



BRAZIL:

VACCINATION COUNTRY PROFILE

Based on the Latin America Vaccination Scorecard



Read full report

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Vaccination is one of the most effective public health interventions, responsible for eliminating diseases and drastically reducing illness and death from many preventable diseases. Recognized by WHO as one of most powerful strategies for saving lives, vaccination, like clean water and sanitation, keeps communities healthy.

Brazil's National Immunization Program (PNI) is among the most comprehensive in the world, built on SUS principles of universality, equity, and integrality. With 36,000+ vaccination rooms across 5,570 municipalities, the program has a far-reaching footprint. Yet since 2016, coverage has declined due to operational barriers, access constraints, hesitancy, and misinformation. Recent national efforts have begun to recover pediatric coverage, and in 2023 Brazil was removed from the list of countries with low vaccination coverage. To secure long-term gains, Brazil must adapt the PNI into a life-course strategy that sustains high childhood coverage while closing gaps in adolescent, adult, maternal, and older-adult vaccination.

At a glance



Core strengths: comprehensive legal and institutional framework; broad calendar; nationwide delivery infrastructure (36,000+ sites; mobile/riverine outreach; CRIEs).



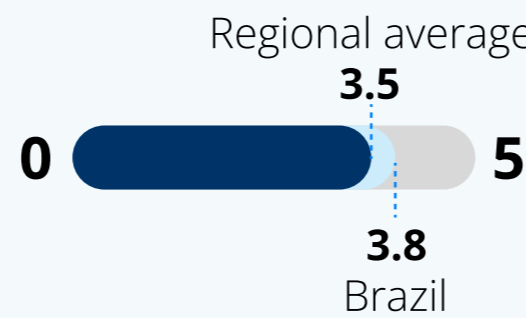
Main gaps: limited vaccination strategy for older adults and pregnant women, budget constraints.

Scope and method

Assesses **17** indicators grouped across program scope and coverage, policy and governance, operations, and communication.

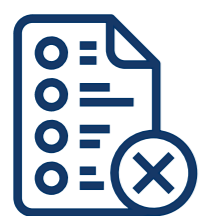
Scores each indicator from **1 to 5** using predefined rubrics and weights, then aggregates to a composite score out of 5

Regional Vaccination Scorecard



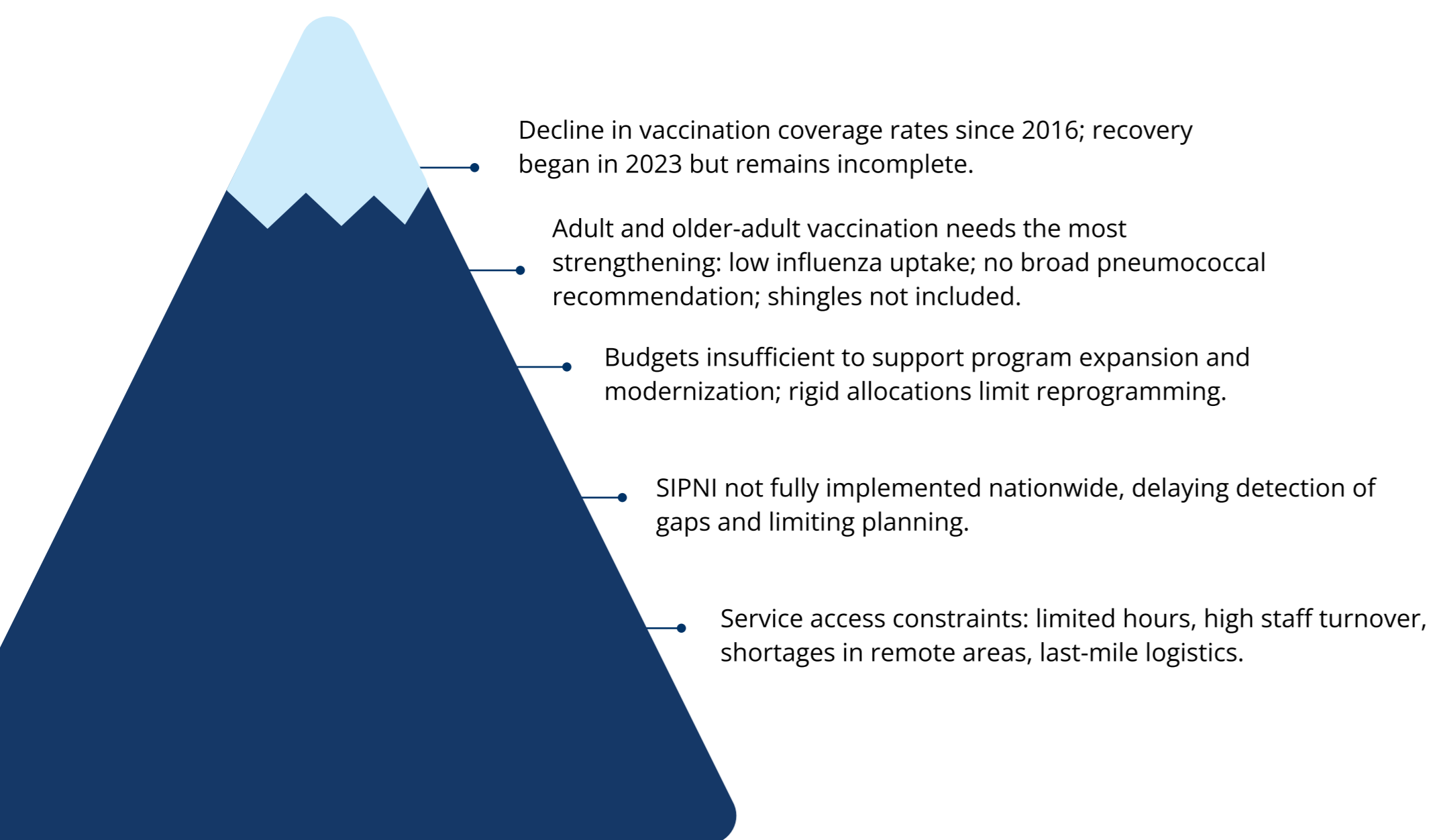
Uses publicly available official sources from the past **10** ten years.

Validates findings through expert roundtables to refine context.



Limitations: Data gaps, particularly for adult and pregnancy vaccination coverage, and incomplete financing information may affect the comparability of results.

Key Challenges



About the Regional Vaccines Scorecard

Provides a standardized assessment of NIP across eight Latin American countries: Argentina, Brazil, Chile, Colombia, Guatemala, Mexico, and Peru.

Recommendations

1

Strengthen life-course vaccination

- Integrate vaccination for adolescents, adults, older adults, and pregnant women into routine care to reduce missed opportunities.
- Develop targeted strategies and follow-up systems to raise coverage in maternal and older-adult groups.
- Advance RSV implementation (as approved by CONITEC) and evaluate timely inclusion of additional adult vaccines.
- Normalize vaccination checks at every health encounter, supported by digital prompts that flag pending doses.

2

Expand financing

- Maintain procurement protection and create dedicated budget lines for communication, workforce capacity, and outreach.
- Ensure the overall budget grows in proportion to program scope, demographic needs, and disease burden.
- Fund modernization: new vaccine introductions, infrastructure, logistics, training, and sustained communication.

3

Modernize data systems

- Accelerate full national implementation of SIPNI with interoperability (e.g., e-SUS), real-time functionality, and standardized workflows.
- Simplify vaccination cards and add digital reminders to improve adherence and reduce missed doses.
- Incentivize data quality and timeliness—not just volume—to enable reliable planning and accountability.

4

Strengthen governance and policy

- Establish a regular schedule for calendar updates guided by CTAI recommendations and epidemiological evidence.
- Build budget flexibility with specific allocations for communication, workforce, and operational needs.
- Provide local managers with timely, disaggregated data to tailor strategies to their populations.

5

Improve access and convenience

- Extend hours; expand sites via mobile units, workplaces, schools, and pharmacies to reach working-age and hard-to-reach groups.
- Decentralize access to special immunobiologicals (currently concentrated in CRIEs) to better serve high-risk populations.

6

Improve communication and public trust

- Adopt digital-first strategies to counter misinformation, tailoring messages by life stage, region, and audience.
- Engage civil society, community leaders, influencers, and journalists; empower scientific and medical societies to lead professional education.
- Provide continuous training in risk communication for health professionals to address concerns consistently and effectively.

Glossary

CRIEs: Centros de Referência para Imunobiológicos Especiais (Special Immunobiological Reference Centers)

PAHO: Pan American Health Organization: the regional office of the World Health Organization (WHO) for the Americas.

SUS: Sistema Único de Saúde (Unified Health System)

PNI: Programa Nacional de Imunizações (National Immunization Program)

CTAI: Câmara Técnica de Assessoramento em Imunização (National Immunization Technical Advisory Group)

SIPNI: Sistema de Informações do Programa Nacional de Imunizações (National Immunization Program Information System)

e-SUS: Sistema de Informação em Saúde para a Atenção Básica (Primary Health Care Information System)

CONITEC: Comissão Nacional de Incorporação de Tecnologias no Sistema Único de Saúde (National Commission for the Incorporation of Technologies in the Unified Health System)

WHO: World Health Organization.

ESAVI: Events Supposedly Attributable to Vaccination or Immunization