familty, or life trajectory criteria.
  - Little emphasis on opportunity cost (Example, going to a hospital and not getting vaccinated)
- It is not institutionalized as hand washing. Make it a standard.
- Equipment: In general no vaccination teams in institutions
- Scientific societies (no in infectious diseases) do not include adult vaccinations in their programs



- There is no scientific disclosure hierarchy to the journalistic level. Social marketing is inadequate. Acceptance and trust.
- Inadequate access (local, pharmacies, clinics, health centers, center stars not everywhere, the vaccine should go where there are beneficiaries.
- Vaccine Anti-movements
- Poverty, insecurity in the places where to go to be vaccinated. Less education.
- It should be mandatory? Or recommended?

#### Governments

- Use data from abroad
- Budgets, competition with other emergencies, social pressure, lack of comprehensive plans, few vaccines have incorporated in them.
- No comprehensive legislation (e.g. require life insurance companies to introduce compulsory identity, vaccination cards)
- Costs Costs Costs
- No universalization of plans (Private and Public)
- No Gratuity to improve access

## General Principles

Agreements tailored to the problems with country-based evidence and direct strategies



- Education in undergraduate and graduate studies
- Include medical vaccination questionnaires in the health system
- Better focus on the importance of preventing and vaccinating against the diagnostic model
- Place the family as an key objective for vaccine prevention
- Focus on the action of vaccination to prevent the loss of FUNCTION
- Require institutional plans, standards and improvements to disclose and provide vaccination through a life course approach
- Generate awareness teams on vaccination, population education and professional as well as industry and governments
- Include other scientific societies in plans
- Generate adequate social marketing. Branding techniques. Empowering society.
- Improve access, vaccination security chain and health workers accesses in dangerous places

### Strategies II

- Recommended vaccination throughout life and mandatory for risk groups
- Use your own data
- Make more equitable budgets
- Appropriately legislating
- Universal Access
- Generate vaccination plans
- Generate intersectoral plans
- State agencies that type and communicate FDA approved vaccines
- The best strategy is to include all actors



- Working with communities
- Inclusive government with universal schemes
- Communication through scientific journals
- Include other medical socities
- Public and private working together