



GLOBAL VACCINE ACTION PLAN: 2020 REPORT ON PROGRESS TOWARD IMMUNIZATION GOALS IN THE AMERICAS

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

GLOBAL VACCINE ACTION PLAN: 2020 REPORT ON PROGRESS TOWARD IMMUNIZATION GOALS IN THE AMERICAS

Washington, DC, 2021





Global Vaccine Action Plan: 2020 Report on Progress Toward Immunization Goals in the Americas

PAHO/FPL/IM/21-0031

© **Pan American Health Organization, 2021**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this license, this work may be copied, redistributed, and adapted for non-commercial purposes, provided the new work is issued using the same or equivalent Creative Commons license and it is appropriately cited. In any use of this work, there should be no suggestion that the Pan American Health Organization (PAHO) endorses any specific organization, product, or service. Use of the PAHO logo is not permitted.

All reasonable precautions have been taken by PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall PAHO be liable for damages arising from its use.

CONTENTS

INTRODUCTION	6
GENERAL ACHIEVEMENTS	7
Maintain the Region's status polio free	7
Regional containment status	7
Introduction of vaccines and assessment of their impact	8
Control of outbreaks of vaccine-preventable diseases	9
Progress towards eliminating mother to child hepatitis B transmission and transmission during early childhood	9
Strengthen health services for effective vaccine administration	10
GENERAL CHALLENGES	11
Maintaining high and homogenous vaccination coverage at all levels	11
PERSPECTIVES AND CONCLUSION	14
ENSURE THAT IMMUNIZATION REMAINS AN ESSENTIAL ACTIVITY AT THE FIRST LEVEL OF CARE DURING THE COVID-19 PANDEMIC	14
Annex 1: Progress on RVAP indicators in the Americas	16

WHO REGIONAL OFFICE FOR THE AMERICAS: PROGRESS REPORT FOR THE REGION OF THE AMERICAS

INTRODUCTION

The Pan American Health Organization (PAHO)/the World Health Organization (WHO) Region of the Americas, consists of 35 Member States, 12 territories, and 4 associate members with a birth cohort of around 14.7 million. The Region is very diverse and during previous years has faced emergencies, including natural disasters, economic hardship, violence, social and political conflict and changes, and migration – over 2.3 million people have migrated to other countries, stressing health systems.



Credit: PAHO/WHO

The Plan of Action on Immunization for the Region (known as the RIAP) was endorsed by PAHO's 54th Directing Council in September 2015, as the framework to identify and overcome immunization challenges currently faced by countries of the Americas. The RIAP, which is aligned with WHO's Global Vaccine Action Plan (GVAP), proposes a road

map that Member States can follow, as is appropriate and taking their contexts, needs, and priorities into account, 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 (VPDs); c) Address new challenges in the introduction of vaccines and assess their impact; and d) Strengthen health services for effective vaccine administration.

Monitoring and evaluating the RIAP will be conducted in accordance with PAHO's results-based management framework, as well as its performance management processes. The information needed is obtained from a) reports by the countries' ministries of health, b) PAHO-WHO/UNICEF's Joint Reporting Form (JRF) on immunization, c) PAHO's VPD surveillance systems, and d) compilation of research and other available sources. PAHO's Technical Advisory Group (TAG) on Vaccine-preventable Diseases evaluates advances at the regional level. Reports are prepared annually for PAHO's Executive Management, as well as at the end of every biennium for PAHO's Governing Bodies. There will be a complete report in 2021.

The RIAP established 13 objectives (7 general and 6 strategic) and 29 indicators. As of December 2019, the situation in the Region is as follows: 20 indicators are on track; 1 is in progress; and 8 of the indicators are off track and will require a concerted effort and urgent action to achieve the targets.

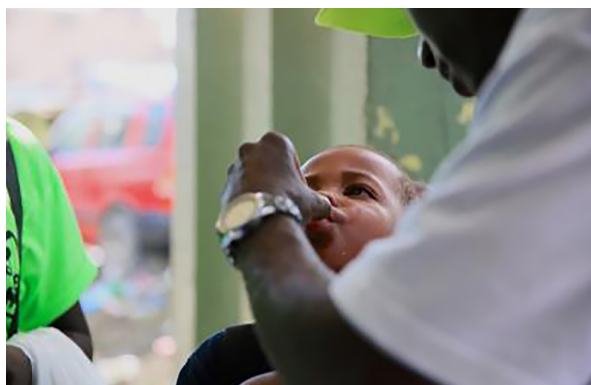
GENERAL ACHIEVEMENTS

Maintain the Region's status polio free



PAHO annually performs risk assessments for an importation of poliovirus – wild or vaccine-derived (VDPV) – or the emergence of a VDPV. The following key indicators are evaluated: (i) vaccination coverage, (ii) epidemiological surveillance; (iii) poliovirus containment in laboratories, (iv) outbreak response preparation, and (v) determinants of health. The data is analyzed with the Regional Polio Eradication Certification Commission (RCC). According to 2018 and 2019 results, Haiti, Guatemala, and Venezuela were considered high risk. The Dominican Republic presents a moderate risk, with a broad border with Haiti and a high flow of migrants.

Currently, 2 or more doses of the inactivated polio vaccine (IPV) are given in 36 of the 51 countries and territories in the Region, where 89% of children under one year of age live. PAHO continues to negotiate with producers to ensure the continued supply of this vaccine for the Region.



Credit: PAHO/WHO. VWA2019

To mitigate the risk of a polio event or outbreak, vaccination campaigns were conducted in 2019 in four countries in the Region: Dominican Republic, Guatemala, Haiti, and Venezuela. A total of 7.5 million children were vaccinated with the bivalent oral polio vaccine (bOPV). Coverages equal to or greater than 90% were achieved: Dominican Republic: 96%; Guatemala: 93%; Haiti: 90%; Venezuela: 96%. Measles vaccination was also carried out in the case of Guatemala and Haiti. PAHO has technically supported the preparation, implementation, and evaluation of these vaccination campaigns, and managed the mobilization of US\$ 2.1 million through the Global Polio Eradication Initiative, a global public-private partnership involving governments, partners (such as WHO, Rotary International, the United States Centers for Disease Control and Prevention [CDC], UNICEF, and the Bill and Melinda Gates Foundation), as well as an extensive list of long-standing partners. The funds were used to support field activities in accordance with country priorities.

In addition to the epidemiological surveillance of acute flaccid paralysis, PAHO has supported the implementation of environmental poliovirus surveillance in Guatemala and Haiti. A follow-up meeting on environmental surveillance of poliovirus was held in August 2019, with authorities from the ministry of health of Guatemala. The meeting was accompanied by technical experts from the CDC and PAHO country office.

Regional containment status

The Region continues committed to completing all goals outlined in the Polio Eradication and Endgame Strategic Plan, including GAP III, which has been adapted to the Regional-GAP III. Steps towards the fulfillment of their objectives in the Region are:

- The RCC validates the containment report in two parts: the completion of the survey process and type of material.
- The RCC notes that all countries of the Region of the Americas included all the variables to enable the identification, inventory, and final disposal of wild poliovirus (WPV) types 1, 2, and 3; Sabin 1, 2, and 3 infectious material; and WPV2 and Sabin2 potentially infectious materials (PIM) in their GAP III survey.
- In October 2019, at the 11th RCC meeting, the completion of the survey process was approved for 18 reports (17 country reports and one report for the Caribbean Sub-Region). These represent a total of 30 countries and 9 territories. Five countries (Brazil, Canada, Ecuador, Mexico, and USA) presented progress, but their survey processes have not been completed.
- Of a total of 23 reports, 18 reports (17 country reports and one report for the Caribbean Sub-Region) received RCC validation for WPV2/VDPV2 infectious materials and PIM and 17 reports for Sabin2 PIM.
- Regarding poliovirus type 3 and type 1, the RCC validated 17 reports of WPV3/VDPV3 and WPV1/VDPV1 infectious materials as well as 18 reports of WPV3/VDPV3 and WPV1/VDPV1 PIM.
- As of October 2019, there had been a reduction in the number of countries with designated Poliovirus Essential Facilities (dPEFs) for poliovirus type 2 from five in 2018 to four in 2019; and the number of dPEFs was reduced from 20 to 14 in the same period.
- In agreement with WHO's Containment Certification Scheme (CCS), the four countries with dPEFs have nominated a National Authority for Containment (NAC) and have certified GAP III auditors.

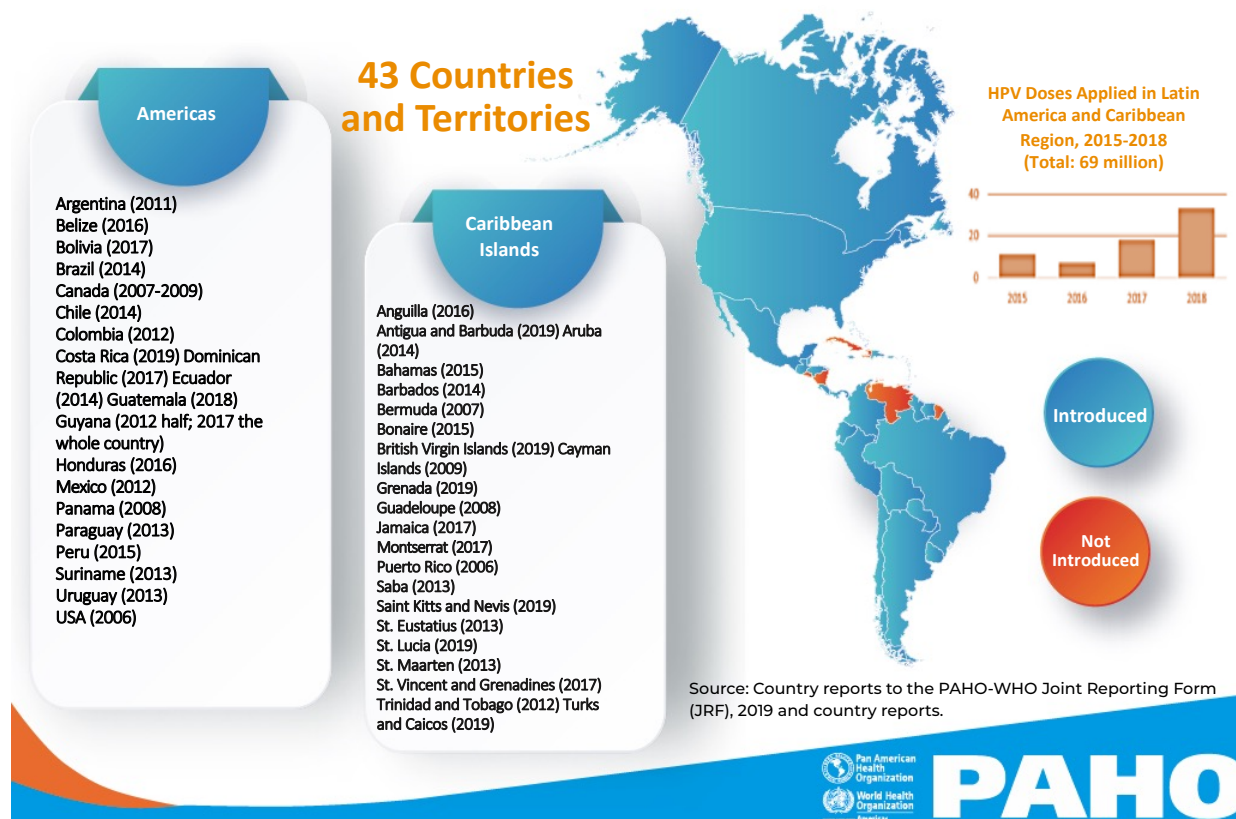
Introduction of vaccines and assessment of their impact



In 2019, six countries introduced the human papillomavirus (HPV) vaccine into their national immunization schedules: Costa Rica, Dominica, Turks and Caicos, the British Virgin Islands, Saint Lucia, and Saint Kitts and Nevis. El Salvador received technical cooperation to support the development of an introduction plan

for the vaccine, scheduled for 2020. Bolivia received technical cooperation to relaunch the HPV vaccine dissemination campaign, to improve vaccination coverages. Currently, 43 countries and territories have introduced the HPV vaccine, 37 have introduced the pneumococcal conjugate vaccine (PCV), and 22 have introduced the rotavirus vaccine in their routine vaccination schedules (Figure 1).

Figure 1: HPV Vaccine Introduction into the EPI, Region of the Americas, 2019



A study of the impact of PCV vaccine on mortality of children under 5 years of age was conducted in 10 countries (Guyana, Honduras, Nicaragua, Argentina, Brazil, Colombia, Dominican Republic, Ecuador, Mexico, and Peru) in Latin America and the Caribbean. This study was conducted in collaboration with Yale University with funding from the Bill and Melinda Gates Foundation. The results showed an estimated decline in pneumonia mortality following the introduction of PCVs ranging from 11% to 35% among children aged 2–59 months in five countries: Colombia (24%, 95% confidence interval: 3–35%), Ecuador (25%, 4–41%), Mexico (11%, 3–18%), Nicaragua (19%, 0–34%), and Peru (35%, 20–47%). In Argentina, Brazil, and Dominican Republic, the declines were not detected in the aggregated age group but were detected in certain age strata. In Guyana and Honduras, the estimates had large uncertainty,

and no declines were detected. Across the 10 countries, most of which have low to moderate incidence of pneumonia mortality, PCVs have prevented nearly 4,500 all-cause pneumonia deaths in children 2–59 months since introduction. A workshop on vaccine impact measurement at Yale University was held to socialize the analytical methodology. Another study to measure the impact of mortality in older adults was carried out in 5 countries of Latin America and the Caribbean (Brazil, Argentina, Mexico, Colombia, and Chile) in collaboration with Yale University.

As of 2019, 16 countries and territories conducted studies prior to the introduction of new vaccines, and 18 countries and territories conducted studies after the introduction of a vaccine.

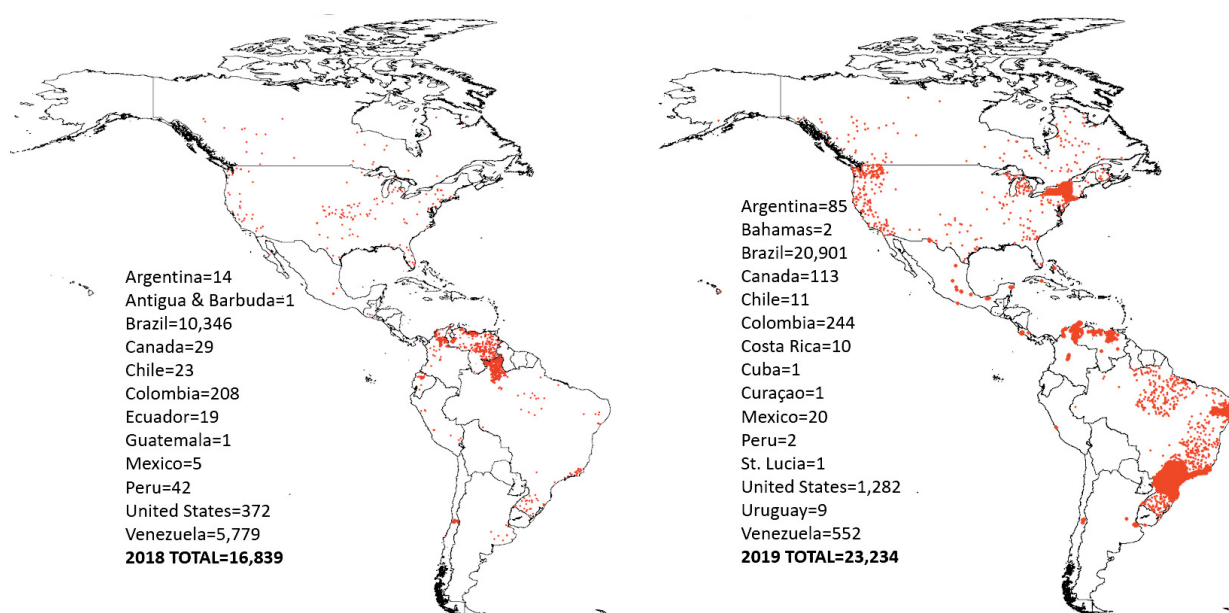
Control of outbreaks of vaccine-preventable diseases



Given their long history of experience and success, in 2019, 12 countries in the Region (Bahamas [3 cases in 2019], Canada [113 cases in 2019], Chile [11 cases in 2019], Colombia [242 cases in 2019], Costa Rica [10 cases in 2019], Cuba [1 case in 2019], USA [1,282 cases in 2019], Mexico [20 cases in 2019], Peru [2 cases in 2019], St Lucia [1 case in 2019], and Uruguay [9 cases in 2019]) succeeded in stopping measles transmission. Venezuela managed to control the measles outbreak between 2017 and 2019, amid a humanitarian crisis. Brazil is the only country that continues to have an outbreak of more than two years between 2018–2019 (Figure 2). All countries have received technical and financial support to

quickly respond to these outbreaks. The Regional Committee for Monitoring and Re-Verification of Measles and Rubella Elimination in the Americas was created as a response to the re-establishment of endemic measles transmission in two countries of the Region (Venezuela and Brazil) and has met with the Secretariat and countries with measles outbreaks on several occasions. The Secretariat has created manuals, guides, and case studies to strengthen the national capacity in rapid response to measles outbreaks, ensuring that all countries in the Region have received training with these tools, in compliance with the mandate of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination, 2018–2023.

Figure 2: Ongoing (Active) and Past (Non-Active/Interrupted) Measles Outbreaks: Distribution of Confirmed Measles Cases in the Americas, 2018–2019



Sources: Surveillance country reports sent to PAHO/WHO's Comprehensive Family Immunization Unit and by the Ministry of Popular Power of Venezuela.

Progress towards eliminating mother to child hepatitis B transmission and transmission during early childhood



Several decades of childhood hepatitis B vaccination, as well as the more recent introduction of newborn vaccination, have contributed to estimates that the Region has the lowest seroprevalence globally for hepatitis B among 5-year-olds. It is estimated that 17 countries have already reached the goal of eliminating mother-to-child transmission, which has led to

inter-programmatic work in the past year and in the context of the elimination initiative, developing a guide to document and validate countries and establish a regional process. Pilot projects have also been implemented to design and test methodologies for validation, which are currently reporting the development of a global approach.

Strengthen health services for effective vaccine administration

Strengthening seasonal influenza vaccination



Technical cooperation is provided to countries in the Region, so they maintain influenza vaccination with the aim of preventing morbidity and mortality and the use of health services due to influenza in the context of the COVID-19 response. In collaboration with the Revolving Fund, access to the flu vaccine has been secured for countries for the 2020 Southern Hemisphere season and Northern Hemisphere season 2020–2021. For the Southern Hemisphere 2020 season, the goal was to vaccinate 100 million people in 14 Latin American countries. In recent months, requests have been made by countries to share innovative vaccination strategies, expand vaccination to other risk groups, or consider introducing influenza vaccination.

Information systems and data quality



From 30 September to 6 December 2019, a six-week Spanish course on *Electronic Immunization Registry (EIR): Practical Considerations for Planning, Development, Implementation and Evaluation* based on the document developed by PAHO in 2017 was held.

There was high demand: 1,209 applications were received from 30 countries from different regions of the world. 92 applicants were accepted from 16 countries. Fifty-eight participants earned certificates by developing peer-reviewed activity plans to improve EIRs in the context of their work. In 2020, the course will be conducted in English.

Cold chain and supply chain



With the objective of strengthening the capacity of the existing infrastructure, seven evaluations of the stock management tool (wVSSM) were conducted (Dominican Republic, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, and Suriname) to assess cold chain performance and supply chain infrastructure and to achieve better performance in all operations related to the storage and distribution of vaccines and ancillary items. Additionally, these evaluations were conducted to verify both the degree of implementation and use of the wVSSM tool to manage and control inventories of vaccines, ancillary immunization items, and other pharmaceutical products. This included updating the tool to version wVSSM 6.5.

GENERAL CHALLENGES

Maintaining high and homogenous vaccination coverage at all levels

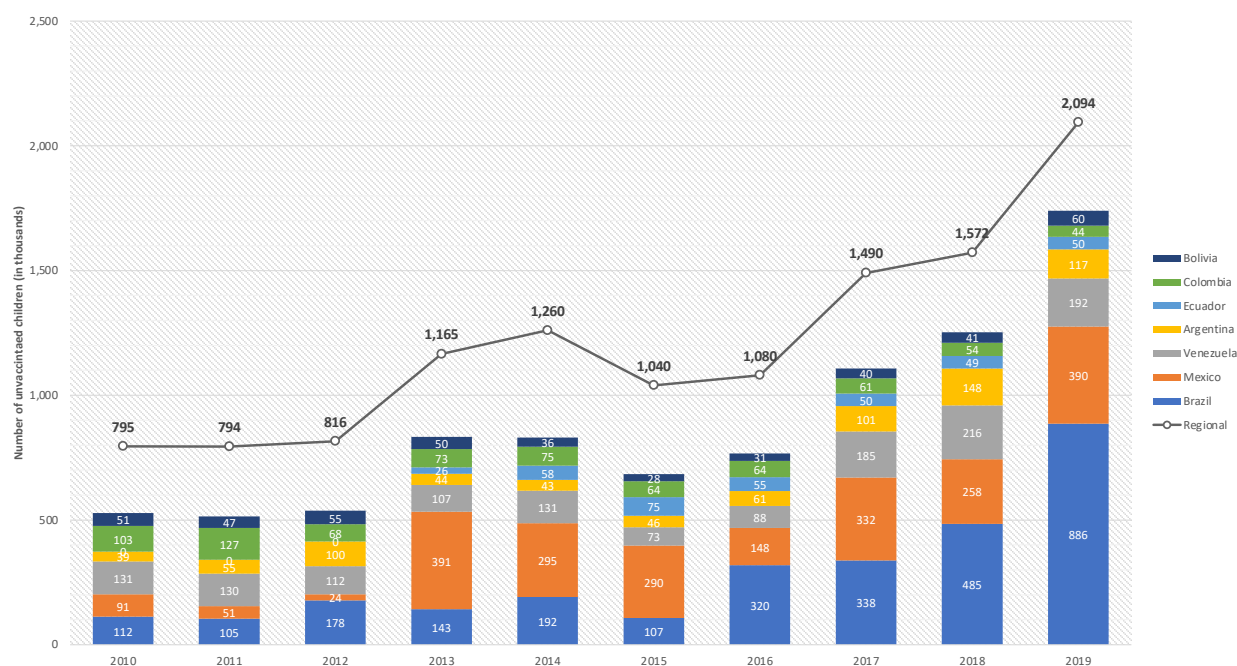
In 2019, while immunization programs have been strengthened with the introduction of several vaccines, Latin America has faced a decline in the coverage for DTP3 among infants less than 1 year old.

The Region of the Americas reported a DTP3 regional coverage of 84% for 2019. It is important to highlight here that the countries in this Region with the largest cohorts of children have reported a decrease in their DTP3 vaccination coverage during recent years, which in turn has impacted the entire regional DTP3 coverage and increased

the populations of un- or under-vaccinated children (Figure 3).

- From 2018 to 2019, Brazil (20% of the cohort of children less than 1 year old in the Region) dropped from 87% to 70%—the regional coverage in 2019 without considering Brazil is 88%.
- From 2010 to 2019, Mexico (15.3% of the cohort) dropped from 88% to 82%.
- From 2010 to 2019, Argentina (4.8% of the cohort) dropped from 86% to 83%.

Figure 3: Number of Unvaccinated or Under-Vaccinated Children (DTP3) by Year and Country, Select Countries in Latin America and the Caribbean, 2010–2019



Potential explanations for the decrease in DTP3 coverage in those countries are diverse:

- Supply: Vaccine stock-outs of pentavalent/DTP:
 - Brazil reported a stock-out of DTP in 2019 for five months.
- Challenges with the estimation of denominators and quality of administrative data versus survey data:
 - Bolivia reported an official coverage of 75%, but their last survey (2019) shows 95.7% DTP3 coverage.
- Physical barriers to access continue to be a significant problem in some remote areas accessible only by air or water. These reflect subnational inequities.
- Limited resources for operational activities: there has been an increase in public spending on procurement of biologicals and supplies. However, this investment has not been accompanied by improvement efforts in the

other components of the Expanded Program on Immunization (EPI) (e.g., training of health personnel, supervision, and other operational activities, such as transportation).

- Socio-political situations and change of national authorities have created barriers to the continuation of the immunization activities.

To address this situation, PAHO and countries are doing the following (among others):

- Include the need to increase and maintain immunization coverages in the political agenda through resolutions from their Governing Bodies.
- Provide countries with tools adaptable to the country level to increase coverage (e.g., missed opportunities for vaccination, tailoring immunization programs, how to assess equity in immunization, etc.).
- Provide technical cooperation to reinforce surveillance and laboratory networks for VPD.

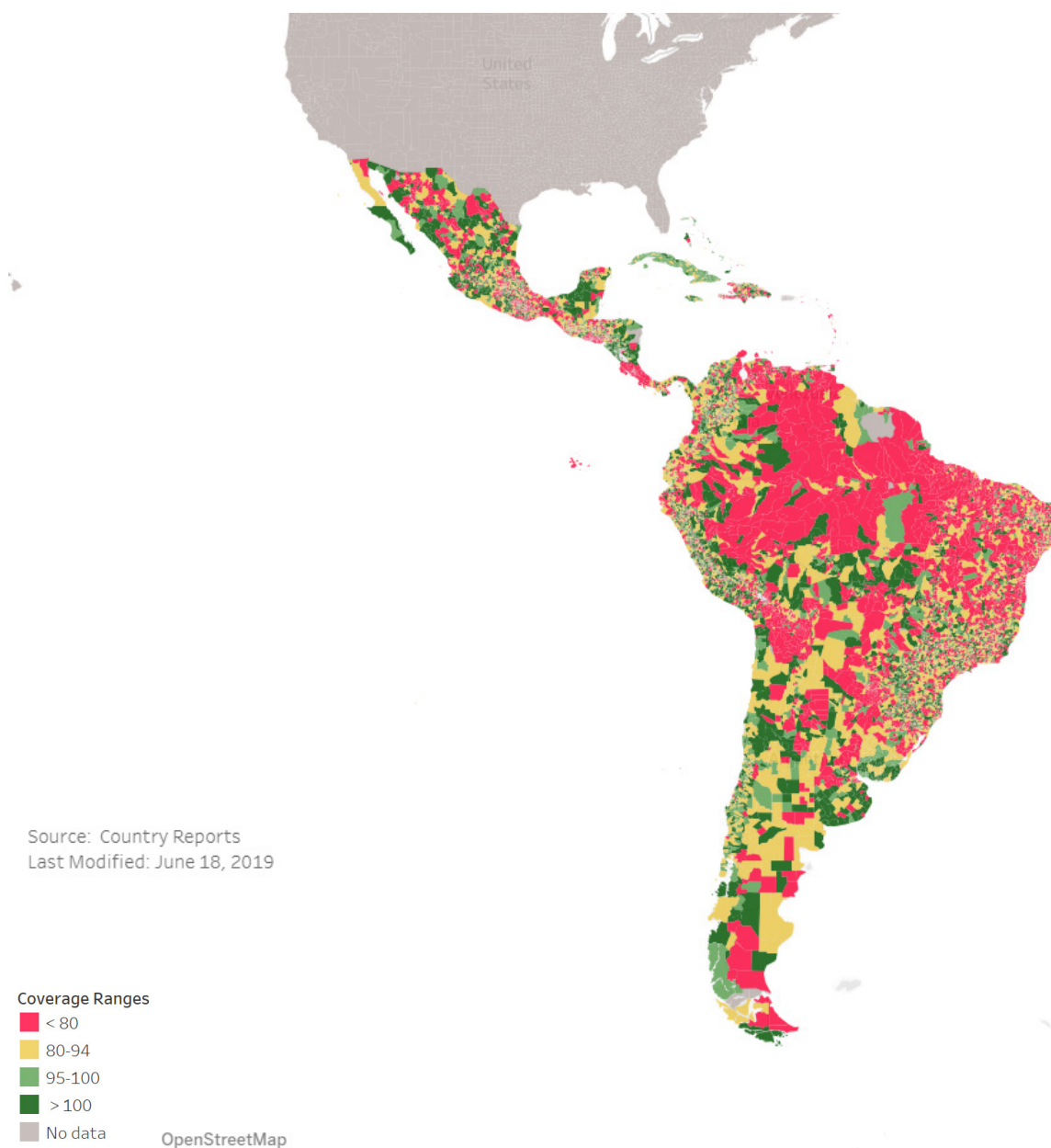
- Improve immunization information systems, such as the introduction of EIRs.
- Support countries with scientific evidence to strengthen political commitment to immunization programs.
- Develop and implement a communication strategy to fight vaccine misinformation and vaccine hesitancy, which has been fueled by the growing use of web and social media channels by anti-vaccination movements.
- Provide technical cooperation regarding the cold and supply chain.
- Support the introduction of new vaccines throughout the life course.

- Strengthen the immunization program to improve vaccination coverage after a natural disaster, such as the hurricane in the Caribbean islands in 2017.

Subnational inequities

A major challenge is to not only achieve high coverage at the national level, but to have homogeneous coverage at the subnational and local levels as well. According to 2019 data, 53% of children under one year of age in Latin America and the Caribbean live in municipalities with DTP3 coverage under 80% (Figure 4).

Figure 4: DTP3 Coverage at the Municipality Level, Latin America and the Caribbean, 2018



Box 1: Country Highlight: Venezuela

PAHO supported the Venezuelan Ministry of Popular Power for Health (MPSS) in the implementation of its National Rapid Response Plan to halt the measles and diphtheria outbreaks. The plan was aimed at interrupting transmission of these diseases and included universal mass vaccination for children aged 6 months to 15 years against measles and 7 to 15 years against diphtheria, together with extensive contact tracing and associated laboratory work. It was underpinned by the mobilization of national, regional, and municipal rapid response teams. The national plan sought to increase vaccination coverage in indigenous communities, municipalities with low coverage, and difficult-to-reach areas. The vaccination campaign from April 2018 to June 2019 achieved 100% coverage for measles nationwide, with coverage above 95% for diphtheria in most states. According to MPPS data, as of June 2019, 8.8 million children have been vaccinated against measles and 5.1 million against diphtheria.

In support of the MPPS, PAHO has deployed 54 international and national consultants to all states to strengthen the coordination capacity of the regional health directorates and support immunization-related activities. Since May 2018, PAHO has been supporting the monthly mobilization of between 19,000 and 31,000 vaccinators to implement nationwide immunization activities. PAHO has also facilitated the availability of vehicles for the vaccination brigades (regular fleet of approximately 60 vehicles and up to 100 at peak levels).

The control of transmission was achieved in 11 August 2019, since a huge decrease of cases has been observed. The last confirmed case had rash onset on 11 August 2019, from Guajira Municipality, Alta Guajira Parish, Zulia State.

Box 2: Country Highlight: Guatemala

PAHO supported the Guatemalan Ministry of Health in the implementation and maintenance of the poliovirus environmental surveillance (ES) in 6 selected communities of two cities (Villa Nueva and San Juan Sacatepéquez), where deficiencies in surveillance of acute flaccid paralysis (AFP) were suspected, and where conditions exist that render the population at risk for poliovirus circulation (due to importation or VDPV emergence). The poliovirus environmental surveillance complements the AFP surveillance, which continues to be the gold standard for surveillance in the polio eradication initiative.

Through the environmental surveillance, in 2019, 3 vaccine derived poliovirus (VDPV) strains were isolated in Guatemala from sewage samples collected in January (VDPV3), March (VDPV1), and December (VDPV1). These strains have a genetic sequence that is not related among them or to any VDPV sequence previously reported globally.

Isolation of a VDPV indicates that the vaccine virus has diverged from the prototype vaccine strain and has become able to cause paralysis in humans and develop the capacity for sustained circulation. Hence, the Ministry of Health of Guatemala, with the support of PAHO/WHO, implemented: i) a detailed epidemiological investigation which included active case search in the community and hospitals; ii) enhanced AFP surveillance; and iii) sustained environmental poliovirus surveillance. No cases of acute flaccid paralysis associated with these VDPV have been reported to date, and neither new VDPV was isolated until June 2020.

While routine immunization activities are improved, the Guatemalan Ministry of Health implemented a national vaccination campaign in September and October 2019, which benefited 2,450,005 children 0 to 6 years of age. Currently, Guatemala's health authorities continue to be focused on achieving high polio vaccination coverage, while also ensuring sensitive epidemiological surveillance to rule out the presence of paralytic polio cases.

PERSPECTIVES AND CONCLUSION

Looking back on the years of the RIAP, we find both progress and challenges. Those findings reflect country realities. They have been facing national challenges, like socio-political situations, displacement, and mass migration. Countries also experience difficulties at the level of the immunization program, for example competing priorities that affect the financial sustainability of the operational activities and the stress that migration and displacement put on the systems. The progress made has been a result of the commitment of governments, multiple partners, and communities together with the unstinting dedication of health workers. PAHO has been providing technical cooperation to support countries' needs, to learn from them, and to facilitate sharing lessons learnt across countries.

DTP3 coverage has declined during the decade leaving more than 2 million children less than one year old in the Region without completing their immunization schedule, and 2020 will be a very challenging year. We must move forward to close those gaps and for that, the **universal health coverage approach** will be the strategy. Immunization should be the entrance to the health system, and here, integration would be a necessity, for example linking immunization with growth monitoring, nutrition, and obstetric care among others.

Governance and accountability: Due to an increasing number of partners on immunization at the country level, ministries of health need to play a more dynamic role to include private health actors, other areas of the government, and civil society, among others, to ensure that there are clearly defined roles and obligations towards achieving agreed goals.

Health and vaccination services: Guarantee access to vaccination for everyone and implement innovative strategies to reach everyone, especially the most vulnerable populations (ethnic groups, migrants, populations affected by natural disasters, etc.). Reinforce the use of microplanning, supervision,

and evaluation to implement strategies for everyone to have access to vaccination.

Strengthen VPD surveillance: Improve the quality and timeliness of reporting to provide rapid responses, and strengthen case studies and laboratory capacity to guarantee a timely response on the part of the health services.

Improve communication and relationships with communities and other stakeholders to identify local barriers and drivers to vaccination and use these insights to develop tailored evidence-based interventions to reach vaccination target populations, evaluate their impact, and share their findings with other countries.

Countries should ensure the highest level of political commitment and enough investment to develop harmonized **information systems** and improve data quality and use to allow analysis and decision-making at all levels. Information should be the driver for improving coverage helping decision-makers to identify pockets of vulnerability and addressing inequities.

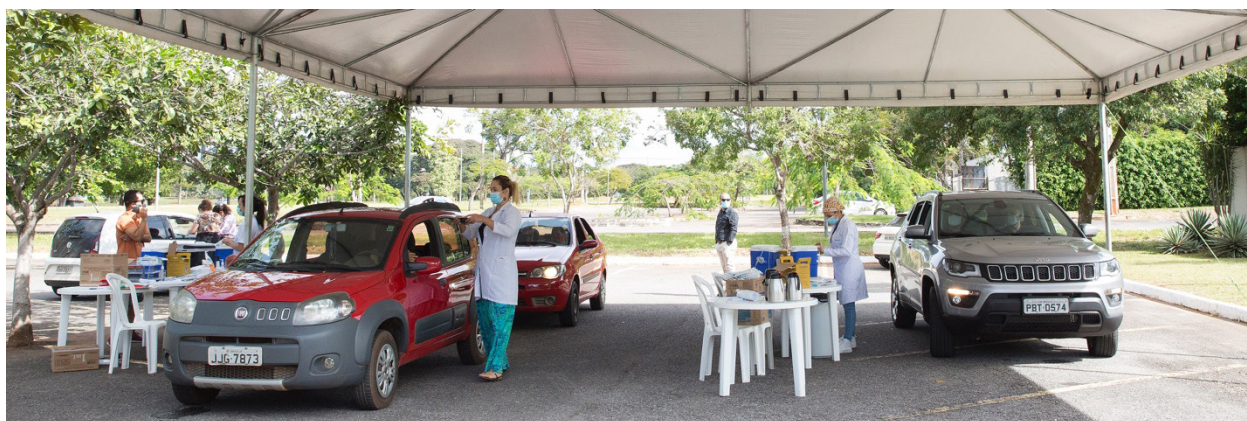
WHO is currently developing the Global Immunization Vision and Strategy 2030, which envisages "A world in which everyone, everywhere, at all ages, benefits fully from vaccines to improve their health and well-being." The Region of the Americas must develop a new plan that aligns with this vision. The proposal is to have a new orientation of technical cooperation based on a differentiated approach to support countries. The RIAP and the GVAP established a global framework for immunization monitoring and evaluation, as well as defined the roles and responsibilities of stakeholders. This is an opportunity; we have to take advantage of this new platform to ensure that the lessons that we have learnt from the RIAP 2016–2020 lead us to improvements in the performance of the national programs to fulfill the vision of the Global Immunization Vision and Strategy 2030.

ENSURE THAT IMMUNIZATION REMAINS AN ESSENTIAL ACTIVITY AT THE FIRST LEVEL OF CARE DURING THE COVID-19 PANDEMIC

PAHO has carried out several activities like developing documents and guides, strengthening vaccination against seasonal influenza, and monitoring the

impact of immunization programs and vaccination coverages in the Region.

Credit: Karina Zambrana. Flu vaccination, Brazil, 2020



Development of documents and guides

The following are documents that have been developed on the topic of immunization during the COVID-19 pandemic: The Immunization Programme in the Context of the COVID-19 Pandemic (March 2020 and updated in April 2020) ([link](#)); Vaccination of Newborns in the Context of the COVID-19 pandemic ([link](#)); Immunization throughout the Life Course at the Primary Care Level ([link](#)); guidance to health officials on social communication in crisis. In addition, there are several other documents in preparation on how to close the gaps once vaccination services are re-established, and guidance for vaccination campaigns, based on WHO documents. Other WHO documents have been translated to the official languages of PAHO.

Strengthening seasonal influenza vaccination

Technical cooperation is provided to countries in the Region to maintain influenza vaccination with the aim of preventing morbidity and mortality and use of health services due to influenza in the context of the COVID-19 response. In collaboration with the Revolving Fund, access to the flu vaccine has been secured for countries for the 2020 Southern Hemisphere season and Northern Hemisphere 2020–2021 season. For the Southern Hemisphere 2020 season, the goal was to vaccinate 100 million people in 14 Latin American countries. As of June 2020, countries reported vaccination of more than 73 million people with seasonal influenza. Countries

have used innovative approaches to vaccination to reduce risks of SARS-CoV-2 transmission, such as vaccination outside health facilities in empty schools, pharmacies, banks where retirees collect their pensions, and drive-up vaccination. In recent months, requests have been made by countries to share innovative vaccination strategies, expand vaccination to other risk groups, or consider introducing influenza vaccination.

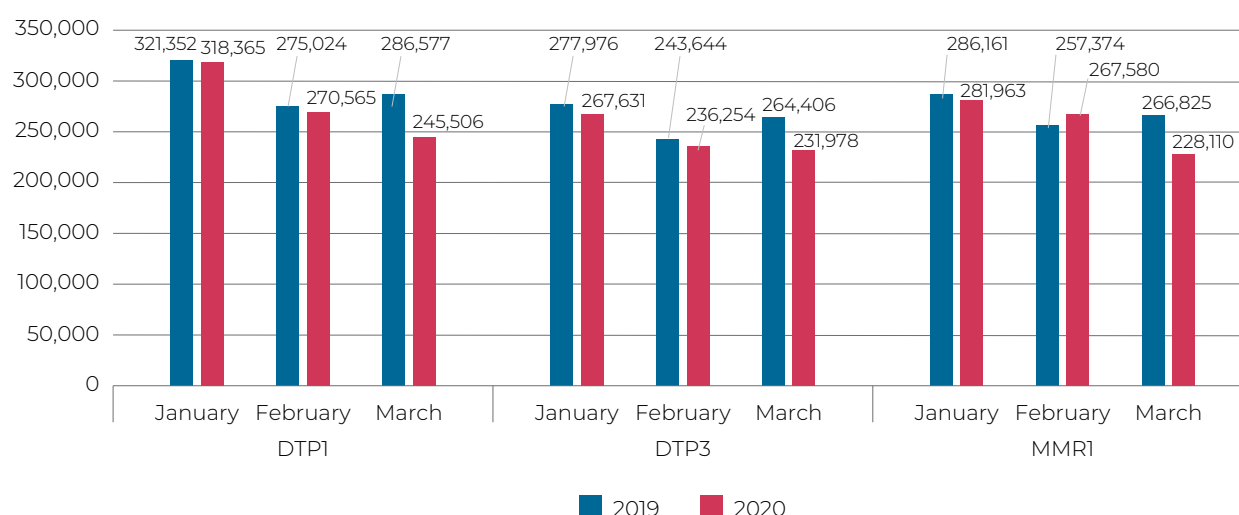
Monitoring the impact of immunization programs in the Region

FPL/IM has conducted four regional surveys of every country to monitor, first-hand, the functioning of immunization programs and technical assistance requirements to design a response plan based on needs expressed. In addition, the postponement of measles follow-up campaigns in 5 countries because of the COVID-19 pandemic is being monitored (Bolivia, Colombia, Honduras, Dominican Republic, and Paraguay).

Monitoring coverage

FPL/IM has tracked the impact of the pandemic on vaccination service delivery, which as of March 2020, has seen a decrease of almost 15% in the number of vaccines delivered in 23 countries in the Region compared to the same period of the previous year (Figure A1.1).

Figure A1.1: Comparison of Administered Doses (DTP1, DTP3, and MMR1) in the First Quarter of 2019 and 2020 in 23 Countries of the Region of the Americas



Annex 1: Progress on RVAP indicators in the Americas

General (GO) and Strategic Objectives (SO)	Indicator		Status
Strategic Line of Action 1. Sustain the Achievements			
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 Baseline: 0 in 2013 Goal: 0 in 2020	As of 2019, 0/51 countries or territories in the Region reported cases of paralysis due to wild poliovirus or the circulation of vaccine-derived poliovirus.	On track
GO 1.2 Maintain elimination of measles, rubella, and congenital rubella syndrome (CRS)	GO 1.2.1 Number of countries and territories in which the endemic transmission of measles or rubella virus has been re-established Baseline: 0 in 2013 Goal: 0 in 2020	As of 2019, 2/51 countries or territories in the Region reported endemic cases of measles or rubella virus.	Off track
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 of acute flaccid paralysis (AFP) cases Baseline: 2 in 2013 Goal: 13 in 2020	As of 2019, 5/51 countries or territories in the Region meet the indicators for monitoring the quality of epidemiological surveillance of acute flaccid paralysis (AFP) cases.	Off track
	GO 1.3.2 Number of countries and territories that meet the indicators for monitoring the quality of epidemiological surveillance of suspected measles, rubella, and congenital rubella syndrome cases Baseline: 9 in 2013 Goal: 18 in 2020	As of 2019, 15/51 countries or territories in the Region meet the indicators for monitoring the quality of epidemiological surveillance of suspected measles, rubella, and congenital rubella syndrome cases.	On track
GO 1.3 Maintain achievements reached in vaccine-preventable disease control	GO 1.3.3 Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours Baseline: 18 in 2013 Goal: 25 in 2020	As of 2019, 31 countries and territories have adopted the universal birth dose vaccination policy.	On track

General (GO) and Strategic Objectives (SO)		Indicator	Status
SO 1.1 All countries make a commitment to vaccination as a priority for health and development	SO 1.1.1 Number of countries and territories that have a legislative or regulatory basis for their immunization programs. Baseline: 28 in 2013 Goal: 32 in 2020	As of 2019, no additional countries have approved legislation for their immunization programs..	Off track
	SO 1.1.2 Number of countries and territories having an immunization technical advisory committee that meets WHO's criteria for good operation Baseline: 15 in 2013 Goal: 18 in 2020	As of 2019, 38 countries and territories report having the support of a well-functioning National Immunization Technical Advisory Group (NITAG).	On track
	SO 1.1.3 Number of countries and territories that have a current annual immunization plan of action that includes operational and financial plans Baseline: 25 in 2013 Goal: 35 in 2020	As of 2019, 32 countries have an up-to-date annual immunization plan that includes operational and financial plans.	On track
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 Vaccination Week in the Americas (VWA) or other activities Baseline: 0 in 2013 Goal: 15 in 2020	As of 2019, 10 countries and territories have reported using VWA as a platform to monitor public awareness, acceptance, and satisfaction during VWA in 2018.	On track
Strategic Line of Action 2. Complete the unfinished agenda in order to prevent and control vaccine-preventable diseases			
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 Baseline: 1 in 2013 Goal: 0 in 2020	As of 2019, 0/52 countries or territories reported municipalities reporting rates of neonatal tetanus above 1/1,000 live births.	On track
GO 2.2 Meet 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 DTP vaccine in children under 1 year Baseline: 19 in 2013 Goal: 35 in 2020	As of 2019, 13 countries have reached at least 95% of coverage with DTP3.	Off track
	GO 2.2.2 Number of countries reporting coverage of at least 80% in each district or equivalent with three doses of the DTP vaccine in children under 1 year Baseline: 12 in 2013 Goal: 35 in 2020	As of 2019, 15 countries report DTP3 coverage of at least 80% in each district.	Off track
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 Baseline: 0 in 2013 Goal: 15 in 2020	As of 2019, 7 countries in the Region have reported coverage by income quintile or other subgroups that make it possible to monitor vaccination equity.	On track

General (GO) and Strategic Objectives (SO)	Indicator	Status
Strategic Line of Action 3: Tackle new challenges in the introduction of vaccines and asses their impact		
GO 3.1 Introduce vaccines in a sustainable manner	GO 3.1.1 Number of countries and territories that have introduced one or more new vaccines into their national vaccination schedules Baseline: 32 in 2013 Goal: 40 in 2020	As of 2019, 46 countries and territories have introduced one or more new vaccines (rotavirus, pneumococcal, HPV) into their national vaccination schedules. On track
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 and territories that have conducted studies prior to the introduction of a vaccine (e.g., cost-effectiveness analysis) Baseline: 14 in 2013 Goal: 20 in 2020	As of 2019, 16 countries and territories have conducted studies prior to the introduction of new vaccines. In progress
	SO 3.1.2 Number of countries and territories that have conducted studies after the introduction of a vaccine (e.g., impact assessments, operational review, etc.) Baseline: 9 in 2013 Goal: 15 in 2020	As of 2019, 19 countries and territories have conducted studies after the introduction of a vaccine. On track
Strategic Line of Action 4: Strengthen health services for effective vaccine administration		
GO 4.1 Achieve 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 Baseline: 27 in 2013 Goal: 35 in 2020	As of 2019, influenza vaccination is indicated for pregnant women in 34 countries of the Region. On track
	GO 4.1.2 Number of countries and territories that offer other preventive interventions integrated with vaccination Baseline: 4 in 2013 Goal: 20 in 2020	As of 2019, 35 countries offer preventive interventions integrated with vaccination (e.g., deworming, iron and folic acid, vitamin A, etc.). On track





With the World Health Organization (WHO) currently developing the Global Immunization Vision and Strategy 2030, this publication reports on the progress made in implementing the Plan of Action on Immunization for the Region for the Americas (RIAP). Aligned with the WHO's existing Global Vaccine Action Plan, the RIAP proposes a road map for Member States of the Pan American Health Organization (PAHO) to follow in designing and implementing immunization policies along strategic lines of action.

Monitoring and evaluation of the RIAP are conducted in accordance with PAHO's results-based management framework and performance management processes, with a focus on 13 objectives and 29 indicators. They also serve to prepare regular reports for PAHO's Executive Management and Governing Bodies. On this basis, the publication examines the progress of the RIAP in various fields: maintaining the Region's polio-free status; introducing vaccines and assessing their impact; controlling outbreaks of vaccine-preventable diseases; eliminating transmission of hepatitis B from mother to child and during early childhood; and strengthening health services for effective vaccine administration. It also examines general challenges related to maintaining high and homogenous vaccination coverage at all levels.

The publication finds that the progress made has been a result of the commitment of governments, multiple partners, and communities working together, with the unstinting dedication of health workers, and with PAHO providing technical cooperation to support countries' needs, to learn from them, and to facilitate sharing lessons learned across countries.

Pan American Health Organization
Department of Family, Health Promotion,
and Life Course/Unit of Comprehensive Family Immunization
www.paho.org/en/topics/immunization

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS