

# Vaccination, Health Policy, and the Challenge of Restoring Coverage in Argentina

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Vaccination constitutes the most cost-effective public health intervention. It is estimated that over the past fifty years it has contributed to saving more than 150 million lives worldwide<sup>1</sup>.

The conceptual origin of vaccines dates back to Edward Jenner's observations in the late eighteenth century. He noted that individuals who milked cows infected with cowpox developed a mild pustular lesion and were protected against human smallpox. Based on this observation, he experimented with the deliberate inoculation of infectious material into healthy individuals, establishing the principle of preventive immunization. The term "vaccine" derives from this bovine origin.

The expansion of this "quasi-miraculous" innovation included public health expeditions that brought the smallpox vaccine to the Americas through the sequential inoculation of orphaned children during transatlantic voyages, reflecting from its inception the solidarity underpinning vaccination.

During the nineteenth and early twentieth centuries, advances in microbiology expanded the possibilities for prevention. Pasteur developed experimental vaccines against several diseases, including rabies, using attenuated pathogen cultures that he had nearly discarded as inactive—perhaps the most notable, though not the only, example of serendipity in medicine. These discoveries consolidated the idea that diseases could be prevented through immunological interventions.

The twentieth century marked a turning point with the development of vaccines against devastating diseases such as poliomyelitis. This disease caused unpredictable epidemics with thousands of deaths and survivors left with permanent disabilities and has been described since ancient Egypt. The introduction of an inactivated vaccine

developed by Jonas Salk, followed by Albert Sabin's live attenuated oral vaccine, radically transformed this reality. Thanks to mass vaccination campaigns, poliomyelitis is now close to global eradication.

In recent decades, technological advances have significantly expanded the range of platforms available for new vaccines. Today, there are inactivated, attenuated, toxoid, recombinant, protein subunit, vector-based, and messenger RNA vaccines, among many others under development. These advances have made it possible to extend immunization schedules across the entire life course, including childhood, adolescence, pregnancy, and older adulthood.

In Argentina, vaccination constitutes a well-established state policy. The national immunization schedule includes vaccines for all stages of life and is characterized by free access at the point of care, with broad population coverage. This framework was strengthened by the enactment of Law 27,491, which defines vaccination as a social good—mandatory and free of charge—and assigns the National State responsibility for ensuring the provision and distribution of vaccines throughout the country<sup>2</sup>, as well as for requiring compliance with the approved schedule.

The law aims to strengthen vaccination coverage and consolidate the role of the State in preventing vaccine-preventable diseases. However, recent experience shows that the existence of a strong regulatory framework alone does not guarantee optimal immunization levels.

In recent years, a significant decline in vaccination coverage has been observed in numerous countries, a trend that deepened following the COVID-19 pandemic<sup>3</sup>. In 2020, immunization programs were affected by disruptions in health services, reallocation of resources, and mobility restrictions. As a result, millions of

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children worldwide were left without completing their vaccination schedules<sup>3</sup>.

Latin America and the Caribbean are among the most affected regions. Unlike other regions, several countries had already shown signs of stagnation or decline in coverage before the pandemic, a trend that subsequently intensified. Disruptions in health systems, combined with territorial inequalities in access to vaccination and changes in the social perception of the risk of vaccine-preventable diseases, contributed to this deterioration.

Argentina reflects this regional dynamic. Various analyses show that childhood immunization coverage began to decline steadily around 2015<sup>4</sup>. The pandemic exacerbated this trend, and the subsequent recovery has been incomplete. Recent data reveal particularly marked declines in booster doses and second doses. An illustrative example is the measles– poliomyelitis –rubella (MMR) vaccine, whose second-dose coverage in Argentina fell to 55% in 2023 and to 46% in 2024<sup>5</sup>, well below the 95% required.

The decline in coverage is a complex and multifactorial phenomenon<sup>6</sup>. In current public debate, emphasis is often placed on the role of anti-vaccine movements and the spread of misinformation on social media<sup>6</sup>. However, these groups are not new –they have existed since the earliest vaccines<sup>7</sup>– but the current digital ecosystem has significantly amplified their reach.

The COVID-19 pandemic had ambivalent effects on confidence in vaccines. On the one hand, it demonstrated the capacity of science to develop effective immunizations in record time. On the other, it created a context of political polarization and widespread circulation of misinformation (an “infodemic”) that fueled distrust in certain social sectors.

In some countries, this “politicization” of vaccination has had serious consequences for health policies. In the United States, the political debate following the pandemic has increased the visibility of anti-vaccine discourse and controversial institutional decisions. Changes in the composition of advisory bodies (ACIP, HHS, NIH), challenges to widely used vaccines, and the dissemination of narratives that erroneously associate vaccination with severe adverse effects have contributed to declining coverage in certain jurisdictions. As a result, the country is facing significant outbreaks of vaccine-preventable diseases and has recently lost its measles elimination status, while experiencing its largest measles outbreak in decades.

In Argentina, decisions regarding the national immunization schedule are, by law, supported by the National Immunization Commission (CONAIN), a technical advisory body responsible for analyzing scientific evidence on vaccine efficacy, safety, and cost-effectiveness. In contexts of declining coverage, the institutional strength and technical independence of these bodies are particularly important for sustaining public trust in immunization policies. Recent changes in their composition and functioning have generated debate within the health community, underscoring that

the credibility of vaccination decisions depends not only on the legal framework but also on the stability and transparency of scientific advisory processes<sup>8</sup>.

However, available evidence in Argentina suggests that vaccine hesitancy alone does not fully explain the decline in coverage. Various population-based surveys show that most people consider vaccines to be safe, effective, and important for health. Nevertheless, nearly half of respondents identify practical barriers to vaccination, mainly related to difficulties in access or availability<sup>9</sup>.

These barriers include limited clinic hours, difficulties in reaching health centers, disruptions in services during the pandemic, and organizational challenges within the health system. Such operational factors can have a substantial impact on vaccination even in contexts where social acceptance of vaccines is high.

Therefore, the discussion on vaccination coverage should not be reduced to a false dichotomy between mandatory policies and individual freedom. International experience shows that mandatory vaccination laws help establish social norms and improve compliance, but their effectiveness largely depends on the quality of implementation of immunization programs<sup>10,11</sup>.

In this context, restoring and sustaining adequate coverage requires comprehensive strategies that combine accessibility, monitoring, and communication. Among the most evidence-based interventions are expanding access to vaccination –through extended hours, community outreach campaigns, and school-based vaccination– strengthening nominal registries to identify incomplete schedules and enable active catch-up, and developing evidence-based communication strategies<sup>12,13</sup>.

Health professionals, particularly pediatricians, remain the most trusted source of information for families. Therefore, strengthening the active recommendation of vaccines during medical consultations constitutes a key tool. Communication techniques such as motivational interviewing have been shown to improve vaccine acceptance by addressing doubts and concerns in a respectful and patient-centered manner.

In summary, vaccination remains one of the most powerful tools in public health. Argentina has a robust legal framework, a comprehensive immunization schedule, and a long-standing tradition of prevention-oriented health policies. The current challenge lies less in the normative definition of vaccination than in its effective implementation: ensuring timely access, improving monitoring systems, strengthening communication with the population, and sustaining trust in health institutions (Table 1).

Only through a comprehensive strategy that combines programmatic capacity, scientific evidence, and social commitment will it be possible to restore and sustain adequate vaccination coverage and preserve the achievements made in the prevention of vaccine-preventable diseases.

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**Table 1. Multilevel determinants associated with declining vaccination coverage and possible interventions**

Level	Determinant	Examples	Situation	Proposed intervention
Health system	Operational weaknesses in immunization programs	Staff redistribution, disrupted services, limited hours	Significant disruptions during the pandemic	Strengthen immunization programs, extend hours, school-based vaccination, outreach campaigns, Comisión Nacional de Inmunizaciones (CoNaIn)
Access	Geographic and socioeconomic barriers	Distance to health centers, limited transport	Persistent jurisdictional inequalities	Territorial strategies, mobile vaccination, community campaigns
Social factors	Misinformation and vaccine hesitancy	Social media influence, safety concerns	Increased circulation of misinformation (infodemic)	Evidence-based communication strategies and community engagement
Political factors	Polarization and institutional weakness	Political debates on vaccines vs. anti-vaccines	Post-pandemic polarization effects	Institutional transparency and stewardship
Healthcare professionals	Weakening of medical recommendation	Reduced consultation time	Professionals remain the most trusted source	Training in active recommendation and motivational interviewing
Individual / community	Low risk perception	Underestimation of preventable diseases	Influences family decisions	Risk-benefit campaigns and personalized reminders

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