

Promoting Immunization Equity in the Americas

Strategies for Monitoring the Impact of Social Inequalities

COLOMBIA

Implementing strategies to monitor immunization inequalities is crucial to more effectively informing strategic planning and programmatic decision-making aimed at improving immunization equity.

Through a case study approach based on a document review, semi-structured interviews, and participatory observation conducted in March 2020, this research documents the dissemination of alternative approaches to monitoring social inequalities in immunization developed by the Pan American Health Organization (PAHO), in line with global guidelines, and Colombia's experience adopting these tools at both national and sub-national levels. Specific study objectives include:

1. Documenting regional, national, and subnational initiatives and experiences with identifying and measuring immunization inequalities;
2. Describing alternative regional approaches to identifying and measuring inequalities and associated activities for their dissemination; and
3. Examining how global mandates and regional prioritization of immunization equity translate to the national and subnational levels of the countries.

Guided by the third strategic objective of the Global Vaccine Action Plan to ensure that "the benefits of immunization are extended equitably to all people," this multi-level study considers how regional equity approaches translate into national and subnational practices with the aim of sharing potential barriers, facilitating strengths, and lessons learned with other countries seeking to implement and strengthen strategies for monitoring immunization inequalities. This research was made possible thanks to funding provided by Gavi, the Vaccine Alliance.

48,258,494

Population (2020)

92%

DTP3 coverage (2018)

762,390

Average annual birth cohort

95%

MMR1 coverage (2018)



INITIATIVES FOR MONITORING SOCIAL INEQUALITIES IN IMMUNIZATION

REGIONAL INITIATIVES. PAHO has different areas of work focused on promoting equity, including the **monitoring of inequalities in immunization, which aims to strengthen countries' capacities for measurement, monitoring, and action.** Within the framework of monitoring inequalities, initiatives such as informational meetings, trainings, and sensitization workshops on the importance of monitoring have been carried out, including the "First National Workshop for Strengthening Capacities for Measuring, Analyzing and Monitoring Social Inequalities in Immunization." Held in Bogotá in March 2020 at the request of the Colombian Ministry of Health and Social Protection (MSPS, acronym in Spanish), this was the first workshop to include participation from subnational level managers of the Expanded Program on Immunization (EPI). Another initiative is the **joint elaboration of country profiles on vaccination coverage inequalities with national and subnational data, called National Immunization Equity Booklets.** Collaboratively developed by PAHO and the ministries of health of Panama, Brazil, Peru, Chile, and Colombia, the Booklets are intended to be **an innovative tool to help countries identify territorial social inequalities in vaccination coverage.** The objectives of the initiative are to inform the adoption of comprehensive strategies to achieve universal national immunization coverage by building country capacity, identifying actions to be taken, and maintaining cycles of improvement.

NATIONAL INITIATIVES. Colombia's commitment to guarantee equity in health is expressed in the country's regulatory and institutional framework. The Colombian Constitution establishes the right of all citizens to health care as a public service, and with the establishment of the Integrated Health Care Policy in 2016 and the Territorial Integrated Action Model in 2019, progress was made towards equitable access to health services. Additionally, the Ten-Year Public Health Plan 2012–2021 and the National Development Plan 2018–2022, "Pact for Colombia, Pact for Equity," **aim to achieve equal opportunities for citizens and the reduction of social inequalities in health.** Initiatives such as the creation and implementation of the Observatory for the Measurement and Analysis of Equity in Health (ODES, acronym in Spanish), which is responsible for managing the data, analysis and evidence in order to monitor, measure and explain those observable, unfair and avoidable differences in health between people from different social groups; the development of national databases and registries that provide consolidated, comprehensive, and territorially disaggregated health data; and the promotion of Health Situation Analysis (ASIS, acronym in Spanish), **facilitate better access to and use of a wide variety of databases and analysis tools to support the planning of pro-equity immunization strategies.** Additionally, MSPS maintains close cooperation with PAHO that not only encourages the development of innovative measurement tools, but also serves as practical training and technical capacity building. As part of this cooperation, the National Atlas of Sustainable Health Equity was developed by several government agencies with the support of PAHO.

What we have developed from Washington, let's say, are disaggregated analyses at the municipal level, and what we would like to do is promote, to lower, to land that capacity, that 'know how,' below the national level, right? Because that's what I think it's all about, isn't it? What we would like is that the teams, not only departmental ones, the teams with a higher level of disaggregation can appropriate the view, the approach, and the methodology, in order to ultimately reduce inequalities, in this case in immunization coverage or desertion.

– REGIONAL LEVEL PARTICIPANT

The issue of measuring inequality is a priority for the country, but first I'm going to tell you why it's a priority, it's because the country, the first line that recognizes that Colombia is unequal, that's the first thing. Since I as a country recognize that I am unequal, then that is why I have to do my actions. In this regard, the country has been generating processes of analysis of interventions, not only in immunizations, in all the components of the life course, and so much so that, within its Plan the most relevant line is equity.

– TERRITORIAL LEVEL PARTICIPANT

STRATEGIES FOR REDUCING INEQUALITIES IN IMMUNIZATION IN COLOMBIA

ACTIONS FOR IDENTIFICATION AND PLANNING AT THE TERRITORIAL LEVEL.

Various strategies were discussed to identify gaps in immunization coverage, such as **ASIS** for the establishment of a population's health situation to inform the planning of vaccination activities; micro-planning to achieve target coverage, by which goals are established and the human, physical, financial, transportation and social mobilization resources needed to achieve them are defined; and conducting **rapid monitoring of vaccination coverage to focus on at-risk populations**. Monitoring activities are often carried out through **intersectoral collaboration with other institutions** (such as the Colombian Institute of Family Welfare), expanding the reach, data availability, and human resources of EPI vaccination efforts.

ACTIONS TO REACH THE POPULATION AND PROMOTE EQUITY. The Vaccination without Barriers strategy aims to make vaccines available to all citizens, regardless of insurance status, religion, socio-economic status, gender, and other factors. Extramural vaccination and immunization brigades are used for territorial vaccination campaigns, which, in municipalities with indigenous populations, are often planned in collaboration with local leaders to ensure access to communities, especially in rural and hard-to-reach areas and among nomadic groups. Informants highlighted the **inter-institutional nature of these actions, which involve articulation with government sectors (health, education, social welfare), and sometimes civil society representatives, to increase the pro-equity impact of extramural vaccination**. Activities are also carried out with indigenous communities to raise **awareness regarding the importance of vaccination and to train vaccinators from the same community or ethnic group to promote community access to vaccination and improve the use of vaccines**.

CHALLENGES FOR THE REDUCTION OF INEQUITIES. Geographic barriers and limited transportation complicate access to remote, hard-to-reach territories, widely dispersed communities, and nomadic populations. In some areas, there are security concerns for the vaccination teams due to the persistence of armed groups in the country. Additional challenges to the reduction of vaccination inequities include insufficient provider networks in some jurisdictions, non-compliance of some health service providers, and **insufficient human resources**, especially in rural areas.

That's why we also involve the leaders, because they [community members] respect the word of the leaders very much. Someone doesn't get vaccinated, but I go to the leader, the leader talks to him, and they agree to be vaccinated.

– TERRITORIAL LEVEL PARTICIPANT

What is the other challenge and what is a difficulty we have? It's the difficult access barriers we have for some municipalities. We have dispersed rural areas and we have indigenous communities between municipalities. So, in one way or another, sometimes it's a little complex to be able to reach these groups in a timely manner, permanently, in order to carry out the vaccination.

– TERRITORIAL LEVEL PARTICIPANT

The other disadvantage we have is that the network of provision for vaccination is limited, so in the vast majority of municipalities there is only one IPS [Institutional Health Service Provider] and there is only one human resource available to apply the vaccines. We don't have enough human resources.

– TERRITORIAL LEVEL PARTICIPANT

FACILITATORS FOR THE ADOPTION OF STRATEGIES FOR MONITORING INEQUALITIES

EQUITY IS A GUIDING HEALTH POLICY VALUE AND POLITICAL PRIORITY of the Colombian state, and there is a commitment on the part of government to reduce inequalities. Consequently, the monitoring and analyses of inequalities are aligned with the country's regulatory and institutional framework, which has facilitated the analyses of social inequalities and the creation of support agencies such as the ODES.

THE CLOSE AND FLUID TECHNICAL COOPERATION BETWEEN COLOMBIA AND PAHO, expressed in initiatives such as Colombia's National Immunization Equity Booklet, the National Atlas of Sustainable Health Equity, and training workshops, facilitates the strengthening of national capacity for monitoring inequalities, as well as the joint development of useful tools and resources.

THE AVAILABILITY AND QUALITY OF VACCINATION COVERAGE DATA AND SOCIAL STRATIFIERS WITH BROAD GEOGRAPHICAL DISAGGREGATION facilitate the monitoring of social inequalities in health at the territorial level, thus being a useful tool for action planning.

THE APPROACHES DISSEMINATED FROM THE REGIONAL LEVEL ARE ALIGNED WITH THE OBJECTIVES AND ACTIVITIES OF THE EPI, AND WOULD SYSTEMATIZE OPERATING PROCEDURES CARRIED OUT BY THE EPI AT THE NATIONAL AND TERRITORIAL LEVEL that promote the planning of immunization activities based not only on coverage data, but also population characteristics, such as socio-cultural and environmental factors.

THE PERCEPTION, BY KEY ACTORS AT ALL LEVELS, OF THE RELEVANCE OF MONITORING SOCIAL INEQUALITIES AND ITS USEFULNESS AS A TOOL FOR REDUCING GAPS, as well as the positive reception of regional initiatives developed in the country such as the Equity Booklet and workshops for monitoring inequalities, are factors that favor the adoption of these approaches.

One very important thing to land these initiatives, is that there is a very well developed information system, the SISPRO, among others, which is essential. The immunization program, unlike the other programs, has municipal-level data, which is wonderful, but in order to be able to do inequality analysis at that same municipal level, you need social stratifiers, and that makes it difficult to work in other countries, because they have not reached that level of development.

– REGIONAL LEVEL PARTICIPANT

It is a whole series of determinants that are affecting us, in this case the program. So, I do consider that we should start to broaden the visualization of those determinants as such, those inequalities that are often spoken about, which are really the ones that can affect the results. And what working on them will probably do, or people will have better access to health services, will guarantee their rights.

– TERRITORIAL LEVEL PARTICIPANT

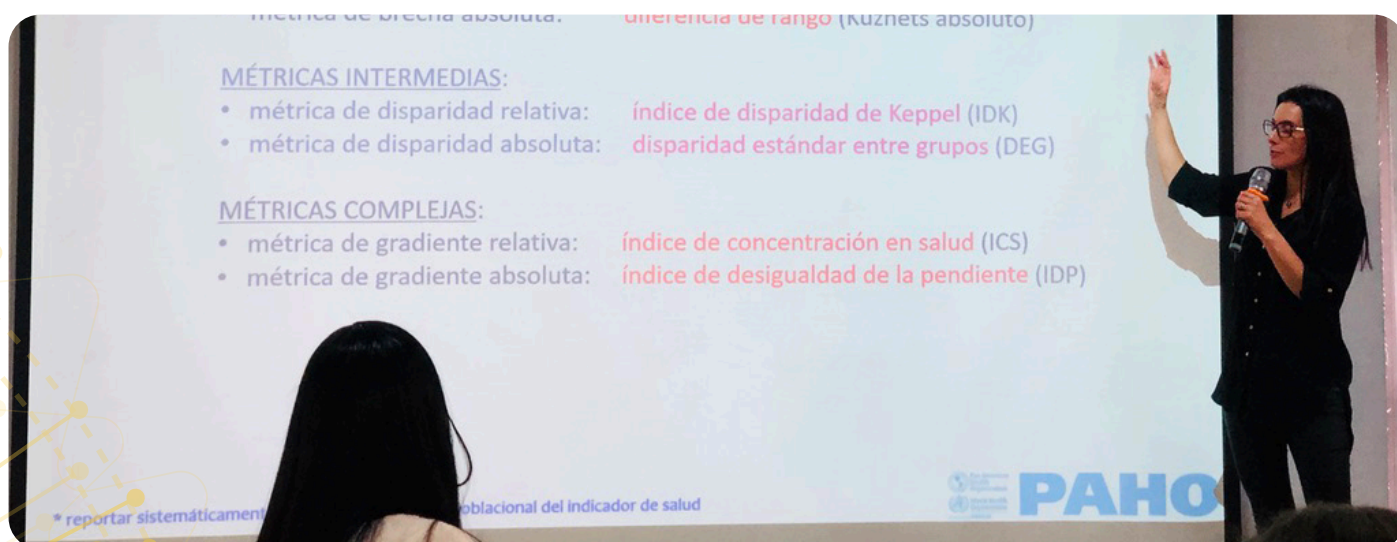


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CONSIDERATIONS FOR IMPLEMENTING INEQUALITY MONITORING

- ! **HAVE THE APPROPRIATE HUMAN RESOURCE CAPACITY TO CARRY OUT THESE INITIATIVES AT THE LOCAL LEVEL**, considering the need to strengthen the skills of available personnel, and planning training opportunities
- ! **ENSURE INSTITUTIONAL STRENGTHENING AND SUSTAINED CAPACITY AT THE SUB-NATIONAL LEVEL**, which is often affected by high staff turnover linked to policy changes or recruitment policies, to support adoption and continuity of monitoring
- ! The complexity and novelty of these approaches require **CONTINUITY OF PAHO TECHNICAL SUPPORT AT THE NATIONAL AND TERRITORIAL LEVELS** for their implementation and sustainability
- ! **STRENGTHEN THE QUALITY OF IMMUNIZATION DATA**, which can affect the calculation of coverage at the local level and make it difficult to implement inequality metrics at the municipal level, especially in less populated areas
- ! **PROMOTE THE AVAILABILITY AND USE OF DATABASES AND REGISTRIES IN HEALTH POLICY PLANNING AT THE DEPARTMENTAL AND MUNICIPAL LEVELS** to inform the development of pro-equity immunization strategies
- ! **SENSITIZE POLICY MAKERS AT THE DEPARTMENTAL, DISTRICT, AND MUNICIPAL LEVELS TO THE ADOPTION OF STRATEGIES BASED ON MONITORING INEQUALITIES** for the establishment of health policy priorities



Therefore, we consider that it is important to replicate these workshops in the territories with the accompaniment of the ministry and PAHO, and of course, making the tools they have taught us with the data from each one, and present our results to the decision makers, both to the authorities in health and the government.

– TERRITORIAL LEVEL PARTICIPANT



Well, we are talking about raising awareness among decision makers, among government officials, because maybe we are not going to make it through the summer like swallows, so we need decision makers to prioritize us or prioritize this type of analysis in order to focus on all the actions that are going to be developed.

– TERRITORIAL LEVEL PARTICIPANT

LESSONS LEARNED

- ✓ **THE IMPORTANCE OF ESTABLISHING EQUITY AS A PRIORITY FOR HEALTH POLICIES** by decision makers at all levels.
- ✓ **DEVELOPING A REGULATORY AND INSTITUTIONAL FRAMEWORK AIMED AT PROMOTING EQUITY** supports public health decision making and the monitoring and reduction of inequalities.
- ✓ **ENSURE THE FLOW OF TECHNICAL COOPERATION BETWEEN THE REGIONAL, NATIONAL, AND SUB-NATIONAL LEVELS**, focusing on capacity building, data sharing, and the development of strategies to reduce inequities in immunization.
- ✓ **PROMOTE THE ADOPTION OF EVIDENCE-BASED DECISION MAKING BY THE EPI AT THE SUBNATIONAL LEVEL**, considering the needs of teams for the adoption of immunization equity monitoring.
- ✓ **IMPORTANCE OF INTERSECTORIAL AND/OR INTER-INSTITUTIONAL APPROACHES** for the reduction of inequalities.

CONCLUSIONS

Colombia's commitment to guaranteeing equity in health, and in vaccination in particular, is expressed in the country's regulatory and institutional framework, and in the actions aimed at the adoption of approaches for monitoring inequalities impacting immunization disseminated from the regional level.

Colombia's vaccination schedule is one of the most comprehensive in the Region, with high national coverage achieved thanks to the political decision to advance equity as expressed in the country's national plans and legislation. Colombia has been implementing pro-equity strategies that include the creation of ODES, the development of national databases and registries, and the promotion of ASIS. Among facilitators of the adoption of initiatives for monitoring inequalities, the positive reception of PAHO-disseminated tools, the technical capacity and commitment of the EPI staff, the agreement of objectives at various levels, and the wide availability of disaggregated data were highlighted. This study also identifies factors considered to facilitate the successful and sustainable adoption of initiatives for monitoring inequalities, such as the need to strengthen human resource capacity at the territorial level, guarantee the continuity of technical support for the sub-national level, and the need to sensitize decision makers at the departmental and municipal levels to the importance of the topic. The Colombian experience is an excellent learning opportunity for the Region of the Americas and other regions of the world that seek to promote equity in immunization policies through innovative approaches to identify and monitor social inequalities.



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