

**VACCINATION WEEK IN THE AMERICAS**  
**24-30 APRIL 2004**

**FINAL RESULTS**

The initiative for the Vaccination Week was the product of a proposal by the Ministers of Health of the Andean Area, with the endorsement of the Directing Council of PAHO through Resolution CD44.R1 of September 2003, supporting the realization of an annual hemispheric vaccination week. The underlying principles of the Vaccination Week are equity, access, and Pan-Americanism. In 2003, 19 countries of South America, Central America, and the Caribbean joined efforts and participated in the first Vaccination Week in the Americas (VWA). These countries vaccinated 13,583,888 children aged <5 years and approximately 2,700,000 women of childbearing age (WCBAs). By 2004, this event had grown to include 35 countries and seven territories in the Americas.

To plan for the 2004 VWA, 27 of the 35 countries met in Quito, Ecuador, in January to lay down general guidelines, draft country goals, and develop plans of action and strategies for each country. The goals included vaccinating 40 million people: children, WCBAs, the elderly, and other groups at risk that are unvaccinated or live in remote areas (see Table 1). The goals and the target groups were expanded beyond those for 2003.

**Table 1. Goals by region and target population.**

Region	Target population					Total
	<5 years	Adults	>60 years	WCBAs	Other at-risk groups	
Central America, Latin Caribbean, and Mexico	14,302,165	4,700,000	200,000	478,771		19,680,936
Southern Cone and Brazil	707,505		11,187,862	93,016	467,676	12,456,059
Andean Region	1,027,891	5,817,607		883,000	872,349	8,600,847
English-speaking Caribbean	25,000					25,000
<b>Regional total</b>	<b>16,062,561</b>	<b>10,517,607</b>	<b>11,387,862</b>	<b>1,454,787</b>	<b>1,340,025</b>	<b>40,762,842</b>

The objectives and priority populations (see Table 2) were established by the countries to ensure simultaneous efforts during the VWA.

**Table 2. VWA objectives and priority populations for 2004.**

<b>Objectives</b>	<b>Priorities</b>
✓ Vaccinate children aged <5 years and WCBA's who have not had previous contact with the program (0 doses);	✓ Municipalities with low coverage;
✓ Vaccinate children aged <5 years and WCBA's with incomplete vaccination schedule;	✓ Urban fringe areas, in particular those with poor periurban neighborhoods;
✓ Prepare detailed plans to complete vaccination series after the VWA;	✓ Border areas with a high level of human traffic or other risk factors;
✓ Continue with measles elimination in the Region;	✓ Indigenous groups;
✓ Support execution of plans to eliminate rubella and CRS;	✓ Ethnic minorities;
✓ Strengthen epidemiological surveillance.	✓ Remote areas;
	✓ Tourist areas;
	✓ High-risk groups (workers in health, education, transportation, and the sex trade).

This year, the VWA was held from 24 to 30 April 2004; however, many countries extended their campaign to a month or six weeks. For example, Ecuador and El Salvador established a month-long campaign aimed at vaccinating men and women against rubella and congenital rubella syndrome (CRS). Honduras and Nicaragua conducted measles follow-up campaigns.

An essential element of the VWA has been the formation of strategic partnerships and the strengthening of interagency cooperation at both the regional and international levels. The Pan American Health Organization (PAHO), the Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), and many other organizations combined technical and financial efforts to support the countries. The VWA coincided with the National Child Vaccination Week of the CDC, so that PAHO and the CDC combined their slogans to promote their efforts more widely throughout the Americas. The themes "Vaccination: An Act of Love" and "Love them; protect them; vaccinate them" were used together equally in most of the published literature.

For PAHO's five priority countries –Haiti, Bolivia, Nicaragua, Honduras, and Guyana–additional economic and technical assistance was provided. Materials to raise public awareness were specially prepared by PAHO's Office of Public Information; they included radio and television spots, comic books, posters, and stickers for distribution to children and adults who were vaccinated. The materials were also translated into English, Spanish, and Portuguese, as well as Creole for Haiti and Aymara for Bolivia. The materials for Guatemala were translated into 23 dialects and languages for distribution in remote rural areas.

There was intense trans-border coordination, resulting in over 22 binational launches together with a regional launch along the border between Haiti and the Dominican Republic. Along all borders the joint efforts were very beneficial for strengthening Pan-Americanism in the Region. Within each country many other launches and activities were carried out at both the national and local levels.

## A. Results

Target population and goals							Results					
Country	<5 years	Adults	>60 years	WCBA's	Others	Total	<5 years	Adults	>60 years	WCBA's	Others	TOTAL
Argentina	500,000					500,000						0
Bolivia	232,000				135,000	367,000	147,836			122,103	186,299	456,238
Brazil	44,943		10,000,000			10,044,943	15,850		12,600,000	27,961		12,643,811
Chile	28,500		1,170,145	93,016	467,676	1,759,337			1,129,623	53,678	533,796	1,717,097
Colombia	292,202			400,000		692,202	371,224			396,176	603,506	1,370,906
Costa Rica			200,000			200,000	10,523				4,639	15,162
Cuba	560,000					560,000	53,028					53,028
Dom. Rep.	1,117,218					1,117,218	1,050,394					1,050,394
Ecuador		4,817,607				4,817,607		4,960,315				4,960,315
El Salvador		2,900,000				2,900,000		2,796,301				2,796,301
Guatemala	36,676			98,219		134,895	7,760			61,073		68,833
Guyana	3,500					3,500						0
Haiti	110,829			250,000		360,829	153,025					153,025
Honduras	953,651					953,651	927,930			19,135		947,065
Jamaica	20,000					20,000	15,117					15,117
Mexico	10,700,000	1,800,000				12,500,000	10,678,179	1,400,391		1,100,597		13,179,167
Nicaragua	796,825			70,000		866,825	745,138			523,694		1,268,832
Panama	26,966			60,552		87,518	22,521			28,176		50,697
Paraguay	115,562					115,562	4,826			101,976		106,802
Peru	200,000	1,000,000		400,000		1,600,000	404,908			876,248		1,281,156
Suriname	1,500					1,500						0
Uruguay	18,500		17,717			36,217	17,575		8,858			26,433
Venezuela	303,689			83,000	737,349	1,124,038	829,863			76,205	683,273	1,589,341
<b>TOTAL</b>	<b>16,062,561</b>	<b>10,517,607</b>	<b>11,387,862</b>	<b>1,454,787</b>	<b>1,340,025</b>	<b>40,762,842</b>	<b>15,455,697</b>	<b>9,124,665</b>	<b>13,738,481</b>	<b>3,387,022</b>	<b>2,011,513</b>	<b>43,749,720</b>

## B. Achievement of indicators

COUNTRY	Number and percentage of children 1-4 years with 1st DPT/Penta (0 doses)	Number and percentage of women of childbearing age vaccinated with 1st Td dose	Number and percentage of rapid coverage monitoring under 95%	Percentage of municipalities with plans to complete series	Active case-finding for measles/ polio	Public awareness: number and percentage of mothers who knew about VWA
Bolivia	29% in children <1 year	63,131 (51.9%)	7,024 respondents (90% of vaccinated)	100%	9,410 interviews 0 cases detected	84%
Brazil				100%	1/5 suspected measles known by the Epidemiological Surveillance System	
Colombia	7,516/27,924 (27%)	126,721/396,176 (32%)	31.9%	100%	6 suspected measles	15% (partial)
Costa Rica			303 (15%)			79%
Ecuador	n.ap.	n.ap.	3,347	n.ap.		(96.5%)
Guatemala	3,506/7,760 (45%)	61,073 (62%)	420 conducted	n.av.	Not programmed	1,533 interviews 89%
Honduras	Follow-up campaign measles DPT 1,813/1,921 (94%)	16,816/19,135 (88%)	245/647 (38%)	100%	8 known By the Epidemiological Surveillance System	3,021/4,256 (71%)
Haiti	21% (0 doses) 56% (1 dose OPV)	n.ap.	44 (91%)		n.av.	81%
Jamaica	1,015 doses (6.7%)					
Panama	2.5%	12.4%	87 surveys (4%)	n.av.	3,366 visits 4 suspected measles/rubella cases	1,371 interviews (75%)
Paraguay	1,263/4,826 (26.2%)	47,782/101,976 (46.9%)	209/613 (34%) <95%	92.6%	1 AFP known by Epidemiological Surveillance System	10,890/11,823 (92%)
Peru	n.ap.					94%
Dominican Rep.	n.av.	n.ap.	91%/94%	47%	8 measles/rubella 1 AFP	83% (48-100%)
Uruguay	1%	n.ap.	n.ap.	100%	0 cases	70%
Venezuela	n.av.	76,205 (86%)	n.av.	100%	0 cases detected	70%

n.ap.: not applicable

n.av.: non available

## C. Achievements and lessons learned

- Strengthening of border coordination through VWA has been used to promote Pan-Americanism and establish more permanent relations with local and national

counterparts. Special efforts should be considered for the borders between Canada and the United States for 2005.

- Five Presidents, First Ladies, and numerous Ministers of Health in the Region, together with the directors and country representatives of different international health and donor organizations, attended the different launching events and were part of the vaccination campaigns.
- Honduras and Nicaragua launched their measles follow-up campaigns for children aged <5 years. Ecuador and El Salvador launched their campaigns to vaccinate adults to eliminate rubella and CRS. The Dominican Republic introduced the MR vaccine in the VWA framework. Brazil and Chile vaccinated older adult populations against influenza.
- Other health interventions were added to VWA activities. Some countries provided vitamin A and parasiticides to the children vaccinated and folic acid to pregnant women, conducted eye examinations (for the detection of retinoblastoma), and provided health education for the population.
- Strengthening and revitalization of interagency cooperation at the regional and national levels has been basic to the mobilization of resources. However, greater efforts to bring in other actors, such as the private sector and NGOs, are recommended.
- The planning of second and third rounds of vaccination at the local level should make it possible to guarantee that the population has complete vaccination schedules.
- Effective monitoring through the identification of children and WCBAs who had not been vaccinated prior to VWA makes it possible to quantify the reduction of inequities in vaccination and other health sector services.
- In order to maintain the efforts of the VWA, countries should guarantee adequate financial resources with due anticipation. This will help ensure that attention is paid to the planning, logistics, and implementation of mobilization and communication efforts.
- Evaluation of VWA has made it possible to identify and correct operational problems, which will strengthen the regular vaccination program.
- The information systems available in some countries do not allow for data on doses applied to be separated by age.

COUNTRIES	ACHIEVEMENTS AND LESSONS LEARNED	CHALLENGES AND RECOMMENDATIONS
<b>Argentina</b>	<ul style="list-style-type: none"> <li>• The campaign was taken very seriously at the provincial level, resulting in the successful vaccination of many adults.</li> <li>• The activities along the borders with Paraguay and Brazil demonstrated the good will generated among the countries for the success of the campaign.</li> <li>• The border activities attracted media attention.</li> <li>• In general, the activities planned during VWA were successful, since previously unvaccinated persons were vaccinated, increasing awareness and encouraging cooperation among countries and participating organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Support for VWA activities should be sustainable and ongoing.</li> <li>• Coordination and planning with provinces should be improved.</li> <li>• It is recommended that the subject of hygiene and injection safety be addressed next year.</li> <li>• Take into account the collection of funds for the vaccination campaign and the procurement of new vaccines, since the demand for them will increase. The subject of sustainability needs to be addressed.</li> </ul>
<b>Barbados</b>	<ul style="list-style-type: none"> <li>• Two workshops with senior health officials and members of a group from the health sector in Barbados were very successful.</li> <li>• All information files, posters, and pamphlets were sent to all the islands.</li> <li>• The videos and public service announcements were transmitted with wide coverage.</li> <li>• The government truly supported the campaign efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• The information arrived in Barbados late due to a national holiday just prior to VWA. The information should be sent with more lead time.</li> </ul>
<b>Belize</b>	<ul style="list-style-type: none"> <li>• Integral Plan of Action for the VWA</li> </ul>	
<b>Bolivia</b>	<ul style="list-style-type: none"> <li>• There was collaboration with Brazil and other neighboring countries in border activities and strategies for the at-risk populations of both countries, especially for the administration of yellow fever vaccine to immigrants and completion of the vaccination series in children under 5.</li> <li>• There was coordination with grassroots organizations, civil society, and neighborhood councils, as well as with municipalities, local health directorates, projects, cooperation agencies, NGOs, the Church, and social security.</li> <li>• The advocacy strategy included personalized letters to</li> </ul>	<ul style="list-style-type: none"> <li>• The materials for mobilizing society were not sent to the municipal level until the middle of VWA. Actions of this type should begin much earlier.</li> <li>• Late shipment of vaccines should be avoided.</li> <li>• A specific individual should be named to monitor the cold chain in the health centers.</li> <li>• Greater attention should be paid to WCBAs given their risk of neonatal tetanus and rubella.</li> <li>• Inaccurate information in the coverage denominator should be corrected.</li> <li>• Social and sectoral conflicts hindered normal execution</li> </ul>

	<p>mayors and prefects, visits to influential people (such as community leaders and artists), and sensitization of schools to enlist their participation, mainly in launches.</p> <ul style="list-style-type: none"> <li>• Materials used in communication and social mobilization, including three television spots with the participation of noted artists, four radio commercials in native languages (Spanish, Aymara, Quechua, and Guaraní), and posters.</li> <li>• The vaccination message was publicized with the assistance participation of staff from the program for Chagas' disease.</li> <li>• Active case-finding in municipalities with low coverage and silent municipalities.</li> <li>• Monitoring of coverage at the national level.</li> <li>• Delayed schedules for polio, DPT, BCG, and MR were completed in 49,234 children aged 2-4 years.</li> <li>• Children aged &lt;5 years received 96,068 doses of vitamin A.</li> </ul>	of the activities.
<b>Brazil</b>	<ul style="list-style-type: none"> <li>• Vaccination against influenza of 12.9 million of individuals &gt;60 years</li> <li>• 87 municipalities participated in border events.</li> <li>• 100% of these municipalities have programmed second and third vaccination rounds.</li> </ul>	
<b>Colombia</b>	<ul style="list-style-type: none"> <li>• VWA makes it possible to mobilize human and economic resources and to elicit political commitment to expand vaccination coverage.</li> <li>• PAHO's support in the orientation, border coordination, and social mobilization of the campaign was crucial. UNDP also provided important support in disseminating the information via radio stations.</li> <li>• Bordering countries coordinated local strategies and commitments to improve coverage and surveillance. Colombia and Venezuela have implemented an integrated coverage surveillance system.</li> <li>• An optimal quantity of supplies were made ready and available in all municipalities.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need for greater community participation. Consequently, the communication campaign needs to be extended to the regular program (promoting sustainability), and should begin well before VWA, not just prior it.</li> <li>• The financial resources reached some municipalities late, making it impossible to hire the external teams that usually support most external vaccination activities.</li> <li>• The timing (winter) posed a transportation obstacle for vaccination team and led to the cancellation of the campaign in some localities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Due to the new cases of yellow fever in the country, the objectives included increasing coverage with the pertinent vaccine, evaluating suspected cases, and thus strengthening the surveillance system at the institutional and community levels.</li> </ul>	
<b>Costa Rica</b>	<ul style="list-style-type: none"> <li>• The activity along the border with Panama was a complete success.</li> <li>• The initiative was promoted at the local level, which led to development of VWA activities based on local conditions and resources.</li> <li>• Training at all levels was a fruitful strategy.</li> <li>• The subject of immunization served to bring the countries together to establish a border cooperation agreement.</li> </ul>	<ul style="list-style-type: none"> <li>• Resources should be mobilized more speedily, considering the needs of the participants.</li> <li>• The administration and budget areas should be more actively engaged to better appreciate promotion and communication efforts.</li> <li>• Support from the private sector and NGOs should be sought more aggressively.</li> <li>• Prior commitments kept educational activities from being carried out to VWA.</li> </ul>
<b>Cuba</b>	<ul style="list-style-type: none"> <li>• 36,504 DPT doses were caught up in children aged &lt;2 years and 16,524 OPV doses were caught up in children aged &lt;1 year, who were not vaccinated during the second round of polio vaccination on 16-22 April.</li> </ul>	
<b>Chile</b>	<ul style="list-style-type: none"> <li>• Immunization against influenza in other risk groups such as pregnant women and health workers.</li> </ul>	
<b>Dominican Republic</b>	<ul style="list-style-type: none"> <li>• Introduction of MR vaccine in the national schedule.</li> <li>• The importance of the efforts to develop a national social mobilization strategy to promote the campaign was manifested in the large number of mothers who were aware of the activities and supported them.</li> <li>• The technical and financial support offered by the donor organizations was one of the main elements of the campaign.</li> <li>• The importance of monitoring coverage as a tool for analysis and evaluation was underscored. The health teams in the provinces have added this tool to their activities.</li> <li>• The coordination with Haiti was successful. Communication and cooperation channels between the two countries have</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and supervision should be strengthened for next year. Many provinces did not respect the structure recommended in the national strategy, which was intended to guarantee a high-quality vaccination process.</li> </ul>



	<p>been strengthened.</p> <ul style="list-style-type: none"> <li>• Political priority and demonstrated commitment to the VWA, as well as international cooperation, the cost-effectiveness of EPI, and the importance allotted by the general public to the VWA were crucial in launching this mass event.</li> </ul>	
<b>Ecuador</b>	<ul style="list-style-type: none"> <li>• The supplies were available and prepared for distribution on time.</li> <li>• Media coverage during the VWA was significant, since it showed public figures being vaccinated, inspiring many individuals (especially men) to be vaccinated. Soccer players were vaccinated, as were journalists and reporters while they covered the events.</li> <li>• Most people surveyed indicated that it was through television and radio announcements that they learned about the campaign. Next most important were health facilities, followed by broadcasting by loudspeaker and schools.</li> <li>• Political support for VWA was demonstrated widely, especially with the promulgation of a presidential decree. Health officials provided support for VWA at the provincial and municipal levels.</li> <li>• Pamphlets with frequently asked questions and answers were distributed and were very successful in informing the public.</li> <li>• Passive and active monitoring, along with supervision, were key to evaluating the preliminary results.</li> </ul>	<ul style="list-style-type: none"> <li>• More time should be invested in raising awareness among health workers at all levels.</li> <li>• The financial resources should cover all costs, including those of supplies, communications and educational materials, mobilization materials, and public service announcements.</li> <li>• Technical assistance from donor agencies is needed to establish mass communication strategies.</li> <li>• Knowledge of the effect of vaccines in pregnant women should be shared with general practitioners, gynecologists, obstetricians, and other specialists (as well as laboratories) that have young women as patients.</li> <li>• Coordination of the collection and disposal of hazardous materials, including syringes, with authorities.</li> </ul>
<b>Guatemala</b>	<ul style="list-style-type: none"> <li>• Stratification of the municipalities made it possible to target the resources and technical assistance in more effectively and efficiently.</li> <li>• Rapid monitoring helped to identify gaps in coverage and take steps to correct them.</li> <li>• Strengthening of biosafety measures prevented cross-contamination in workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening of coordination at the local level for future vaccination weeks.</li> <li>• Strengthening of information use at the local level to identify unvaccinated children and/or those with incomplete schedules.</li> <li>• Ensuring that promotional materials are updated and that they are accompanied by instructions for use and</li> </ul>

	<ul style="list-style-type: none"> <li>• Strengthening of coordination with educational institutions, especially medical schools, helped guarantee the availability of trained human resources during the activities.</li> <li>• Vitamin A supplementation.</li> </ul>	<p>that area chiefs, social workers, supervisors at the central level, and the EPI, among others, are made aware of them.</p>
<b>Guyana</b>	<ul style="list-style-type: none"> <li>• The launching in Sophia (a poor community with low vaccination coverage) was widely covered by television and the press. The Minister of Health spoke about the importance of vaccination and appealed to the media to participate in the campaign, increasing citizen awareness about this issue.</li> <li>• The launch on the border with Brazil was a great success. There was excellent collaboration between the two countries.</li> </ul>	<ul style="list-style-type: none"> <li>• Guidelines for the interview to evaluate the VWA promotion should be distributed more widely and the number of interviewees increased to 20 in regions with low vaccination coverage.</li> <li>• Despite extensive national media coverage, documentation of the frequency and placement of these articles is recommended.</li> <li>• There are currently no plans for rapid coverage monitoring in the areas where intense vaccination campaigns were conducted.</li> <li>• This year's VWA was not included in the national budget. For next year, the necessary financing for this activity should be taken into account.</li> </ul>
<b>Haiti</b>	<ul style="list-style-type: none"> <li>• The VWA launch was a successful event; it included the participation of the Director of PAHO, Dr. Roses and diplomatic delegations from various countries.</li> <li>• Activities with the Dominican Republic were successfully coordinated.</li> <li>• A high percentage of children along the border were vaccinated during the campaign.</li> <li>• There was great coverage despite the sociopolitical situation.</li> </ul>	<ul style="list-style-type: none"> <li>• The target population was underestimated in the official data offered by the Haitian Institute of Statistics.</li> <li>• There was little time for training the vaccination team.</li> <li>• Training of national and international nurses is necessary.</li> </ul>
<b>Honduras</b>	<ul style="list-style-type: none"> <li>• Development of comprehensive activities, together with vaccination: these included administration of vitamin A supplement, an information campaign, and detection of cancer of the eye.</li> <li>• Rapid coverage monitoring was established in neighborhoods and towns.</li> <li>• Three border activities were carried out with Guatemala,</li> </ul>	<ul style="list-style-type: none"> <li>• The EPI should have more vaccines and syringes available to avoid exhausting the supplies designated for the regular program.</li> <li>• In high-density regions, the maintenance campaigns should be completed within a period of six weeks (not four, as in others).</li> <li>• Dates should be coordinated more effectively to</li> </ul>

<p><b>Jamaica</b></p>	<p>Nicaragua, and El Salvador.</p> <ul style="list-style-type: none"> <li>• Launch of the monitoring campaign during the VWA.</li> <li>• High visibility of vaccination week through promotion by political authorities and public figures.</li> <li>• National private entities supported the event through in-kind contributions and cash grants.</li> <li>• The materials for social mobilization were on hand on time and in optimal quantities.</li> <li>• The posters were printed with space left for individualized information, so that the hours and locations of the vaccination activities could be set locally.</li> <li>• The date of the event was known well in advance, which lengthened the planning time for selecting the appropriate medium for disseminating information.</li> <li>• Vaccines were administered after working hours and on weekends so that they were accessible to people who work.</li> <li>• Activities were used as incentives to encourage the community to participate. There was a competition among the children to compose a “vaccination song.”</li> </ul>	<p>guarantee financial support from public and private entities.</p> <ul style="list-style-type: none"> <li>• Synchronization of the VWA was difficult, because Health Day and Cancer Month had been planned for the same time. A way should be found to coordinate efforts among the activities.</li> <li>• There is a need for greater coordination among the donor agencies.</li> <li>• Materials in black and white are preferred, since they can be used in newspapers.</li> <li>• Materials (posters and pamphlets) should be received two and a half months in advance.</li> </ul>
<p><b>Mexico</b></p>	<ul style="list-style-type: none"> <li>• The National Opening Ceremony took place in the Children’s Museum in the Federal District. The President of Mexico and the First Lady attended this event, along with staff from the health sector and other government offices.</li> <li>• Launches also took place along the borders with the United States, Belize, and Guatemala and in each of the states. Regional, state, municipal, and local authorities attended these events, along with representatives from the health sector.</li> <li>• Immunization was complemented with other activities, such as distribution of packets of oral serum, megadoses of vitamin A, folic acid, iron supplements, and doses of albendazole.</li> </ul>	<ul style="list-style-type: none"> <li>• Realization of integrated activities during Health Week, including vaccination and distribution of 7,444,306 packets of oral serum, doses of vitamin A for children under 4, albendazole for children from 2 to14, folic acid, and educational messages.</li> </ul>
<p><b>Nicaragua</b></p>	<ul style="list-style-type: none"> <li>• At the national level, there were more than 5 million</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of mass activities such as the VWA makes</li> </ul>

	<p>interventions in children aged &lt;6 years, including the administration of vaccines in the national series, additional doses of polio vaccine, MR boosters in children aged 1-5 years, and wholesale application of parasiticides and vitamin A. The National Vaccination Program decided to do a study to analyze the impact of VWA and some aspects of the program operation, with technical and financial support from PAHO and the CDC.</p>	<p>it possible to strengthen the regular vaccination program.</p>
<b>Panama</b>	<ul style="list-style-type: none"> <li>• Health workers were motivated despite logistical limitations.</li> <li>• Active case-finding made it possible to evaluate the quality of the epidemiological surveillance system.</li> <li>• Rapid coverage monitoring reveals the problems in population denominators.</li> </ul>	<ul style="list-style-type: none"> <li>• A political commitment is needed to ensure the commitment of the Ministry of Health and other national organizations to the administrative, technical, and financial processes of the activities. A presidential decree could make the vaccination campaign a government priority.</li> <li>• The financial resources allocated to the VWA should be monitored so that it remains within budget and the funds do not go to other activities.</li> <li>• Coordination among national organizations in order to improve planning and execution.</li> <li>• The VWA should not be scheduled close to national elections.</li> <li>• Joint monitoring and supervision of the national, regional, and local levels should be strengthened.</li> </ul>
<b>Paraguay</b>	<ul style="list-style-type: none"> <li>• Large number of oversight and rapid coverage monitoring activities carried out during vaccination week.</li> <li>• Assessment of the impact of vaccination week through a cluster study combined with the lot quality technique.</li> </ul>	<ul style="list-style-type: none"> <li>• Studies to evaluate the results of the VWA made it possible to identify and correct operational problems, which will strengthen the regular vaccination program.</li> </ul>
<b>Peru</b>	<ul style="list-style-type: none"> <li>• Vaccination of women aged 16-20 years with MR.</li> <li>• Official launching of the WVA at the border between Peru,</li> </ul>	

	Bolivia, and Brazil in presence of the Minister of Health.	
<b>United States–Mexico border</b>	<ul style="list-style-type: none"> <li>• Twelve border communities participated in the initiative, in which the United States/Mexico Border Health Commission (USMBHC) collaborated.</li> <li>• The broad political commitment of the governments of the United States and Mexico, the border states, counties, and municipalities made possible interinstitutional coordination and social mobilization, as well as technical/economic support from the USMBHC, HRSA, the Ministry of Health of Mexico, the CDC, PAHO, Head Start, and others.</li> <li>• The events included physicians’ forums, children’s events, vaccination posts in the schools, and public health clinics.</li> <li>• The social mobilization and media strategies included coverage of activities through television and radio, public service announcements about immunization services, and articles in the print media to raise awareness, publicize the vaccination schedules at clinics, and underscore the importance of vaccinating appropriately according to age. In addition, 12,000 pamphlets in CDs were distributed to clinics and physicians' offices in the border region.</li> </ul>	<ul style="list-style-type: none"> <li>• The strategy should include participation of mayors as key leaders in the community and also the establishment of binational teams in border cities. It is also important to sign or revive border agreements in order to facilitate coordination of the activities.</li> <li>• The public awareness campaign should reach the target population, stakeholders, and health workers.</li> <li>• Coordination between the technical areas and the media during the public awareness campaign is critical.</li> <li>• An evaluation of the campaign should be conducted in order to measure the impact of the communications strategies.</li> </ul>
<b>Saint Vincent and the Grenadines</b>	<ul style="list-style-type: none"> <li>• Diffusion campaign of the VWA through mass media, including TV and radio.</li> <li>• Recognizing of health workers for their outstanding work during immunization activities.</li> </ul>	
<b>Uruguay</b>	<ul style="list-style-type: none"> <li>• High immunization coverage in the routine program (low percentage of non-vaccinated children).</li> </ul>	
<b>Venezuela</b>	<ul style="list-style-type: none"> <li>• Three meetings were held with Colombia and Brazil to carry out three border events--two with Colombia and one with Brazil.</li> <li>• Strengthening of the plan for control of yellow fever and vaccination of indigenous populations.</li> <li>• Administration of additional doses of polio vaccine to children under five, especially in remote areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccines and other supplies should be available at least two months before the VWA. Lack of them caused some states to start late.</li> <li>• It will be necessary to determine the areas and populations at risk to be given priority during the campaign. The activities should target these groups.</li> <li>• It will be necessary to set up new mechanisms for</li> </ul>

		<p>motivating the inter- and intrasectoral institutions in support of the vaccination activities.</p> <ul style="list-style-type: none"><li>• Human and financial resources, as well as transportation and appropriate equipment, are still lacking.</li><li>• There is a need for closer monitoring and surveillance to guarantee that the commitments made at meetings for border area programming are fulfilled.</li><li>• Post-campaign evaluation meetings with border staff should be planned.</li></ul>
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