DOI: 10.1590/1413-812320202511.24562020
Ciência & Saúde Coletiva, 25(10):4234-4235, 2020

National Immunization Program: the challenge of universal access in the 21st Century

The National Immunization Program (PNI) was created in 1973, the result of an initiative that, in an adverse political context, attributed its inception to the convergence of public health officials and academics (*sanitaristas*) committed to the health of the population and a nationalist public bureaucracy. Its implementation occurred as a natural sequel to the success of the Smallpox Eradication Campaign (CEV) and the growing concern regarding the availability of immunobiological products as an important factor for the establishment of a national health system in the context of an authoritarian project of nation building[1].

Some elements enable us, nonetheless, to highlight the fact that rather than being a fortuitous event in history, the emergence of this program reflected the growing consolidation of a movement in society to guarantee access to health. Law 6259 of 1975, for its part, stipulated that all vaccines considered mandatory be provided free of charge. In the initial phase of the Program, vaccines against diphtheria, tetanus, and whooping cough (DTaP), polio, tuberculosis (BCG) and measles began to be applied systematically via vaccination schedules.

The PNI already incorporated some of the cornerstones of the precepts defended at the VIII National Health Conference that culminated in the creation of the Unified Health System (SUS) in the Constitution of 1988. The growing number of vaccines incorporated into the Program set out to guarantee free universal access and constituted a right shared by the entire population. This required integrated action in the territory involving different levels of technological complexity. It represented an appropriation of know-how about health by society with the important participation of public scientific institutions, notably the Oswaldo Cruz Foundation and the Butantan Institute.

It can be claimed that this embryonic matrix which brought together science, technology and universal access was fully realized after the formation of the SUS. It is widely acknowledged to be an exemplary model[2] of the possibility of constituting the largest universal system in terms of population among tropical countries. Currently, in the 2020 vaccination calendar, 18 vaccines are scheduled to be on offer, covering more than 20 infectious diseases. Every essential vaccine that is internationally available is offered to the population.

The model that combines science, technology and national production underpinned this Program. Without a national production and technological base, universal access would not have been possible[3]. Indeed, the PNI heralded a profound technological and social innovation in Brazil, combining the strengths of national know-how and production with the challenges of universal access.

In the current scenario, in which finding a vaccine to combat the new coronavirus is essential for life on the planet and overcoming the crisis, new challenges emerge in order to ensure the dialectical continuity and outcome of this success story. The mastery of knowledge and innovation constitutes a decisive factor for the success of the SUS of the Future. Knowledge and science have never been more central and crucial for ensuring the universal access to health for the Brazilian people. The responses to public health challenges, so aptly enshrined in the PNI, need to be remodeled. Combining sovereignty, science, and health, as in the original PNI tradition, in a democratic context governed by the right to knowledge, development and life itself, is the major challenge of the 21st Century. Once again, the PNI must become a motivating force for an equitable future ... that urges all of us.

Carlos Augusto Grabois Gadelha (https://orcid.org/0000-0002-9148-8819) [1]

[1] *Coordenação das Ações de Prospecção da Presidência, Escola Nacional de Saúde Pública Sérgio Arouca, Fiocruz. Rio de Janeiro RJ Brasil.*

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