

# Immunization Plus Quarterly e-Newsletter

The Regional Office for Latin America and the Caribbean



Venezuela's *Barrio Adentro* : a model of universal Primary Health Care



UNICEF plays a leading role in global immunization, being the biggest vaccine provider worldwide.

**Immunization "Plus"** is defined as the delivery of vaccines and other cost-effective interventions that have a high impact on the reduction of maternal and child morbidity and mortality.

UNICEF supports government efforts to provide quality routine services – as the foundation of a wellfunctioning national immunization programme.



Venezuela's *Barrio Adentro* initiative – one of the government's innovative social *misiones* – is developing a model of *comprehensive* primary health care (PHC) with active community involvement in its planning, management and implementation. Immunization is an integral part of the strategy.

*Barrio Adentro* ("inside the neighbourhood" in Spanish) is becoming the backbone of the country's public health system, expanding the health care network into poor and under-served communities.

The strategy views the *community* not only as a cohesive group of persons sharing economic, socio-cultural and political relationships but also as the "locus" -- geographic, demographic and epidemiological -- for effective infectious disease prevention and control.

The model's *community empowerment and participation* approach is reminiscent of the



The *octagonal module* of the mission "*Barrio Adentro*" : the remarkably successful primary health care initiative of Venezuela – on the way to become the axis of the country's public health system.

1978 Alma Ata Declaration that called for *Health for All*. Experts predict that it might substantially increase routine immunization coverage, especially in high risk areas such as impoverished and overcrowded peri-urban settings under-served by the traditional health system. (*cont. p.2*)

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## Bolivia pioneers a new study of the vaccine cold chain

Bolivia is the first country in the Latin American and Caribbean region to conduct a formal cold chain study in which pentavalent DPT-HB-Hib vaccine shipments to health centers will be electronically monitored with temperature data loggers. The purpose is to ensure that vaccines remain under temperatures required to maintain their safety and effectiveness. The 12 health centers selected for the study are located in three of the country's *departamentos* (provinces) and

six districts considered representative of most cold chain conditions found in Bolivia (see map on following page).

The Programme for Appropriate Technology in Health (PATH), in collaboration with UNICEF's Bolivia Country Office, was engaged to provide technical and planning assistance to the Bolivian Ministry of Health, adapting a PATH/UNICEF TACRO protocol previously modified for use in the region. (*cont. p.2*)

## Venezuela's Barrio Adentro (cont.)

*"Venezuela might become the first South American country who will not depend on SIAs for keeping up immunization coverage."*

With the expansion of the immunization outreach and delivery, higher coverage of new-borns and fewer immunization "drop-outs" are expected.

If successful, the Barrio Adentro model could make Venezuela the first South American country no longer dependent on supplementary immunization campaigns to effectively maintain achievements in the control or elimination of vaccine preventable diseases. The PHC units include **household modules** and strategically-placed **octagonal modules** which are operational 24 hours a day

for emergencies and are staffed by physicians or health workers. Services are totally free of charge and some units offer ophthalmological and odontological care as well as basic care. Live-in health staff maintain a close relationship with the catchment population and *community councils* are responsible for co-management and administration of the system.

Barrio Adentro is already operational in 14 of Venezuela's 24 States. It is part and parcel of the government's long-term poverty-reduction and social inclusion strategy to achieve and surpass the Millennium Development Goals.

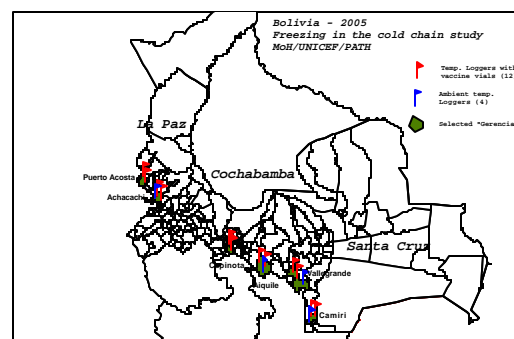


Training workshops in La Paz, Bolivia, addressing procedures for conducting the cold chain monitoring study. From left to right: Mr. Carib Nelson, PATH; Ms. Gladys Crespo, Bolivia's National Coordination of the Expanded Programme on Immunization (EPI); Mr. Heinz Lima Adriázola, Officer in charge of logistics (EPI); Mr. Enrique Borda, Officer in charge of cold chain (EPI) and Dr. Jeaneth Chavarria, Health and Nutrition Officer, UNICEF Country Office.

## Bolivia's pioneer cold chain study (cont.)

The study protocol was refined and implementation details were finalized during the visit to Bolivia of Carib Nelson from PATH/Seattle. The process helped solidify study procedures and served as training for national staff. It was during the mission that pentavalent DPT-HB-Hib vaccine was selected for monitoring.

The study is expected to take approximately three months, the length of time required for all data loggers to move through the cold chain, down to point of vaccine delivery.



Selection of representative areas for the Bolivia cold chain monitoring study.

## Injection Safety and Medical Waste Disposal: a serious concern



A rapid evaluation of injection safety and medical waste disposal policies and practices was conducted in 2004 by UNICEF I+ TACRO by means of a questionnaire addressed to the Ministries of Health in 27 countries in the region. Results were presented during the Safe Injection Global Network (SIGN) meeting in October 2004, in Cape Town, South Africa. Out of the 27 countries, 16 (59%) reported having updated policies (revised within the last five years) on immunization safety, but only 7 (26%) reported having a national coordinating structure that addresses immunization safety issues on a regular basis. Only four (15%) make exclusive use of auto-destructible syringes during supplementary im-

munization activities and one country still uses reusable syringes for routine and supplementary immunization activities.



Although 21 (78%) of the 27 governments polled finance injection equipment on their own, only 13 (48%) reported allocating specific resources to sharps waste management. Of the 27 countries, 19 (70%) report the use of other waste disposal practices (such as burn and burial) in addition to the use of incinerators or as

the only option available for final disposal of sharps. The findings show that outdated policies and unsafe injection safety practices still seem to be common in LAC. These findings should be seen as an urgent call for action to use injections safely and appropriately in LAC.

## UNICEF's Regional Director on the Vaccination Week in the Americas 2005

For the third consecutive year, countries from Canada to the tip of South America and throughout the Caribbean will be part of *Vaccination Week in the Americas*. Coordinated by the Pan American Health Organization (PAHO), the week-long events, 23-30 April, will focus on the children normally left behind, those living in rural border regions, indigenous people and vulnerable groups, including women of childbearing age and the elderly. Most of the countries are vaccinating children against measles, polio, rubella and other diseases. Last year the countries of South and Central America, Mexico and the Caribbean vaccinated 43.7 million people, mostly children. The United States and Canada participated by promoting the benefits of immunization, especially among children.

All 24 UNICEF Country Offices are committed to collaborate with governments and a wide range of partners, such as PAHO, USAID and many others, to secure the success of this major initiative.

Referring to the Week, UNICEF's Regional Director for Latin America and the Caribbean, Nils Kastberg, stated:

"It's not just a matter of vaccinating children, as important as that is. The Week is an opportunity not only to reach children with life-saving vaccines but also to raise awareness among the public, especially adolescent mothers, who lack information and may not be aware of the importance of having their kids immunized. Parents and communities vitally need this information and awareness in order to demand immunization as a human right, one of the foundations of their children's survival and development."

He continued: "The very fact that this Vaccination Week is needed points to serious shortcomings and challenges facing today's over-burdened and

under-funded public health and immunization programs, which are still not reaching millions of children through their routine systems and outreach to young parents. So while the region can feel proud of the eradication of polio and measles, we must resist complacency and recognize that immunization is a constant, ongoing priority requiring serious investment, modernization, capacity building, public education and targeted efforts to reach the most vulnerable populations. The re-emergence of yellow fever, outbreaks of whooping cough, diphtheria, hepatitis B and C are telling us that we must re-energize and update routine immunization systems as well as conduct supplementary immunization activities like the Vaccination Week.

"UNICEF believes that the success of this Week should not only be measured by the millions of hard-to-reach children who will be immunized. Success should also mean increased commitment by policy-makers and greater public awareness of what needs to be done during the other 51 weeks of the year. Public Health and routine immunization systems need to target the hard to reach, the socially-excluded, starting with indigenous and afro-descendent populations. It is simply unacceptable that 82 million children under the age of five are not being immunized or are not receiving the complete cycle of vaccinations. Meeting this challenge will require efficient and equitable public policies, placing immunization at the center of comprehensive and free primary health services, with modernization of the cold chain to keep vaccines effective and increased emphasis on injection safety and medical waste disposal to prevent transmission of HIV, Hepatitis B and C, among other infectious blood-borne diseases."

*Nils Kastberg:* "So while the region can feel proud of the eradication of polio and measles, we must resist complacency and recognize that immunization is a constant, ongoing priority requiring serious investment, modernization, capacity building, public education and targeted efforts to reach the most vulnerable populations."



UNICEF TACRO's Regional Director, Mr. Nils Kastberg, vaccinating against polio during the launching ceremony of the "Vaccination Week in The Americas" 2004, held in Haiti.

## Immunization training kit developed for new UNICEF staff

In February 2005, a 2-day "Orientation to UNICEF Workshop" was held in Panama for 18 new staff, including United Nations Volunteers (UNVs) and Junior Programme Officers (JPOs) from around the region. Regional Director Nils Kastberg, Deputy Regional Director Alfredo Missair and Regional Advisors participated in the briefing.

A complete immunization training kit was developed for the orientation and distributed to participants. During the session devoted to immunization, emphasis was placed on key topics such

as immunization as a basic health right of all children and the population as a whole; the historic role of UNICEF in immunization systems development world-wide and updated social, economic and epidemiological aspects of immunization.

Based on this first experience, the kit is being revised and improved for future orientation workshops.





## BEST PRACTICES: preventing Yellow Fever in Venezuela

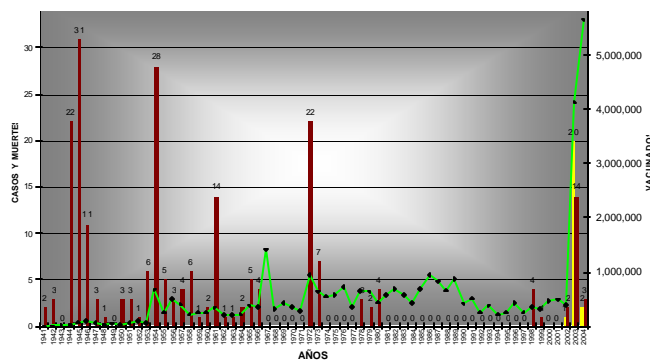
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Historically, yellow fever in Venezuela has followed a cyclical pattern, with outbreaks occurring every 10-12 years and affecting mostly the population from 15 to 45 years of age. Three ecological zones of yellow fever activity where nonhuman primates maintain the infection have been identified in Venezuela: the southern zone of Maracaibo Lake (1), the San Camillo zone (2) and the Guayana zone (3).



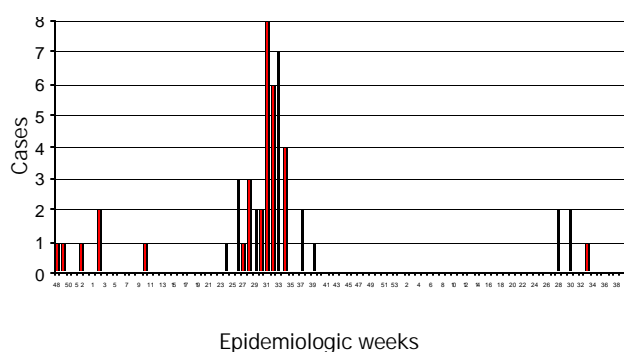
Since 2002, major efforts to improve yellow fever surveillance have included the introduction of case-based reporting, an increased diagnostic capacity and effective mapping of high risk areas.

For the first time, human yellow fever cases are being reported in Venezuela in addition to yellow fever deaths.



The graph shows the Venezuelan historical series (1941-2004) for yellow fever deaths (red), yellow fever vaccination (green) and yellow fever human cases.

Epidemiological surveillance of human yellow fever cases, conducted by the Ministry of Health and Social Development, has improved identification of high risk areas and facilitated the detection, response and follow up of an outbreak in the Colombo-Venezuelan border area which started at the end of 2002 and extended through 2003. Out of a total of 1,224 suspected cases detected by the syndromic surveillance system, 43 cases were confirmed as yellow fever, mostly among male patients from rural areas and with a case fatality rate of approximately 48%.



In response to the yellow fever outbreak, a review of risk mapping was conducted. In 2001, only 7 of Venezuela's 24 States were defined as being at high risk for yellow fever. The review led to the inclusion of 16 States in that category, with a total of 251 municipalities classified at risk for yellow fever out of the country's 365 municipalities. The 251 "at-risk" municipalities were further divided into 65 high-risk, 58 intermediate risk and 128 municipalities at low risk.

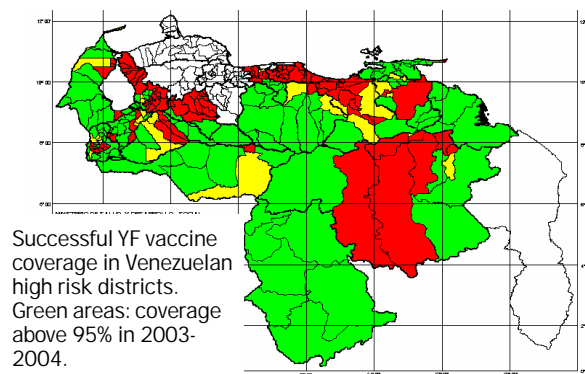
Based on the risk mapping exercise, a better targeted programme has been promoted. Its key control and prevention strategy is to vaccinate against yellow fever from the age of 6 months onwards.

From 2003 to 2004, more than 9.5 million doses of yellow fever vaccine were distributed country-wide. Out of the 65 high risk municipalities more than two-thirds reported coverage above 80% and almost 60% of them reached coverage above 95%. (*cont. p. 5*)

## BEST PRACTICES: preventing Yellow Fever in Venezuela (cont.)

Equally high coverage rates are being reached in the intermediate and low risk districts. The map at the right summarizes recent achievements, with green areas indicating vaccine coverage above 95% -- which includes critical municipalities bordering on Colombia and Brazil.

The Yellow Fever Vaccination Plan 2005 -- 2006 prioritizes areas identified by the risk mapping. Notwithstanding remaining ecological and other factors for the potential occurrence of yellow fever cases in humans, the immunization of high risk populations, as recommended by PAHO/WHO and the Government, has secured the control of the disease in the country. Yellow fever vaccination in Venezuela is considered one of the most successful immunization programmes in South America.



## Volunteers working for the Millennium Development Goals

The goal of the Global Polio Eradication Initiative (GPEI) is to ensure that no child will ever again know the crippling effects of polio. Spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, it is the largest public health initiative the world has ever known. Since 1988, some two billion children around the world have been immunized against polio thanks to the unprecedented co-operation of more than 200 countries and 20 million volunteers, backed by an international investment of US\$ 3 billion. Volunteers have been the key to successful polio eradication efforts. During the last five years, more than 10 million people volunteered to support the immunization of more than half a billion children as part of the Global Polio Eradication Initiative. The vast majority were concerned citizens, volunteering in their own communities. They gave their time to ensure that children reported to immunization stations, were properly documented and received the oral vaccine. What is not counted often does not count, but the estimated total value of the support provided by these volunteers was US \$10 billion, putting it well beyond the reach of either governments or the United Nations and its partner organizations. Capacity was developed in the process. In return for their time, the local volunteers received health training and the opportunity to play pivotal role in future national and international

efforts in their communities. There is no doubt that achieving the Millennium Development Goals (MDGs) will require the ingenuity, solidarity, and creativity of millions of ordinary people through voluntary action. Efforts on the part of national governments, supported by the international community, can only complement what ultimately will depend on the full involvement of people all over the world. Six billion people have something to contribute. Recognizing this fact is the first step on the road towards harnessing this vast resource in a global effort to meet the MDG targets.

Based in Bonn, Germany, UNV is the UN organization that supports sustainable human development globally through the promotion of volunteerism.

As a part of its activities, each year, UNV provides the opportunity for more than 5,500 skilled and experienced professionals, 70% coming from developing countries, to support peace, relief and development initiatives in some 140 countries, mostly placed in UN agencies. In addition, it engages thousands of other individuals in the work of the UN through [www.onlinevolunteering.org](http://www.onlinevolunteering.org). At present 829 UNVs are promoting volunteerism in Latin America and the Caribbean, through many different human development programmes. A new TACRO UNV e-bulletin was launched this April to tell the story of their generous contributions.



## Health and nutrition challenges faced by indigenous children, adolescents and women

In Latin America and the Caribbean, indigenous populations almost invariably occupy the lower extreme values of health and nutrition indicators in any given country.

A review of the topic being conducted by UNICEF TACRO, with the collaboration of consultant Dr. Claude Betts, shows a worrisome lack of critical data about the health and nutrition status of excluded ethnic groups. This places a "cloak of invisibility" over a human rights crisis that demands urgent action and limits the effectiveness of public policies aimed at improving the situation of these excluded populations.

Of the 13 countries in which indigenous populations make up 5% or more of the country's total population, only seven (54%) include one or more ethnicity variables in their national census

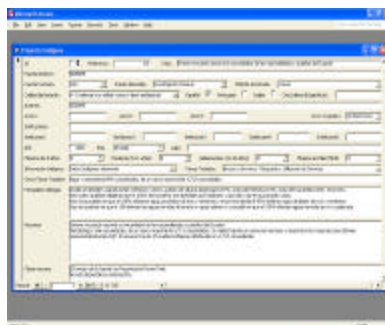


data collection forms and only nine (69%) include one or more ethnicity variables in nation-wide household surveys. Publications of primary research on indigenous health and nutrition in Latin America and the Caribbean found in the 14 major health databases have increased over the last decade, showing a positive trend, even though still grossly insufficient.

The UNICEF review of health and nutrition findings among the estimated 50 million indigenous people of Latin America and the Caribbean was conducted across national and other geopolitical boundaries in order to reflect the human rights violations and

other forms of structural violence which are deeply embedded in social norms and structures perpetuating exclusion scenarios.

The comprehensive review included the development of a database of bibliographic references. The report will be published soon by UNICEF TACRO.



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*UNICEF is the driving force that helps build a world where the rights of every child are realized. We have the global authority to influence decision-makers, and the variety of partners at grassroots level to turn the most innovative ideas into reality. That makes us unique among world organizations, and unique among those working with the young.*

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