World Health Organization (WHO)

Country: **Chile**

Committee: **World Health Organization (WHO)**

**Agenda for the event:** Reviewing and Discussion Upon the Implementation of Immunization Agenda 2030 with Special Emphasis on LEDCs

Immunization is the process of giving a vaccine to a person to protect them against disease. Immunity (protection) by immunization is similar to the immunity a person would get from disease, but instead of getting the disease you get a vaccine.Innovative ways are being found to distribute and administer vaccines and to improve immunization services. Digital tools, new, needle-free techniques for vaccine administration and more robust vaccine storage and supply chains promise to transform immunization programmes over the next decade. Timely access to reliable data will provide new opportunities for national programmes to monitor and continuously improve their performance, reach and efficiency.

In 2009, **Chile created a National Network of Vaccine and Immunoglobulin Deposits, with 26 centers in the country** [30]. This infrastructure contributed to solving important logistic issues that appeared with the COVID-19 vaccines. For example, it had the equipment to meet the hyper-freezing requirement for the Pfizer-Biontech vaccine, which otherwise would have limited the alternatives for the country.

This vaccine culture is related to the existence of public trust and awareness of the benefits of vaccines. Of course, this culture was not developed overnight. A first factor is the existence of the National Immunization Program (PNI by its Spanish acronym), established in 1978. Among its achievements the PNI allowed Chile to become a leader in the region regarding the eradication of diseases such as smallpox in 1950 and polio in 1975. Today, vaccination processes have high adherence. For example, the influenza vaccine—with coverage between 80% and 90% in the previous five years and 99% during 2020 —, can be seen as “training” since it also has defined priority groups that are vaccinated over a short period . This is particularly important, considering the increasing influence of the anti-vaccines movements around the world .

Finally, the vaccination calendar also took into account the complex social and political environment since the outbreak in October 2019. Considering the great awareness of the existing inequalities in the country, the strategy defined priority groups that started with people at higher risk—health personnel, older people—generating a sense of justice and a common goal, since people who were more in need were the first receiving the vaccine, while the rest waited for their turn. The vaccine was also offered for free, which also could have enhanced these feelings, contrary to unpopular measures taken during 2020, such as charging for PCR tests or relying on private providers to host COVID-19 patients. The fact that, contrary to other countries, authorities were vaccinated when scheduled according to the vaccine calendar also contributed to this feeling.

The successful vaccine rollout in Chile has attracted international attention, mainly considering the difficulties that many countries still face in securing vaccines for their people. The phenomenon lies in the government’s strategy and its proactive role in foreseeing the need to ensure enough doses to cover the whole country. I propose an explanation that includes the roles and interactions between different components of the intervention—provider, implementation, recipient, and environment—as an explanation for the observed outcome.