

| Criteria: Policies   |   |        |
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| Indicators   | Description   | Status |
| National aged care strategies include discussion of older adult immunization. <sup>1</sup>   | <p>Brazil's plans concerning older adult care include the national plan "Living Without Limits", which promotes initiatives serving Brazilians with disabilities, including older adults.<sup>1</sup></p> <p>Strategies also include Projeto Idoso Bem Cuidado (the Well-Cared-For Elderly Project), which is focused on the care of older adults who have privatized health plans. Specifically, this places primary care physicians in a position to monitor medications for older adults, instead of forcing these populations to seek help through emergency care or hospital settings.<sup>1,2</sup> Primary care access and physicians included in this plan may encourage vaccination of older adults.</p> |        |
| <p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> <li>✓ COVID-19 (Age: 60+)</li> <li>✓ Influenza (Age: 60+)</li> <li>✗ DTap (Age: 60+)</li> <li>✓ Pneumococcal pneumonia (Age: 50-59)</li> <li>✗ Respiratory syncytial virus (RSV)</li> <li>✓ Shingles (Age: 50+)</li> </ul> | <p>People 60+ and those who are immunosuppressed are considered a high-priority group for annual COVID-19 vaccination. They do not appear to receive different doses from other adult populations.<sup>3</sup></p> <p>Influenza vaccination is prioritized for people 60+, but there does not appear to be a specialized dose for older adults. Vaccination is recommended annually.<sup>4</sup></p> <p>DTap vaccinations are recommended for people 60+, with a booster every 5 or 10 years.<sup>5,6</sup></p> <p>2 doses of the pneumococcal vaccine are recommended for people between 50 and 59.<sup>5,6</sup></p> <p>2 doses of the shingles vaccine are recommended for people 50+.<sup>5,6</sup></p>       |        |
| National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.   | Brazil's NITAG includes an expert on geriatrics/immunology and promotes a life course approach to vaccination. <sup>7</sup>   |        |

<sup>1</sup>Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

| Criteria: Funding   |  |        |
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| Indicators  | Description  | Status |
| Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.  | <p>Brazil is one of the countries that offers the most free-of-cost vaccinations in the world.<sup>8</sup> Specifically, 31 vaccines are covered by the National Immunization Program through the Ministry of Health.</p> <p>These vaccines include vaccines outlined in the national immunization calendar as well as doses for specialized, high-risk groups, including older adults and people with chronic conditions.<sup>7,9</sup></p> |        |
| National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults. | <p>In 2023, the Brazilian government's expenditure for routine immunization, including vaccines was R\$459,326,384,576.</p> <p>The next Effective Vaccine Management assessment plan is scheduled for 2024, with the last assessment having been in January 2023. There is also a vaccine supply chain continuous improvement plan (cIP) integrated into the National Immunization Strategy.</p>   |        |

| Criteria: Program  |  |        |
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| Indicators   | Description  | Status |
| Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.  | <p>The Ministry of Health of Brazil hosts an easily accessible website and various public health campaigns which support a life course approach to immunization. Campaigns are focused on child, adolescent, adult and elderly, and prenatal vaccinations.</p> <p>The Ministry of Health currently promotes three vaccination campaigns a year. Currently, vaccination campaigns are targeting influenza, updating the vaccination card of children and adolescents, and vaccination against COVID-19.<sup>9</sup></p> |        |
| <p>Policy supports expansion of vaccination administrators to include other healthcare workers and professionals, such as pharmacists, nurses, and support workers, through easily accessible sites.</p> <ul style="list-style-type: none"> <li>✓ Community health workers</li> <li>? Medical and/or nursing students</li> <li>? Midwives</li> <li>✓ Nurses</li> <li>? Paramedics</li> </ul> | <p>In Brazil, community health agents (CHA) are able to administer immunizations after completing 1,200 hours of formal didactic and field activities. CHAs are supposed to be supervised by nurses on family health teams, but supervision is often missed due to large demands on the time of supervisory nurses.<sup>10</sup></p> <p>Nurses, physicians, and pharmacists are allowed to administer all routine vaccinations in the NIP.<sup>11,12</sup></p>   |        |

| Criteria: Program   |   |        |
|---|---|--------|
| Indicators  | Description   | Status |
| <ul style="list-style-type: none"> <li>✓ Physicians</li> <li>? Physician assistants</li> <li>✓ Pharmacists</li> <li>? Pharmacy technicians</li> <li>? Support workers</li> </ul>  | Vaccine administrative authority is variable between states and municipalities, and public and privatized insurance. Thus, healthcare is very region specific. This makes the roles of medical/nursing students, midwives, paramedics, physician assistants, pharmacy technicians, and support workers variable and unclear. <sup>12-16</sup>   |        |
| Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals). | <p>According to the International Federation of Pharmaceutical Manufacturers and Associations, the education of healthcare professionals on the benefits of life-course immunization is not yet developed. Additionally, immunization education is largely limited to pediatricians. <sup>7</sup></p> <p>Still, there are programs available for healthcare professionals in Brazil that aims to increase the skills of vaccinators, with particular focus on technical vaccination administrative skills. <sup>7</sup></p> |        |
| Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.   | Dose course(s), age, and eligibility are clearly outlined for each vaccine. <sup>4,5</sup>  |        |

| Criteria: Performance  |  |        |
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| Indicators   | Description  | Status |
| National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.  | Goals and targets for coverage are included in the vaccination guide. <sup>6</sup>   |        |
| Authorities collect and update comprehensive coverage data for adult immunization (2021 or earlier), extending beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., <a href="#">aNICs</a> ). | Available data on vaccination coverage is comprehensive. The vaccination guide outlines assessing the quality of vaccination data by type of vaccination, vaccination schedule and target groups. Moreover, they seek to monitor the temporal trend of vaccination coverage, homogeneity of coverage rates, adherence of the vaccination target populations, and target groups. However, given the dispersion of some populations, surveillance is a noted challenge. <sup>6</sup> |        |
| Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.   | <p>Collection of age-disaggregated data does not appear to exist outside of pediatric vaccination rates.</p> <p>Burden of disease is included, and appears to be informing development and intervention work, per the vaccination guide. <sup>6</sup></p>  |        |

| Criteria: Equity   |  |        |
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| Indicators   | Description  | Status |
| The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., those with cardiovascular diseases, diabetes, and other non-communicable diseases).  | The NIP focuses on sub-groups of high-risk populations, but does not explicitly discuss these groups within the context of older adulthood. There is a particular focus on those with chronic conditions, such as people living with HIV. <sup>3,5,6</sup>   |        |
| Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to older adult sub-group populations, such as refugees, Indigenous populations, and older adults residing in rural settings. | <p>The vaccination guideline acknowledges Indigenous populations, quilombos (a Brazilian hinterland settlement founded by people of African origin), refugees, and socio-economically disadvantaged populations.</p> <p>The guide seeks to inform interventions for equity-deserving populations, specifically how to bring vaccinations to hard-to-reach populations, such as remote and hard-to-reach communities.<sup>6,7</sup></p> |        |

| Criteria: Long-Term Care Settings  |  |        |
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| Indicators   | Description  | Status |
| The NIP explicitly acknowledges older residents (65+) in long-term care settings as immunosuppressed, at-risk, or high-risk populations. | There are no policies concerning routine immunization in long-term care facilities for residents, beyond COVID-19 vaccinations. <sup>2</sup> |        |
| National long-term care strategies (if present) include adult immunization.  | It is unclear if a national long-term care strategy exists in Brazil.  |        |

| Criteria: Civil Society Organizations   |  |        |
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| Indicators  | Description  | Status |
| Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country. | The International Federation of Pharmaceutical Manufacturers and Associations suggests that civil society engagement in promoting vaccination is well developed in Brazil.   |        |
| Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.  | For instance, the Brazilian Society of Immunizations (SBIIm) aims to promote vaccination development and amplifies promotional and educational materials, such as reports, and websites that advocate for a life course approach to immunization. Along with other CSOs, these organizations support efforts for public health interventions aimed at improving vaccination uptake. <sup>7</sup> |        |

| Criteria: Civil Society Organizations   |             |        |
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| Indicators  | Description | Status |
| Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination. |             |        |

| Legend                                       |  |
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| Criteria is fully met                        |  |
| Criteria is partially met                    |  |
| Criteria is not met                          |  |
| Insufficient/ inaccessible/unclear evidence. |  |

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