



**Objective of the VWA**

**Strengthening Immunization  
Programs in the Region**

**Principles: Equity, Accessibility, and  
Pan Americanism**



# Goals

- 1. Reach <5 years and WCBAs never before reached by the Program (0 dose);*
- 2. Make new contact with <5 years and WCBAs with incomplete schedules;*
- 3. Develop microplans for completion of immunization schedules after the Vaccination Week;*
- 4. Maintain Measles Elimination in the Region;*
- 5. Support the implementation of plans for the elimination of rubella and CRS;*
- 6. Strengthen epidemiological surveillance.*

## **Vaccination Scenarios during the VW**

- *Countries with activities such as measles follow-up campaigns, supplementary polio vaccination, rubella and CRS elimination, vaccination of seniors (among other age groups) programmed during 2004 are invited to initiate such activities or end them during the week of 24-30 April.*

# Vaccination Scenarios during the VW (cont.)

For the rest of the countries in the Region, the following is recommended:

Intensify vaccination for all children <5 years and WCBAs, prioritizing the following risk areas:

- Municipalities with low coverage;
- Urban-marginal areas, in particular those with periurban slums;
- Border areas with high population movements and/or other risk factors;
- Indigenous populations;
- Ethnic minorities;
- Hard-to-reach areas;
- Tourist areas; and
- Workers (health, education, transportation, and sex trade).

# Priority

This is something that justifies special treatment, that was born from inequity. Priorities dictate that we choose health objectives that are reachable and require the highest support.

Health workers can use different methods for prioritization, such as:

- Health indicators (immunization coverage by municipality or locality, child mortality, ethnic minority, and cultural differences)
- Socio-economic indicators (UBN)
- CENDES/PAHO
- Epidemiological measurements - RR and AR
- Creation of a Health Necessities Index

# **Keys elements for the VW organization**

- 1. Include the VW in the PoAs.**
- 2. Design a plan for the VW.**
- 3. Form a National Steering Committee.**
- 4. Appeal to the First Ladies.**
- 5. Devise a media communication plan.**
- 6. Form an executive or operations committee in all participating municipalities or areas.**
- 7. Appeal to local authorities for leadership.**
- 8. Convene ICC meetings.**
- 9. Coordinate at border localities.**



# Reduction of inequities

**Fact-finding regarding differences in health conditions, in particular immunization, constitutes the first step for the identification of health inequities. Inequality and inequity are not synonymous: Inequity is an inequality that is unjust and avoidable, and it constitutes a crucial concept when defining public health policies.**



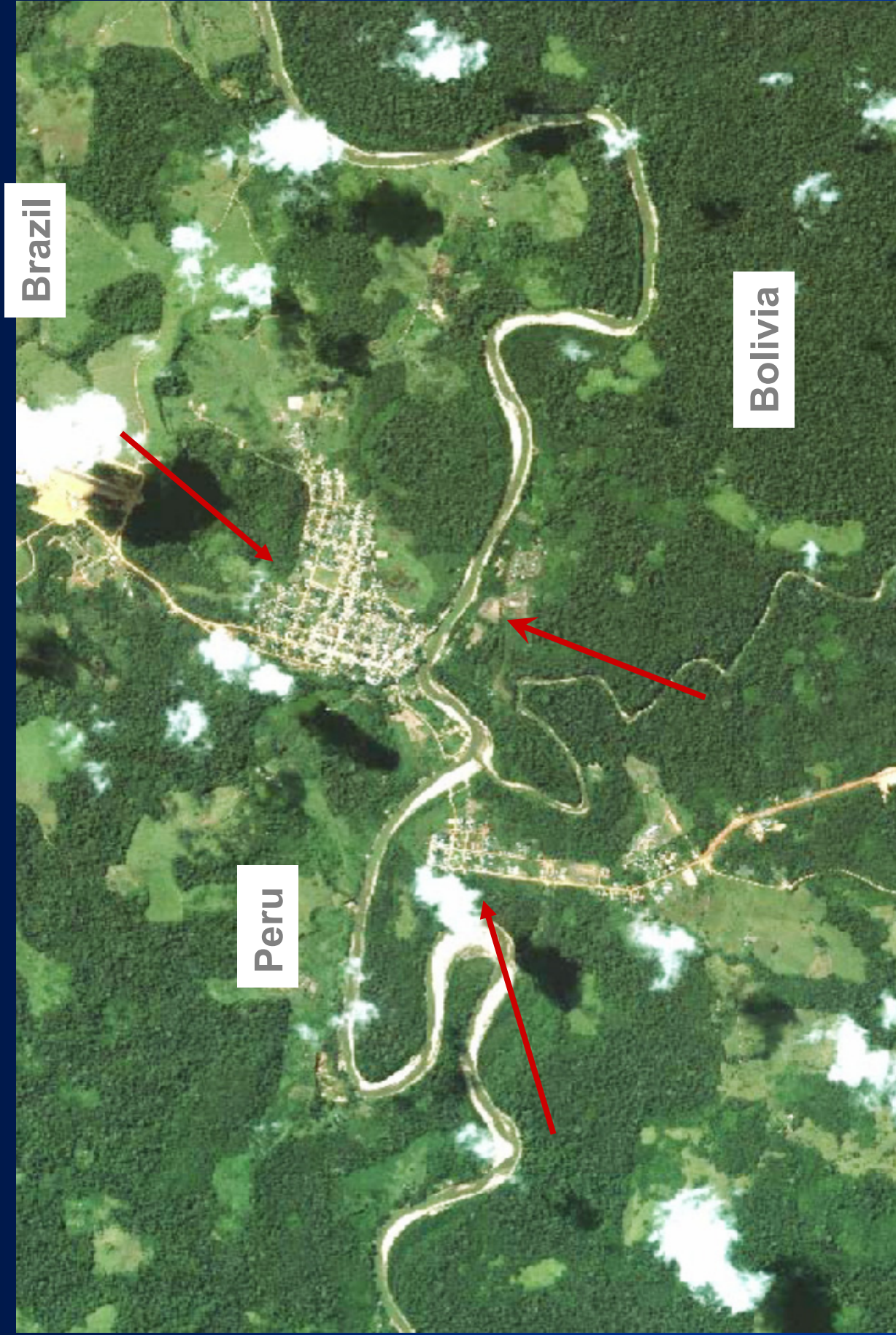


# Development of the VW Plan

Country	Target Population	Risk Criteria	Goal	Strategies
Total				



# Trans-Border Coordination



Brazil

Bolivia

Peru

# Trans-Border Coordination

- **Reactivation of existing trans-border agreements**  
(Presence of local authorities, technical staff from different levels)
- **Joint local plans**
  - Define roles and joint activities
  - Disseminate communication materials
  - Develop a budget regarding needs and possible sources of financing
  - Epidemiological surveillance – AS
  - Cross rapid coverage monitoring

# Trans-Border Coordination

- Vaccination posts located in border posts and strategic areas with population movements
- Mobile brigades for hard-to-reach areas
- Official acts, launching, official ceremonies
- Evaluation of results
- Joint commitment for follow-up and permanent development of immunization activities integrated with other health activities according to the border epidemiological profile

# Proposed indicators

1. Percentage of children >1 year vaccinated with 1, 2, or 3 doses of DPT/Pentavalent (to measure 0 dose or delayed schedules)<sup>1</sup>.
2. Percentage of vaccinated women of childbearing age with 0 dose of Td before the VWA.
3. Percentage of Rapid Coverage Monitoring showing MR vaccination coverage to be less than 95%.
4. Percentage of mothers interviewed in selected areas who knew about the VWA.
5. Percentage of municipalities with follow-up plan to complete immunization schedules after the VWA.
6. Number of suspected measles/rubella and AFP cases identified during community active search and registered in the surveillance system.

[1] The denominator of children >1 year will be used because not all countries possess disaggregated data pertaining to children <1 year according to the age at which vaccine was administered.



# Evaluation of the Vaccination Week

- **Completion of the goal established by the countries and use of the indicators selected, including a survey of the population's knowledge regarding the VWA at local level.**
- **Evaluation of the VWA's contribution to the EPI through an operations survey, with participation from the CDC, in marginal areas of large cities in three countries of the Region, each one representing each sub-Region (Southern Cone, Andean and Central America).**

# **Expected Products Working Groups**

- 1. Development of a vaccination plan by sub-Region and regional.**
- 2. Transborder coordination activities.**
- 3. Revision of the VWA Evaluation Indicators.**
- 4. Social communication plan.**
- 5. Proposals for launching events.**



# Regional Plan for the VWA

Sub-Regions	Target Population	Risk Criteria	Goal	Strategies	Costs
Southern Cone & Brazil					
Andean					
Central A.					
Mexico-USA-Canada					
English-speaking & Latin Caribbean					
Total					