

# Group 4

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# Barriers

- 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

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

# Community

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

# Governments

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

# General Principles

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

# Strategies

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

# Strategies II

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

# Success Stories

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