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PLAN OF ACTION ON IMMUNIZATION

Introduction

1. The national immunization programs (NIPs) in the Region of the Americas have significantly contributed to the achievement of the Millennium Development Goals by preventing, every year between 2006 and 2011, nearly 174,000 deaths of children under age 5 in Latin America and the Caribbean (1). This contribution reflects the continued commitment of governments, multiple partners and communities together with the unstinting dedication of health workers. As a result of this commitment and dedication, the Americas was the first Region in the world to eradicate smallpox and poliomyelitis, and to achieve the interruption of endemic transmission of measles, rubella, and congenital rubella syndrome (CRS). With the technical support from the Pan American Sanitary Bureau (the Bureau) and its associated Revolving Fund for Vaccine Procurement, the Region has been at the forefront of sustainable and equitable introduction of new vaccines (2).

2. Despite these achievements, the high national vaccine coverage levels often mask inequalities within a country. For example, it has been noted that population groups that are unvaccinated or under-vaccinated are among the most underserved and poorest municipalities or areas with low vaccination coverage. In 2013, 55% of the 15,000 municipalities in the Region recorded vaccination coverage with the third dose of the diphtheria, pertussis and tetanus vaccine (DPT3) below 95% (3). Declining vaccination coverage has also been observed in some countries as a result of the unwillingness or hesitancy of some population groups to be vaccinated as well as mistrust in immunization programs. Additionally, Haiti still has not successfully eliminated neonatal tetanus as a public health problem, making the achievement of this objective highly urgent.

3. The 2016-2020 Plan of Action presented here provides Member States with the rationale, guiding principles, strategic lines of action, objectives, and indicators to align the Region of the Americas with the Global Vaccine Action Plan 2011-2020 (GVAP). This will launch interventions to fulfill the mission of the Decade of Vaccines: “to extend, by 2020 and beyond, the full benefit of immunization to all people, regardless of where they are born, who they are or where they live.” (4). Also, it proposes that

countries take a more active role in the task of achieving universal health coverage and fostering actions to identify and address inequities in order to ensure that populations are protected from vaccine-preventable diseases.

Background

4. The subject of immunization has been addressed on several occasions by the Governing Bodies of the Pan American Health Organization (PAHO). At the 50th Directing Council, through Resolution CD50.R5 [2010] (Strengthening of Immunization Programs), PAHO's Regional Vision and Immunization Strategy 2007-2015 was endorsed to sustain the achievements, complete the unfinished agenda, and tackle new challenges. This resolution also urged Member States to endorse national immunization programs as a public good (1).

5. In 2012, the Pan American Sanitary Conference adopted Resolution CSP28.R14, which establishes the Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas (5). In 2013, the Directing Council adopted Resolution CD52.R5, which supports the Revolving Fund for Vaccine Procurement as a strategic technical cooperation mechanism to facilitate timely and equitable access to vaccines and supplies, and ratifies its principles and procedures (6). That same year, given countries' need for evidence to make decisions on the allocation of resources and to plan assessments for the adoption of new vaccines, Resolution CD52.R14 was adopted, promoting evidence-based policy-making for the NIPs (7).

6. In May 2011, the 64th World Health Assembly took note of the report on the Global Immunization Vision and Strategy (GIVS) presented by the Secretariat, and approved the vision of the Decade of Vaccines (2011-2020) (8) and the preparation of the GVAP, which was later endorsed (May 2012) by the 65th World Health Assembly (4).

7. One year later, the 65th World Health Assembly, through Resolution WHA65.5, declared the completion of poliovirus eradication to be a programmatic emergency for global public health (8). On 25 January 2013, the Executive Board of the World Health Organization (WHO) approved the Polio Eradication and Endgame Strategic Plan 2013-2018, which aims for eradication of the wild virus and elimination of vaccine-derived poliovirus (9).

8. The GVAP provides the strategic framework for achieving universal access to vaccines during this decade (2011-2020), since it will allow all individuals, regardless of race, religion, ideology, or economic or social status, to enjoy a life free of vaccine-preventable diseases. In order to achieve this vision in the Americas, challenges must still be addressed, such as the following: *a*) ensure universal access to vaccines; *b*) respond to increasing pressure from "anti-vaccine" groups; *c*) manage the high cost of new vaccines, which constitutes a barrier to equitable access; *d*) maintain immunization as a high political priority, as reflected in the sustained allocation of national resources; and *e*) manage the growing number of immunization partners, which requires coordination

and improved communication among partners and with the general population, to ensure the most efficient use of resources, among other things.

9. The purpose of the Plan of Action on Immunization for the Region of the Americas is to adapt the GVAP to the regional context and cooperate with countries for the adoption of goals, strategies, and common activities, as well as facilitate dialogue, promote synergy with partners, and continue to strengthen NIPs in the Region.

Situation Analysis

10. This situation analysis is presented according to the strategic lines of action established in the Regional Immunization Vision and Strategy: *a)* sustain the achievements; *b)* complete the unfinished agenda; and *c)* tackle new challenges.

Sustain the Achievements

11. In 1994, the Region of the Americas was certified as free of wild poliovirus, making it the first in the world to achieve this elimination goal. In 2012 the World Health Assembly declared the completion of poliovirus eradication “a programmatic emergency for global public health” and requested the preparation of the Polio Eradication and Endgame Strategic Plan 2013-2018. In 2014 the PAHO Technical Advisory Group on vaccine-preventable diseases (TAG) adopted the plan for the Americas, which includes the use of inactivated polio vaccine and a switch from trivalent oral polio vaccine to the bivalent form. As of 2014, 14 countries in the Region had introduced the inactivated polio vaccine into their vaccination schedules during the first year of life, which represents 65% of the live birth cohort in the Region (10).

12. The interruption of endemic measles transmission in the Americas was achieved in November 2002. Between 2003 and 2012, 2,771 cases of importation-associated measles were reported in the Americas, 99% from six countries (11). Recent epidemiological data indicate that there has been circulation of measles virus in two states of Brazil since 19 March 2013 (12). Between 28 December 2014 and 27 March 2015, 148 cases of measles were confirmed in 17 states of the United States. Most of these cases were part of a large ongoing outbreak associated with an amusement park in California (13).

13. Since February 2009 there have been no cases of endemic rubella. However, between 2009 and 2013, 55 importation-associated cases were reported. The last child born with confirmed CRS was in August 2009, and between 2010 and 2013, five cases of importation-associated CRS (11) were reported.

14. Since 2005, Member States have reported coverage with three doses of DPT-*Haemophilus influenzae type b* vaccine (Hib)-hepatitis B, at 90% or higher, which has resulted in a significant reduction in the number of cases of Hib invasive disease and wide reaching protection of large cohorts against hepatitis B and its sequelae. In 2011, the TAG urged countries to include a dose of hepatitis B in their newborn schedules and to

date, 18 countries have done so (14). In 2015, PAHO Governing Bodies will consider a regional plan for hepatitis B control that will utilize both inter-programmatic and inter-institutional approaches.

15. The annual number of cases of whooping cough recorded in the Region had been maintained below 40,000 until 2010. Since then, an increase in the reporting of cases and outbreaks has become apparent. At a 2014 TAG meeting it was recommended that countries ensure timely, standardized coverage (at least 95% vaccinated with three doses of whole cell pertussis vaccine) for children under 1 year of age. Additionally, it was recommended that coverage of the fourth dose of DPT vaccine should be monitored and that epidemiological surveillance and the use of appropriate diagnostic tests be improved (15).

16. Since 2013, 40 countries and territories of the Region have been using seasonal influenza vaccine to protect one or more high-risk population groups, and 27 countries already routinely administer it to pregnant women. Work is being done with the Influenza Division of the United States Centers for Disease Control and Prevention (CDC) and the ministries of health of 12 countries, to strengthen the regional network to assess vaccine efficacy every year. Sentinel hospitals are being used as a platform to detect severe acute respiratory infections (16).

Complete the Unfinished Agenda

17. According to the data reported by countries to PAHO in the PAHO/WHO-UNICEF immunization Joint Reporting Forms for 2013, coverage in the Region of the Americas for the BCG vaccine (against tuberculosis) was 93%; for DPT3 and the third dose of polio vaccine in children under 1 year old, coverage was 90%; and measles and rubella vaccination in children 1 year old stood at 92%. However, there is still inequality in immunization coverage, both between countries and within each country. In 2013, out of a total of nearly 15,000 municipalities of Latin America and the Caribbean, 8,250 (55%), reported vaccination coverage with DPT3 below 95% (3). This situation increases the vulnerability of the population to importation of an already eliminated or controlled disease, and jeopardizes the progress achieved thus far.

18. The Strategy for Universal Access to Health and Universal Health Coverage approved by the 53rd Directing Council in 2014 establishes that universal access and universal coverage are the basis of an equitable health system (17). Currently, the Member States, with technical advice from PASB, have developed strategies to reach vulnerable populations and thus reduce inequities in vaccination. Fundamental to this endeavor has been the commitment of the communities themselves and the support of many partners. Nevertheless, in order to ensure equitable access to vaccines, it is essential to maintain these efforts and to develop further, both regionally and nationally, analyses of the causes of inequity, including those related to the social determinants of health.

19. Vaccination Week in the Americas (18) was first held in 2003, and has now become a global health initiative celebrated every year during the last week of April (19).

The activities of Vaccination Week in the Americas strengthen the NIPs since their purpose is to reach vulnerable population groups, such as those with limited access to health services (residents of the urban periphery, rural and border areas, and indigenous communities).

20. The situation in Haiti poses a great challenge for the Region. Given the fragile health situation in that country, aggravated by the 2010 earthquake, the massive cholera outbreak, and an increasing number of unvaccinated persons as coverage goals are not met, there is a real risk of reintroduction or resurgence of those vaccine preventable diseases. Because of this, PAHO has worked in coordination with the Ministry of Public Health and Population to bring other institutions and partners together to strengthen the NIP by integrating vaccination with other services being provided to vulnerable population groups (20).

Tackle New Challenges

21. The sustainable introduction of new and more expensive vaccines continues to be a challenge for NIPs throughout the Region. The ProVac Initiative has strengthened national capacities to make better informed, evidence-based decisions, by developing tools for economic analysis and forming multidisciplinary teams to use them. Personnel from more than 30 countries have been trained to use these economic models; 14 national technical teams have received guidance to conduct 23 cost-effectiveness analyses; and 20 national technical advisory committees on immunization have been strengthened through collaboration (7).

22. As of 2013, 18 countries and territories had included rotavirus vaccine in their routine schedules, while 29 countries and territories had included the conjugate pneumococcal vaccine. It is estimated that 87% and 90%, respectively, of all live births in the Region are in countries in which rotavirus and pneumococcal conjugate vaccines have been introduced. Regarding the impact of the introduction of new vaccines, particularly rotavirus and pneumococcal conjugate vaccine, 10 studies both of effectiveness and of trend analysis have been conducted. This has facilitated evidence-based decision-making not only in this Region, but in other Regions of the world as well.

23. By the end of 2014, 23 countries and territories of the Americas had introduced the human papillomavirus vaccine (HPV) in their immunization programs. It is estimated that in the Region, 83% of the birth cohort of adolescent girls, aged 10 to 14 years, has access to this vaccine. However, there is little data on real HPV vaccination coverage (21). Continued work is needed to integrate this vaccine into adolescent health care services.

24. Given the landscape for elimination and control of vaccine-preventable diseases and the use of new vaccines, coordination with the International Health Regulations and

strengthening epidemiological surveillance and the laboratory network of the Region¹ is essential. Laboratory and surveillance information must be integrated, and the quality and reliability of this data must be improved.

25. With the introduction of these vaccines and those which may potentially be incorporated into the national schedules in the future (such as dengue or malaria, among others), countries have to address new needs related to the cold chain and the supply chain. PAHO has helped to strengthen national capacity for the following functions: *a)* conducting inventory control using software to manage stocks of vaccination supplies; *b)* assessing supply management operations at all administrative levels; and *c)* cold chain planning utilizing new tools.

26. The Region has progressed with the process of strengthening national regulatory authorities (NRAs) to control the quality, safety, and efficacy of vaccines used in the NIPs. To date, seven NRAs perform the six regulatory functions recommended by WHO. Similarly, the capacity of countries to conduct quality control on syringes and vaccine safety has been enhanced. PAHO also supports the development of response capacity to events supposedly attributed to vaccination or immunization (ESAVI) through training for their detection, reporting and handling, data analysis, and the strengthening of advisory committees.

27. Having adequate and timely information on the target population in order to extend the benefits of vaccination to all people is another challenge the program faces. Therefore, the Member States, together with the Bureau, have promoted strategies to systematize the analysis and use of immunization data, assess its quality, and create computerized nominal vaccination registries, with a view to promoting timely vaccination and improving coverage. Furthermore, these registries can be linked to mobile technologies in order to improve the efficiency of the registration processes and use of the information (22).

28. The Revolving Fund for Vaccine Procurement has facilitated the introduction of new vaccines, such as rotavirus vaccine, pneumococcal conjugate vaccine, and HPV vaccine and it continues to play a key role in ensuring an uninterrupted supply of affordable quality vaccines for national immunization programs. At the end of 2014, 41 countries and territories had acquired vaccines, syringes, and supplies through the Revolving Fund. The Fund, which is capitalized at \$131.8 million, offers 45 vaccines and 19 types of vaccination supplies. Total purchases over the past year have been in the order of US\$ 573.3 million.² Given the global vaccine market dynamics, the Revolving Fund has emerged as an example of a funding mechanism for several international organizations and other WHO regions (23).

¹ The Regional Laboratory Network has a WHO laboratory coordinator at the CDC in Atlanta (US); two regional reference laboratories (Canada and Brazil); 21 national laboratories, and 124 sub-national laboratories in six countries (Argentina, Brazil, Colombia, Ecuador, Mexico, and Venezuela).

² Unless indicated otherwise, all monetary figures in this document are expressed in United States dollars.

Proposal

29. With a view to achieving equitable access to immunization, promoting the right to the enjoyment of the highest attainable standard of health including from the perspective of the right to health where nationally recognized, and to continue reducing morbidity and mortality from vaccine-preventable diseases, it is proposed that the Plan of Action on Immunization be adapted to the characteristics of the Region. It should be based on progress made with the Regional Immunization Vision and Strategy (2009-2015), and be aligned with the Strategic Plan of the Pan American Health Organization 2014-2019, the GVAP, and the Polio Eradication and Endgame Strategic Plan 2013-2018.

30. The Plan's vision is as follows: "The population of the Region of the Americas is protected against vaccine-preventable diseases and the Member States promote universal and equitable access to immunization services, with safe and affordable vaccines throughout the life cycle." This approach will also permit the integration of immunization with other primary care services, such as prenatal care, adolescent sexual and reproductive health, the health of older adults, and prevention of chronic diseases (liver and cervical cancer).

31. The guiding principles of the Plan are equity, shared responsibility, solidarity, universality, sustainability, and quality. The conceptual framework, the general and strategic objectives,³ indicators, and priority actions are set by the GVAP, adopted by the 65th World Health Assembly.

32. In addition, the Plan will help strengthen a culture of prevention and reduce inequalities by prioritizing the most disadvantaged groups. It will strengthen the public health services infrastructure, consolidate political commitment, and foster greater integration of and universal access to health services.

33. The Plan will propose a road map that Member States can follow, as appropriate and taking into account their context, needs, and priorities, during the coming years (2016-2020) for the design and implementation of immunization policies in four strategic lines of action: *a*) sustain the achievements; *b*) complete the unfinished agenda in order to prevent and control vaccine-preventable diseases; *c*) tackle new challenges in the introduction of vaccines and assess their impact; and *d*) strengthen health services for the effective vaccine administration. The first three areas are a continuation of the Regional Immunization Vision and Strategy 2007-2015. The latter reflects concepts in the Strategic Plan of the Pan American Health Organization 2014-2019, in which universal health coverage is an essential commitment, to be achieved through the Strategy for Universal Access to Health and Universal Health Coverage.

34. In order to implement the Plan, the cooperation and contributions of all stakeholders and partners will be needed, particularly from national and local authorities,

³ For the purposes of this plan, the general objectives are understood to be the impact objectives, and the strategic objectives are the objectives of cross-cutting processes.

lawmakers, community leaders, ethno-racial associations, health workers, scientific societies, universities, nongovernmental organizations, and technical cooperation agencies. The Bureau will coordinate this cooperation initiative with leadership being provided by the ministries of health of the Region. In order to evaluate the progress of the Plan, it is proposed that seven general objectives and six strategic objectives be monitored.

35. The Plan is presented in accordance with the four lines of action indicated above. These proposed objectives, indicators, and priority actions take cognizance of the current progress of the immunization programs in the Region, as well as the lessons learned and opportunities for continued strengthening of these programs.

Strategic Line of Action 1: Sustain the achievements

36. The Region of the Americas has been a pioneer in meeting goals for the elimination and control of vaccine-preventable diseases, and in developing innovative strategies to maintain these achievements. The creation of legislative frameworks to sustain the program, the establishment of immunization technical advisory committees, the formulation and implementation of action plans to ensure financing for these actions, and Vaccination Week in the Americas, among other elements, have been essential strategies for progress. These should continue and be extended to all the countries of the Region.

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
GO 1.1 Maintain the Region's status as polio-free	GO 1.1.1 Number of countries and territories reporting cases of paralysis due to wild poliovirus or the circulation of vaccine-derived poliovirus (cVDPV) in the last year	0	0
GO 1.2 Maintain elimination of measles, rubella, and CRS	GO 1.2.1 Number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished	1	0
GO 1.3 Maintain achievements reached in vaccine-preventable disease control	GO 1.3.1 Number of countries and territories that meet the indicators for monitoring the quality of epidemiological surveillance for selected vaccine-preventable diseases	3	28
	GO 1.3.2 Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours	18	25
SO 1.1 All countries make a commitment to vaccination as a	SO 1.1.1 Number of countries and territories that have a legislative or regulatory basis for their immunization program	28	32
	SO 1.1.2 Number of countries and territories having an	15	18

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
priority for health and development	immunization technical advisory committee that meets the WHO's criteria for good operation		
	SO 1.1.3 Number of countries and territories that have a current annual immunization plan of action that includes operational and financial plans	25	35
SO 1.2 Individuals and communities understand the value of the vaccines	SO 1.2.1 Number of countries and territories that report having monitored public satisfaction with vaccination during the Vaccination Week in the Americas or other activities	0	15

Strategic Line of Action 2: Complete the unfinished agenda in order to prevent and control vaccine-preventable diseases

37. The gaps in vaccination coverage within each country pose a challenge for achieving equity. This strategic line seeks to identify and quantify those factors, including the social determinants of health, that contribute to consistent and systematic low vaccination coverage in some municipalities and communities. In their agenda, NIPs must define strategies to address these communities' differentials, in order to complete the unfinished agenda.

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
GO 2.1 Eliminate neonatal tetanus as a public health problem in all countries	GO 2.1.1 Number of countries with municipalities reporting rates of neonatal tetanus above 1/1,000 live births	1	0
GO 2.2 Meet DPT vaccination coverage targets at all levels	GO 2.2.1 Number of countries reporting national average coverage of at least 95% with three doses of DPT vaccine in children under 1 year	22	35
	GO 2.2.2 Number of countries reporting coverage of at least 95% in each district or equivalent with three doses of DPT vaccine in children under 1 year	23	35
SO 2.1 Immunization benefits extend equitably to all people and social groups	SO 2.1.1 Number of countries and territories reporting coverage by income quintile or other subgroups that make it possible to monitor vaccination equity	0	15

Strategic Line of Action 3: Tackle new challenges in the introduction of vaccines and assess their impact

38. The Region of the Americas is a leader in the introduction of new vaccines as part of promoting the right to the enjoyment of the highest attainable standard of health including from the perspective of the right to health where nationally recognized. This has entailed conducting cost effectiveness studies and compiling other evidence, such as the burden of disease, strengthening platforms for universal vaccination, and monitoring the introduction of new vaccines through, for example, impact assessments. These efforts should be maintained and extended in the Region in order to ensure that new vaccines continue to be included in national vaccination schedules in a sustainable manner, and that evidence needed for decision-making continues to be generated.

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
GO 3.1 Introduce vaccines in accordance with technical and programmatic criteria	GO 3.1.1 Number of countries and territories that have introduced one or more new vaccines into their national vaccination schedules	32	40
SO 3.1 Decision-making is evidence-based and impact assessments ensure that policies are adopted to maximize the benefits of vaccination	SO 3.1.1 Number of countries that have conducted studies prior to the introduction of a vaccine (e.g., cost-effectiveness analysis)	14	20
	SO 3.1.2 Number of countries that have conducted studies after the introduction of a vaccine (e.g., impact assessments, operational review, etc.)	9	15

Strategic Line of Action 4: Strengthen health services for effective vaccine administration

39. Universal health coverage should be the framework in which countries make sustainable efforts to control and eliminate vaccine-preventable diseases, by assuring the financing of immunization programs, the integration of vaccination with other local service delivery platforms, and visionary leadership among others. The Revolving Fund for Vaccine Procurement as a collective mechanism of all Member States will continue to support the sustainable development of vaccination programs in the Region, by guaranteeing uninterrupted access to quality vaccines and supplies at affordable prices. Regular analysis of data quality at different levels of management should continue to guide decision-making, and this effort should be systematically conducted in all the countries of the Region. In this regard, it will be crucial to strengthen health information

systems (24), utilizing innovative tools and methodologies based on information and communications technology, such as the use of computerized nominal immunization registries.

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
GO 4.1 Exceed the expected results proposed by the Post-2015 Development Agenda for reductions in infant mortality and maternal mortality	GO 4.1.1 Number of countries and territories whose immunization schedules include vaccination of pregnant women against influenza and/or with tetanus-diphtheria vaccine, as tracers of maternal vaccination	27	35
	GO 4.1.2 Number of countries and territories that offer other preventive interventions integrated with vaccination	4	20
SO 4.1 Supplies are available for the immunization program on a sustainable basis with national resources	SO 4.1.1 Number of countries and territories that finance more than 90% of their immunization programs or initiatives with national resources ⁴	27	35
	SO 4.1.2 Percentage of the birth cohort in Latin America and the Caribbean that has access to an adequate supply of quality vaccines	100	100
	SO 4.1.3 Number of countries and territories that procure vaccines through the Revolving Fund and that meet the criteria for accuracy of demand for vaccines and supply	10	30
SO 4.2 Strengthened immunization services are part of comprehensive, well-run health services	SO 4.2.1 Number of countries and territories that have dropout rates below 5% between the first and the third dose of DPT vaccine	26	35
	SO 4.2.2 Number of countries and territories with coverage above 95% for third dose of DPT vaccine sustained for three or more consecutive years	14	35
	SO 4.2.3 Number of countries and territories that have conducted exercises to identify and correct barriers to reaching the unvaccinated or under-vaccinated populations	22	35
	SO 4.2.4 Number of countries and territories that have held activities to improve the quality of their coverage data and that include these activities in their annual action plans	12	25

⁴ Including national, subnational, and local resources.

General (GO) and Strategic Objectives (SO)	Indicator	Baseline (2013)	Target (2020)
	SO 4.2.5 Number of countries and territories that have a national system for computerized nominal immunization registry	3	10
	SO 4.2.6 Number of countries and territories that report having had a stock-out of a vaccine or related supplies for one full month or more at any level (local, subnational, or national)	11	0
	SO 4.2.7 Number of countries and territories that have strengthened post-marketing surveillance of vaccines in the Expanded Program on Immunization	4	10
	SO 4.2.8 Number of countries that hold vaccination activities geared to health workers	19	25
	SO 4.2.9 Number of countries and territories that implement training plans for workers in the immunization program	To be determined	28

Monitoring and Evaluation

40. This plan will help achieve the Category 1 goals of the PAHO Strategic Plan and is directly related to program area 1.5 (see Annex B). Its monitoring and evaluation will be conducted in accordance with PAHO's results-based management framework, as well as its performance management processes. In addition, this regional plan will contribute to achievement of the GVAP's goals and objectives. As an initial step, each country will evaluate its progress with its National Immunization Committee, and then the Technical Advisory Group (TAG) will evaluate the progress at the regional level. Progress reports will be prepared annually for the Bureau's Executive Management and at the end of every biennium for PAHO's Governing Bodies. A final evaluation of the plan will be completed to determine the strengths and weaknesses of its implementation. The information needed will be obtained from the following sources: *a)* reports by the countries' ministries of health, *b)* PAHO/WHO-UNICEF Joint Reporting Forms on immunization; and *c)* the compilation of research and other available sources.

Financial Implications

41. The cost of implementing the plan for the period 2016-2020 is estimated to be \$120,482,500. This includes expenditures related to technical and administrative personnel, as well as cooperation activities. The estimated gap is 25% of the total budgeted amount. The achievements of the stated objectives of this regional plan require the commitment and investment of Member States as well as that of the relevant

collaborating centers and partners. The Bureau is fully committed to provide the necessary technical cooperation to support its implementation. The support of the PAHO/WHO Country Offices will be also very important, to forge alliances and identify donors who support the plan in the countries.

Action by the Executive Committee

42. The Executive Committee is asked to review this proposed Plan of Action on Immunization, make the observations and recommendations it deems appropriate, and consider approval of the proposed resolution that appears in Annex A.

Annexes

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156th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2015

CE156/12, Rev. 2
Annex A
Original: Spanish

PROPOSED RESOLUTION

PLAN OF ACTION ON IMMUNIZATION

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed draft *Plan of Action on Immunization* (Document CE156/12, Rev. 2),

RESOLVES:

To recommend that the 54th Directing Council adopt a resolution written in accordance with the following terms:

PLAN OF ACTION ON IMMUNIZATION

THE 54th DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Immunization* (Document CD54/__) and considered the significant progress of the countries in the field of vaccination;

Taking into account the international mandates arising from the World Health Assembly, particularly resolution WHA65.17 (2012) on the Global Vaccine Action Plan, and resolution WHA65.5 (2012) declaring that poliomyelitis is a global public health emergency, and the Strategic Plan of the Pan American Health Organization 2014-2019;

Recognizing the progress made in the elimination and control of vaccine-preventable diseases and that work must still be done so that access to vaccination helps bring health services to all, through a comprehensive approach that considers the social determinants of health and universal coverage;

Considering that the Plan of Action offers the Member States a tool which allows them to adopt goals, strategies, and common activities, and to facilitate dialogue, promote synergies with all partners, and strengthen the Region's national immunization programs,

RESOLVES:

1. To approve the *Plan of Action on Immunization* and urge countries, as appropriate and taking into account their contexts, needs, and priorities, to:
 - a) promote universal access to immunization programs and initiatives as a public good;
 - b) adopt and adapt the *Plan of Action on Immunization* in accordance with the characteristics of each country and seek to guarantee the resources needed to meet the objectives described in the Plan of Action;
 - c) commit to sustaining the achievements made in the elimination of polio, measles, rubella, and congenital rubella syndrome; the control of vaccine-preventable diseases; immunization as a political priority in the country; and the value that individuals and communities place on vaccines;
 - d) ensure that work is done to close gaps related to neonatal tetanus elimination; achieve vaccination coverage goals at all the administrative levels; and expand the benefits of immunization to all people equitably throughout the life course;
 - e) tackle new challenges posed by the sustainability of new vaccine introduction in national immunization schedules, and with access for all; promote evidence-based decision-making and an evaluation of the benefits of immunization;
 - f) favor the strengthening of health services to provide immunization services, and achieve the expected results proposed by the post-2015 development agenda for reductions in infant mortality and maternal mortality;
 - g) ensure that immunization programs have timely and sustainable access to the necessary quality inputs and that these are obtained with national resources, function as an integral part of strengthened health services, and have vaccination activities integrated with other interventions.
2. To request the Director to:
 - a) strengthen the operating capacity of the national immunization programs to consolidate the achievements made;
 - b) identify strategies making it possible to ensure vaccination in municipalities with low coverage, as well as among vulnerable and hard-to-reach populations;
 - c) provide technical guidance to the Member States for evidence-based decision-making;
 - d) optimize epidemiological surveillance of vaccine-preventable diseases, the laboratory network, the supply chain, the cold chain, and information systems;

- e) improve timely and equitable access to vaccines and supplies by means of the Revolving Fund for Vaccine Procurement, while upholding its principles and conditions;
- f) strengthen the integrated work of the Organization, so that together with countries, the immunization program is used as a strategy for the health services to reach everyone, based on a comprehensive approach and within the framework of universal health coverage.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

<p>1. Agenda item: 4.3-Plan of Action on Immunization</p>
<p>2. Linkage to Program and Budget 2014-2015:</p> <ul style="list-style-type: none">a) Categories: 1, Communicable Diseasesb) Program areas and outcomes: 1.5, Vaccine-preventable diseases
<p>3. Financial implications:</p> <ul style="list-style-type: none">a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): US\$ 120,482,500 for the entire duration of the planb) Estimated cost for the 2016-2017 biennium (including staff and activities): US\$ 48,193,000c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? US\$ 36,144,750
<p>4. Administrative implications:</p> <ul style="list-style-type: none">a) Indicate the levels of the Organization at which the work will be undertaken: The work will be done at the regional and country level.b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): No additional staff is required for implementation of the plan.c) Time frames (indicate broad time frames for the implementation and evaluation): The time frame for execution is five years and periodic evaluations will be done annually.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.3 - Plan of Action on Immunization
2. **Responsible unit:** Family, Gender, and Life Course/Comprehensive Family Immunization (FGL/IM)
3. **Preparing officer:** Cuauhtémoc Ruiz-Matus, Martha Velandia, and Cara Janusz
4. **List of collaborating centers and national institutions linked to this Agenda item:**
 - Immunization programs of the Member States
 - Spanish Agency for International Development Cooperation (AECID)
 - United States Agency for International Development (USAID)
 - GAVI Alliance
 - Inter-American Development Bank (IDB)
 - Latin American Center for Perinatology and Human Development (CLAP) [of PAHO]
 - Centers for Disease Control and Prevention (of the United States)
 - Department of Foreign Affairs, Trade, and Development of Canada
 - Department of Health and Human Services of the United States
 - United Nations Children's Fund (UNICEF)
 - Bill and Melinda Gates Foundation
 - Technical Advisory Group on Vaccine-preventable Diseases [of PAHO]
 - Sabin Vaccine Institute
 - Public Health Agency of Canada
 - Caribbean Public Health Agency (CARPHA)
 - PATH
 - Rotary International
 - Vaccine Ambassadors

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

This agenda item is related to all the Agenda's areas of action:

- a) Strengthen the national health authority.
- b) Address health determinants.
- c) Increase social protection and access to quality health services.
- d) Reduce inequalities in health among and within countries.
- e) Reduce the risks and burden of disease.
- f) Strengthen the management and development of health workers.
- g) Take advantage of knowledge, science, and technology.
- h) Strengthen health security.

6. Link between Agenda item and the [PAHO Strategic Plan 2014-2019](#):

Category: 1, Communicable Diseases

Program Area: 1.5, Vaccine-preventable diseases (including maintenance of polio eradication)

7. Best practices in this area and examples from countries within the Region of the Americas:

- a) Preparation of the annual plans of the immunization program
- b) Technical Advisory Group
- c) National technical advisory committees on immunization
- d) Vaccination Week in the Americas
- e) Successful introduction of new vaccines
- f) The Revolving Fund for Vaccine Procurement
- g) Rapid response to epidemics and better national capacity to address disease importation
- h) The elimination of vaccine-preventable diseases
- i) Regional laboratory network
- j) The regional network of syringe quality control laboratories
- k) The immunization bulletin
- l) Weekly epidemiological bulletins on acute flaccid paralysis and measles/rubella
- m) Increase in the national capacity to make decisions based on data
- n) Preparation of strategies or initiatives to reach vulnerable populations with quality vaccination services
- o) Lessons learned to support the transition from children's vaccine programs to family vaccination programs
- p) Strategies for the systematic analysis and use of immunization data
- q) International evaluations of the immunization program

8. Financial implications of this Agenda item:

US\$ 120,482,500 over five years
