

Group 4: PLAN REGIONAL DE V

Country	Población Objetivo	Criterios de Riesgo	Proporción de la población a ser vacunada	Meta
Jamaica	During Vacc Week objective is to target children <5yrs -	specifically areas with increased poverty, marginalized population, remote access, understaffed areas	3-5% or 12,000 to 20,000 children, specifically targeting 3 districts within 2 parishes and 1 district within other 11 parishes	Achieve 95% coverage in all children < 24 mos for all antigens;
Guyana	Targeting children < 5 yrs	Children living in Hinterland regions, River rain regions and border communities (i.e., border with Suriname and Brazil)	5-10% of children < 5 yrs (approximately 3,500 children)	achieve 95% coverage in each region for all antigens includes pentavalent, MMR, OPV, Yellow Fever (i.e., uniform coverage at national
Suriname	0 - 5 years of age	poor villages, hard to access communities; children that have not received any dosis;	85% to the lower covered areas and higher for those areas with a good coverage (13,000 children)	

<p>US-Mexico Border</p>	<p>Targeting children < 5 yrs</p>	<p>Three pair of border communities or "sister cities" from all 4 border US states (California, Texas, New Mexico and Arizona) - specific cities include - San Diego, Tijuana. Targeting children usually missed via routine vaccination services.</p>	<p>to be determined by local communities</p>	<p>to be determined by local communities</p>
<p>USA</p>	<p>Children of 19-35 months of age</p>	<p>hispanos, new emigrants, general public, rural areas, New York area</p>	<p>Awarnes Campaign, promotion of the registry</p>	

<p>Mexico</p>	<p>multiple target groups. central axis - OPV: all children < 5yrs; BCG, Pentavalent, MMR: children < 5 yrs not previously vaccinated and list obtained via national registry. MR: women and children from aged 12 -29 yrs. Vitamin A: 6 mos - 4 yrs. Folic acid - women from 12- 45 yrs. Albentacol (antiparasitic agent) 2-</p>	<p>Entire susceptible population of children (no geographic selectivity). List obtained from regional records. Albentazol distributed in municipalities with a degree of marginalization and with increased IMR.</p>	<p>OPV - all children < 5 yrs. And other numbers determined by national registry base listing missed opportunities</p>	<p>OPV: 10.5 million doses; Pentavalent: 520,000 doses,MMR 282,000 doses,BCG 114,000; DPT reinforcement 442,000 doses, MMR:1.9 million doses, Folic Acid 4.5 million boxes (90 tablets per box), Hydrating salt 5.7 million packets</p>
<p>Canada</p>	<p>children < 2yrs and those aged 2-7 yrs</p>	<p>Telephone survey is conducted prior to Vaccination week in order to identify population during February is done over 2 week period.</p>	<p>600 parents</p>	
<p>TOTAL</p>				

VACUNACION (Parte 2)

Estrategias	Costos
<p>Utilize Current Beauty Queen, Minister of Health, Launch to be combined with media briefing one week prior to Vacc Week within inner city community and utilize various websites; targeted outreach activities after-working hours and during week-ends; incorporate into health fair to attract children, outside live radio broadcast, will also print stickers and utilize special vests to be worn for easy identification of Immunization staff.</p>	<p>\$37,000 US</p>
<p>Plan being actively developed, however, national and regional level to be targeted; the plan is to utilize health fairs, involve the First Lady, and actively utilize mass media (i.e, prime time television spots) ; target social mobilization, utilize of GAVI funding. Forming a National Vaccination Week Inter-Agency Committee</p>	<p>Final cost projections pending</p>
<p>Use of 10 clinics to provide the vaccination; the border area with French Guyana provides some services to children at the border there is an strategie that includes that Country covering that border area; At the border area with Brasil it is a plan for Brasil to provide vaccination with that area; children from Guyana that crosses to Suriname receive vaccination regardless their nationality; public information works better through sound trucks; several languages are used to promote; public figures; schoolar messages will be</p>	<p>12,000 USD excepting the vaccines</p>

<p>This represents the first chaired binational vaccination week. Different objectives for US side and Mexico side. Commission actively collaborating planning of activities for the month of April including specifically scheduling dates for Vacc Week Activities that coincide between the two countries (Activities were planned for April in US and May in Mexico). Partnering with schools, churches and pre-school programs (i.e., Head Start), WIC program (food supplement program), housing programs. Planning to utilize radio announcements in Spanish and English. Utilize Congressional leaders and commission members to record PSA's in both languages. Targeting working families and promoting health insurance coverage for children, specifically educating community about rights in order to reduce fears of possible deportation if they seek primary health care for children. Private sector partnerships also to be utilized as a strategy. Parents and providers being targeted.</p>	<p>costs to be determined (minimum at present approximately \$50,000). Financing sources being researched. UNICEF participation welcomed to assist with resource mobilization.</p>
<p>Media Campaign; it will not be counted; they track the success by an annual survey; CDC develops an awareness campaign that it's accessible for anybody who wants to use it including their own contact information; will develop an announcement with PAHO soon; on a local level the health authorities can do their own vaccination programs; plan to do a parents survey after vaccination to evaluate the messages delivered; the materials are produced in English and Spanish trying to include images that target the goal population; they sample the public information materials in focus groups testins if the information it's appropriated for the goal population; focus on family activities.</p>	<p>\$600,000 USD</p>

<p>Scheduled for three sessions or phases: 1st -February; 2nd April 29 to May 7th (three weeks of activities), 3rd Oct 25-29th. Combined multilevel staff participation: 17,00 medical units from fixed health centers; 55,000 mobile posts or sites to participate, 16,000 outreach brigades (they will travel from house to house) and 200,000 volunteers. Also mass media to be utilized. An inaugural ceremony with the President is planned to initiate Vaccination Week. Activities and this is to be preceded by a major press conference. No cost for mass media usage as this sector is required by law to provide 12% of time for social services including health.</p>	<p>\$120 million US (note \$40 million US per week as three weeks of activities are planned). Financed completely by the federal government. Cost includes biologicals, injection supplies, personnel, transportation, logistics excludes full-time staff</p>
<p>Awareness Campaign (NO vaccination during this week). CCI-AP (Canadian Coalition InterAgency Awareness Program): Greater than 17 immunization organizations formed a coalition. Mass distribution of Immunization Brochure in French and English to health care providers (FREE), as well as other materials like posters, post cards, and other public information instruments (spots, news releases, etc). Drawing contest for children aged 6-10 yrs in each school throughout country and one design to be selected and developed into Immunization poster. Will also host a global Immunization Conference to be attended by international experts.</p>	<p>Health Canada to finance cost of health brochures (\$77,000 Canadian dollars) \$42,000 Canadian dollars for Canadian Pediatric Society to prepare a course training health professionals about each vaccine. Vaccine manufacturers to donate as well. Its calculated a total amount of \$150,000 USD.</p>