

**IMMUNIZATION TASK FORCE OF THE AMERICAS  
A CALL TO ACTION ON VACCINATION AND VACCINE POLICY**

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**GLOBAL HEALTH CONSORTIUM  
ROBERT STEMPEL COLLEGE OF PUBLIC HEALTH AND SOCIAL WORK  
FLORIDA INTERNATIONAL UNIVERSITY FIU**

Carlos Espinal, MD  
Director, Global Health Consortium  
Department of Health Promotion and Disease Prevention  
Robert Stempel College of Public Health & Social Work  
11200 S.W. 8<sup>th</sup> St AHC5 417  
33199  
Miami, Florida  
(Office) 305-348-7916  
(Cell) 703-203-5862  
(Fax) 305-384-8341

## Rationale

Vaccination is widely considered to be one of the greatest achievements of public health. While no vaccine is 100% effective, vaccination programs have contributed to the decline in mortality and morbidity and even eliminated various infectious diseases.

The high rate of childhood vaccination coverage in most developed countries indicates that vaccination remains a widely accepted public health measure, however, clusters of under-vaccinated individuals may exist. Recent vaccine preventable disease outbreaks in many parts of the developed world have been primarily linked to under-vaccinated or non-vaccinated communities such as the present measles global outbreak and diphtheria outbreak in Venezuela.

Experts also consider that vaccination programs are vulnerable to growing concerns among the population regarding the safety and efficacy of vaccines. It is estimated that less than 5–10% of individuals have strong anti-vaccination convictions with a greater proportion categorized as being hesitant regarding vaccination. Concerns range from uncertainty regarding some immunizations to refusal of all vaccines.

Immunizations prevent an estimated 2.5 million deaths annually from diphtheria, tetanus, pertussis, and measles; however, an additional 1.5 million deaths could be averted with the improvement of global vaccination coverage (World Health Organization [WHO]). Immunizations are one of the safest and most cost-effective ways of preventing deaths and improving lives. Over the past decades, many countries have implemented immunization programs in their public health interventions. Immunization programs are now routinely reaching over 80 percent of children under one year of age.

Despite these encouraging numbers, approximately 12.9 million infants worldwide did not receive any vaccinations in 2016, according to recent WHO and UNICEF immunization estimates (WHO). Since the percentage of children receiving diphtheria, tetanus, and pertussis (DTP) containing vaccine is often used as an indicator of how well countries are providing routine immunization services, it indicates that these infants missed the first dose of DTP-containing vaccine, putting them at serious risk of these potentially fatal diseases. Additionally, an estimated 6.6 million infants who received their first dose of DTP-containing vaccine did not complete the full, three dose DTP immunization series (DTP3) in 2016. Since 2010, the percentage of children who received their full course of routine immunizations has remained at 86% (116.5 million infants), with no significant changes in any countries or regions during the past year. This falls short of WHO's global immunization coverage target of 90%.

In our region, the epi begins in 1977, by then only 25-35% of children received the 6 basic vaccines. In Latin America and the Caribbean countries, vaccination coverage rates have significantly increased in recent decades. According to UNICEF in the 2016 Health Equity Report, by 2012, 50% of the 14,715 municipalities of LA and the Caribbean had coverage of the three doses of the DPT vaccine of <95%, 23% <80% respectively

The World Health Organization defines vaccine hesitancy as the “delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence”.

Based on the concerns regarding vaccine hesitancy, the Strategic Advisory Group of Experts (SAGE) on Immunization Working Group on Vaccine Hesitancy issued specific recommendations divided in three categories:

- (1) “Those focused on the need to increase the understanding of vaccine hesitancy, its determinants and the rapidly shifting challenges it entails;
- (2) Those focused on dealing with the structures and organizational capacity to decrease hesitancy and increase acceptance of vaccines at the global, national and local levels;
- (3) Those focused on the sharing of lessons learnt and effective practices from various countries and settings as well as the development, validation and implementation of new tools to address hesitancy”

Vaccine hesitancy is under-mining individual and community protection from vaccine preventable diseases.

No one single intervention exists that addresses all instances of vaccine hesitancy, by engaging collaboratively with health workers, service-users, and their families and communities, we can generate the insights to improve better quality health services, vaccination policies, and communication strategies that support and enable recommended vaccination behaviors.

Europe has a large experience dealing with vaccine hesitancy and anti-vaccine movements. In the Americas, the more active groups are in US and Canada. In Latin America and the Caribbean vaccine hesitancy and anti-vaccine groups are of increasing concern with more proactive groups in Chile, Peru and recently in Colombia.

Accordingly, strategies should be developed in order to increase acceptance and demand for vaccination, which should include ongoing community engagement and trust-building, communication strategies, active hesitancy prevention, regular national assessments of concerns, and crisis preparedness and response planning.

### *Community engagement*

Communities also need to be at the center of drives to improve the quality of immunization and health services, access and equity. This participatory process can play a role in improving the quality of services in such a way that builds trust and demonstrates respect, with broader benefits for immunization coverage. Skepticism and rejection of vaccines among a portion of the public is as old as vaccine technology itself

it is important to see the work on hesitancy as only one aspect of a broader agenda of generating public trust in and demand for immunization. One of the six primary strategic

objectives in the Global Vaccine Action Plan calls for “individuals and communities to understand the value of vaccines and demand immunization as both their right and responsibility.

## **GLOBAL HEALTH CONSORTIUM (GHC) AND THE IMMUNIZATION COALITION/TASK FORCE OF THE AMERICAS**

### **Potential partners**

- Global Health Consortium, RSCPH&SW, FIU
- International Pediatrics Association
- American Academy of Pediatric
- Canadian Pediatrics Society
- SLIPE
- ALAPE
- Scientific pediatric associations in Latin America and Caribbean (LACC)
- Infectious disease associations
- Immunization Coalitions
- Private sector and vaccine industry

### **Methodology**

1. Advisory Board/Scientific Committee
2. Secretariat: Global Health Consortium, GHC, FIU
3. Academic Committee

**GHC/FIU Initiatives:** Our GHC platform on Immunization could provide support to the Immunization Coalition/Task Force of the Americas:

- **Research on Immunization in Latin America and the Caribbean.**
  - ✓ Vaccine effectiveness.
  - ✓ Funding alternatives of National Immunization Programs
  - ✓ Vaccination and antimicrobial resistance
  - ✓ Other needs
- **Academic initiatives**
  - Global Health Conference, May 5-8 2020. Immunization workshop
  - Workshops on specific areas and needs.
  - Course on Vaccinology and vaccination policy
  - Online course on Vaccinology and vaccination policy
  - Master program on Vaccinology
  - Workshop on evidence-base analysis of the impact of vaccine hesitance and anti-vaccine movements in Latin America and the Caribbean.

The GHC propose to organize a workshop in **2020** in Miami with regional and international experts and NIP Directors to discuss the evidence on vaccine hesitance and anti-vaccine movements in the Region, evaluate the impact on national vaccination programs, social and behavioral determinants in vaccination programs. In addition we will discuss best practice cases in Europe, US, Canada and LACC. Lessons learned and key challenges.

- **Social media. Development of a Communication platform**

In collaboration with the FIU School of Communication, we will develop a Communication platform to address vaccine hesitance and communicate on the value of vaccination. A social

### **GLOBAL HEALTH CONSORTIUM**

11200 SW Eighth Street, AHC5 • Miami, FL 33199 • Tel: 305-348-4903

• [stempel@fiu.edu](mailto:stempel@fiu.edu) • [www.fiu.edu](http://www.fiu.edu)

media platform will also be developed in conjunction with the Global Health Consortium and experts from the Region to communicate on the real value of vaccination programs.

- **Journalism training program**

In collaboration with the School of Journalism we will develop a two and a half FIU certificate journalism training course. This annual course will offer practicing journalists an opportunity for training / credentialing by FIU and global experts. The program could also offer the possibility to become an excellent resource for members as well as a place to publish relevant stories/podcasts/videos that were produced by the organization's members.

### **Other Initiatives provided by our partners**

#### **PARTICIPANTS:**

##### **FIU**

Global Health Consortium, RSCPH&SW, School of Communication and Journalism,

Dr Carlos Espinal

Dr Anthoni Llau

Maria Elena Villar FIU School of Communication

Alejandro Alvarado, School of Journalism

##### **Canadian Pediatric Society**

Dr Joan Robinson

##### **American Academy of Pediatrics**

Dr Ivonne Maldonado

##### **International Pediatric Association**

Dr Errol Alden

##### **SLIPE**

Dra Cristina Marino

##### **ALAPE**

Dr Oswaldo Revelo, President ALAPE

Dr Jose Brea del Castillo

##### **International Neonatal & Maternal Immunization Congress 2021, Costa Rica**

Chair, Dr Rolando Ulloa, Costa Rica

##### **World Society for Pediatric Infectious Diseases WSPID**

Vice-President 2020-2021

Dr Abiel Mascarenas,

AGENDA December 5

8:15-8:45	<p style="text-align: center;"><b>Opening remarks</b> <b>Objectives of the meeting</b> Dr. Carlos Espinal GHC, Dr Cristina Marino, Dr Jose Brea SLIPE</p>
8:45-10:45	<p style="text-align: center;"><b>Session 1</b></p> <p><b>Treats and challenges of the global immunization strategy. Immunization in the Americas. 15'</b> <b>Vaccine confidence. Vaccine hesitance (20')</b> Carlos Espinal (GHC/FIU, USA) Maria Elena Villar FIU School of Communication CARTA Alejandro Alvarado, School of Journalism CARTA <b>Group discussion</b> Identify the key challenges and impediments to achieve the immunization goals Recommendations</p>
10:45-11:15	<b>Coffee break</b>
11:15-13:00	<p style="text-align: center;"><b>Session 2</b></p> <p><b>Road map of the Immunization agenda. Vision of the Pediatric Associations</b> <b>Moderator:</b> Ivonne Maldonado</p> <ul style="list-style-type: none"> <li>➤ International Pediatric Association (15') Errol Alden (USA)</li> <li>➤ American Academy of Pediatrics (15') Ivonne Maldonado (USA)</li> <li>➤ Canadian Pediatric Society 15') Joan Robinson (Canada)</li> <li>➤ SLIPE/ALAPE (20') Cristina Marino, Oswaldo Revelo (Colombia, Dominican Republic)</li> <li>➤ WSPID Dr Abiel Mascarenas (15')</li> </ul> <p><b>Group Discussion</b> Conclusions and recommendations</p>
13:00 –14:00	<b>Lunch</b>
14:00 – 15:45	<p style="text-align: center;"><b>Session 3</b></p> <p><b>The great value of the partnerships: Why do we need partners?</b> Question: Why do we need an Immunization Coalition/Task Force for the Americas? Institutional commitments. Role of the Industry <b>Moderator:</b> Joan Robinson The Global Health Consortium platform. Bases for a task force of the Americas (15') Carlos Espinal (GHC/FIU, USA) (20')</p> <p><b>Relevance of partnership Enterprise</b></p> <ul style="list-style-type: none"> <li>➤ International Pediatric Association (15') Errol Alden (USA)</li> <li>➤ American Academy of Pediatrics (15') Ivonne Maldonado (USA)</li> <li>➤ Canadian Pediatric Society (15') Joan Robinson (Canada)</li> <li>➤ SLIPE/ALAPE (20") Cristina Marino, Oswaldo Revelo Colombia, Dominican Republic)</li> <li>➤ INMIS2021 (15')</li> </ul> <p>Rolando Ulloa, Costa Rica Group Discussion</p>
15:45-16:05	<b>Coffee break</b>
16:05-17:15	<p style="text-align: center;"><b>Session 4</b></p> <p><b>Final conclusions recommendations</b> <b>Moderator:</b> Carlos Espinal <b>Group Discussion</b></p>

	<b>Task Force declaration. Draft document and next steps</b>
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