June 2025

FIFARMA
Time to Vax LATAM

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Overview

Improving the availability of innovative vaccines in Latin America is a priority for all stakeholders in the healthcare system, especially policymakers, vaccine manufacturers, and patients.

Since 2004, the European pharmaceutical industry association (E.F.P.I.A.) has run the Patients W.A.I.T. (Waiting to Access Innovative Therapies) Indicator, enabling stakeholders to measure the availability rate of innovative medicines in 37 European countries. The first EFPIA Patients W.A.I.T. Indicator was developed to understand the "availability" of innovative therapies by creating a standardized method of comparing access across distinct healthcare systems and over time.

This methodology was later adapted for Latin America, where the LATAM W.A.I.T. Indicator has now been conducted four times, reflecting a sustained commitment to monitoring and improving access to innovative medicines in the region.

Building on this foundation, the FIFARMA Time to Vax study marks a significant milestone as the first regional study dedicated exclusively to innovative vaccines—either in Europe or Latin America. Covering twelve Latin American countries that represent over 85% of the LATAM population, these countries are: Argentina (AR), Brazil (BR), Chile (CL), Colombia (CO), Costa Rica (CR), Dominican Republic (DO), Ecuador (EC), Guatemala (GT), Mexico (MX), Panama (PA), Peru (PE), and Uruguay (UY).

The following pages feature analyses that benchmark the rate of availability and accessibility of innovative vaccines in each of the twelve LATAM countries, including insights on regional availability and how it has evolved during the period of investigation. This inaugural study includes a set of globally approved vaccines from 2010-2025-Q1.

The goal of this study is to provide a clear perspective on vaccine access across LATAM, with a focus on understanding availability tendencies. These findings aim to serve as a catalyst for meaningful discussions among stakeholders to improve access to innovative vaccines and reinforce immunization efforts throughout the region.

*In this study the term **'availability'** is used throughout to permit **standardized measurement** across 12 healthcare systems*

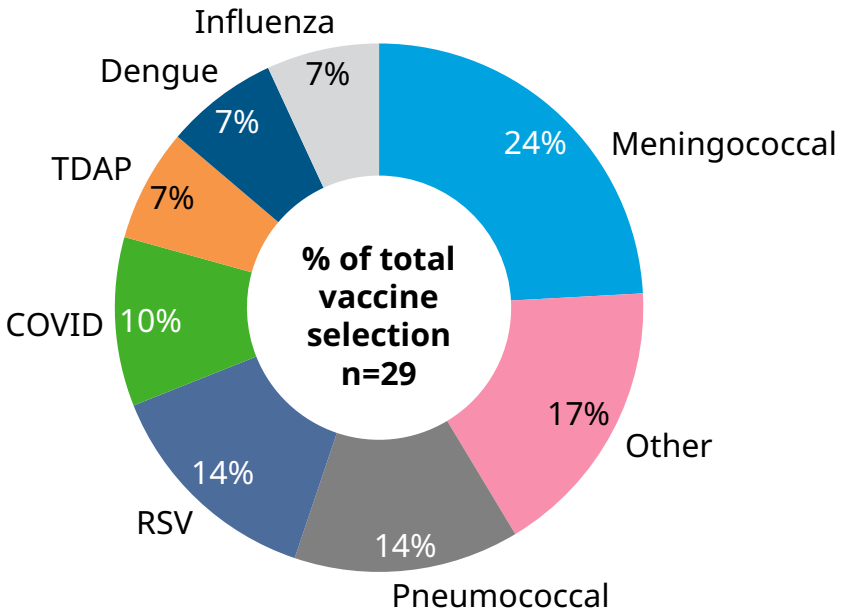
***Availability** represents the local coverage of a globally approved innovative vaccine*

Acronyms: FDA: US Food & Drugs Administration; EMA: European Medical Agency

Methodological considerations

A total of 29 vaccines with diverse indications fulfilled the filtering criteria

Vaccine Selection by Indication



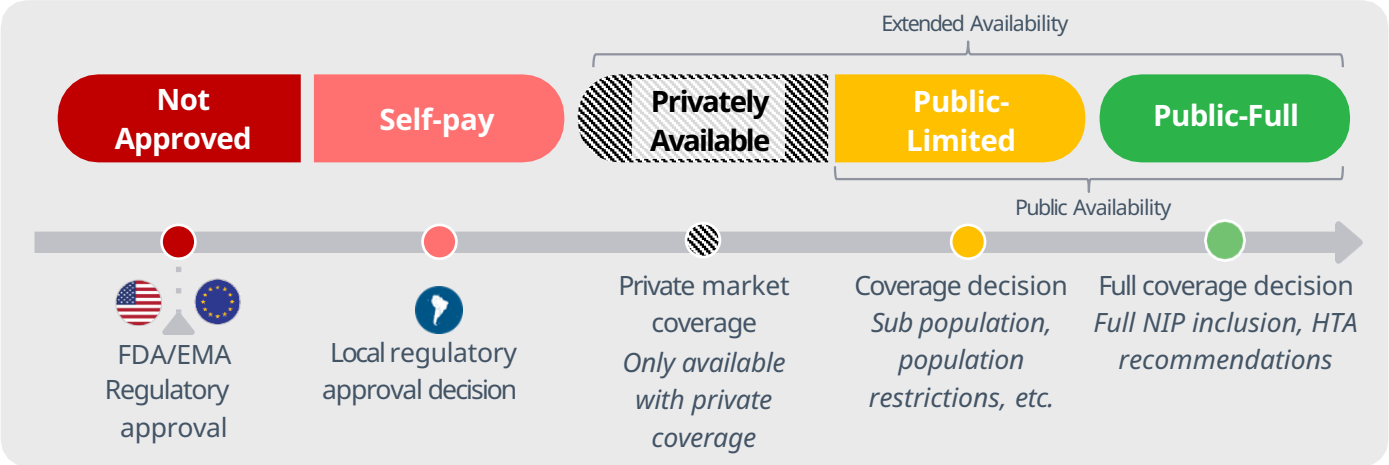
- To ensure the relevance and rigor of the Time to Vax, a structured methodology was developed to identify a focused set of innovative, preventive vaccines with significance for Latin America. This selection process was guided by a series of filtering criteria designed to balance global innovation with regional applicability
- Vaccines launched first in the U.S., EU, or Latin America were considered, ensuring regional relevance. Products not introduced in these markets—such as those for localized outbreaks like ebola—were excluded.
- The selection was limited to vaccines approved by either the FDA or EMA between 2010 and the first quarter of 2025, capturing a ~15-year window of global innovation
- The study focused exclusively on prophylactic vaccines, excluding therapeutic ones to maintain consistency in access dynamics
- To define innovation, vaccines were assessed based on several characteristics: use of new technologies (e.g., mRNA), targeting of new pathogens (e.g., dengue), expanded serotype coverage (e.g., Pneumococcal), reformulations affecting dose or route of administration (e.g., high-dose), and unique antigen combinations (e.g., MenABCWY)
- For more detailed analysis, vaccines targeting new pathogens or serotypes are classified as “new,” while those improving existing vaccines (e.g., broader coverage or reformulation) are considered “enhanced”
- Data was validated and complemented in a confidential setting by manufacturers affiliated with FIFARMA and local trade associations, ensuring accuracy and regional alignment

Acronyms: mRNA: messenger RiboNucleic Acid; MenABCWY: Pentavalent meningococcal vaccine

Methodological considerations

Results from the study are shown in terms of different levels of availability and compared across countries

Availability definitions



NOT APPROVED

Not submitted, or in regulatory evaluation process

Marketing authorization is not granted either because it is in process of regulatory review, or not submitted for local approval

SELF-PAY - APPROVED, NOT AVAILABLE

Commercially available, but not covered

Vaccines that have obtained regulatory approval but are not available through either private or public healthcare; patients typically pay fully out-of-pocket, importations or compassionate use

PRIVATELY AVAILABLE

Covered in private insurance / through employers

Vaccines covered only by private insurance or employer coverage but not in the public sector, generally limiting the overall patient population that has access

PUBLIC - LIMITED AVAILABILITY

Partial NITAG recommendation / NIP coverage

The vaccine recommendation and/or coverage in a subset of the broad, national population i.e., notable differences between regions/provinces* or differences between full, local regulatory label and recommendation / coverage

PUBLIC - FULL AVAILABILITY

Full NITAG recommendation / NIP coverage

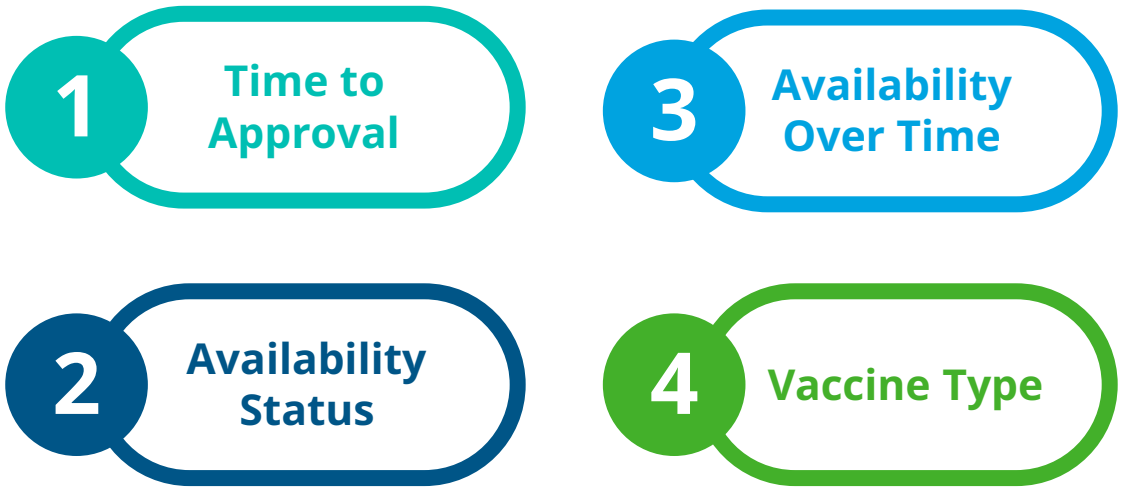
Vaccines are fully available at national level for a broad population in public sectors full availability is frequently tied to inclusion in national immunization program according to local label

Note: Conditional approval was considered as approval, but if FDA/EMA authorization was retracted/withdrawn prior to data collection the vaccine was not included; endemic is included in limited availability where relevant coverage is offered; *differences in local label vs. FDA/EMA were not considered

Acronyms: OOP: Out of Pocket; NITAG: National Immunization Technical Advisory Groups; VTC: Vaccine Technical Committees; NIP: National Immunization Program

Summary of key metrics from the study

The study focuses on four main metrics that outline availability in LATAM today , how it is evolving, and the influence of vaccine type on these metrics



Time to Approval

- Innovative vaccines have historically faced significant delays in reaching regulatory approval and availability
- On average, and excluding exceptional cases, these vaccines take more than three years to gain approval in Latin America

Availability Status

- Despite progress, wide disparities remain across countries. Brazil, Argentina, and Mexico show the highest approval rates—over 50%—but also the largest gaps between regulatory approval and public coverage, with 45–60% of vaccines remaining out-of-pocket
- In contrast, countries that rely heavily or exclusively on the Pan American Health Organization (PAHO) for procurement tend to experience slower access and broader gaps in availability

Availability Over Time

- While delays persist, recent vaccine launches have shown signs of improvement, with several gaining faster approval and access
- Globally, vaccine rollout patterns have not followed a linear trend; since COVID-19, new waves of launches have emerged, with different dynamics in national coverage, and regionally from PAHO

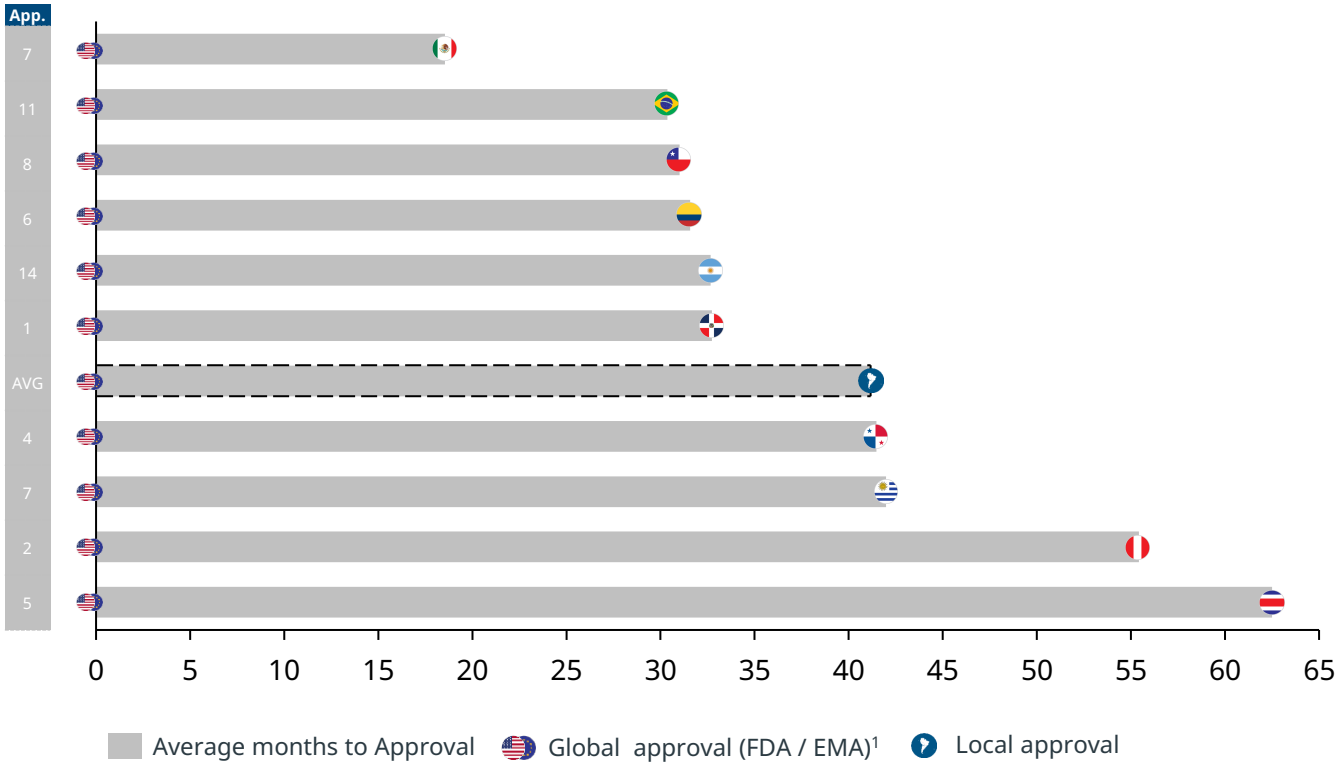
Vaccine Type

- Vaccines targeting new pathogens or serotypes tend to receive faster regulatory approval than those offering enhancements to existing vaccines
- This is likely due in part to the perception of higher unmet medical need and the absence of interchangeable alternatives, which accelerates decision-making and prioritization by health authorities

Time to Approval

Time to approval from global launch to LATAM countries is ~41 months on average; NITAG recommendations/inclusion in NIP programs often adds additional time

Average time to approval by country (from FDA/EMA approval)



- The average time to local approval is 41 months, close to 3 years after global regulatory approval (first of either FDA or EMA), though this does not consider at what time the laboratory filed a submission
- Wide disparities exist between countries, with Mexico on the low end, at an average of under 2 years, and Costa Rica and Peru on the high end, with over 4 years
- Endemic, epidemic, and pandemic vaccines were excluded from the time to approval analysis as the market dynamics varies depending on disease nature

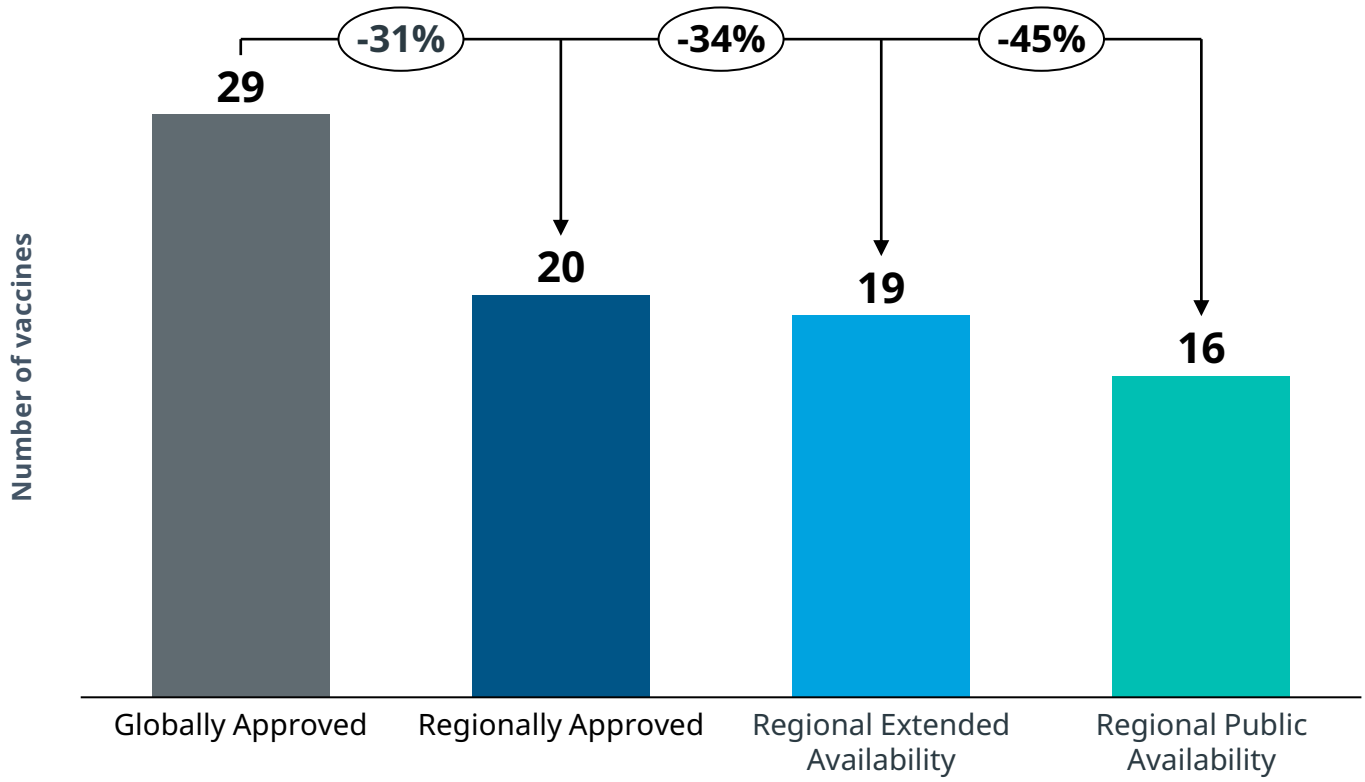
Time to approval is only the first step for patients relying on public healthcare—vaccines must also be included in National Immunization Programs (NIPs) to reach patients effectively, though this often incurs additional delays

Note: Endemic/epidemic/pandemic vaccines excluded; EC/GT also excluded due to lack of data; [1]Global approval date: the earliest date between FDA or EMA; Time to approval for Ecuador and Guatemala was not available due to reliance on PAHO

Regional availability

~70% of globally approved vaccines are approved in at least one LATAM country, and ~55% are covered in the public sector in at least one country

Regional availability rates and approval



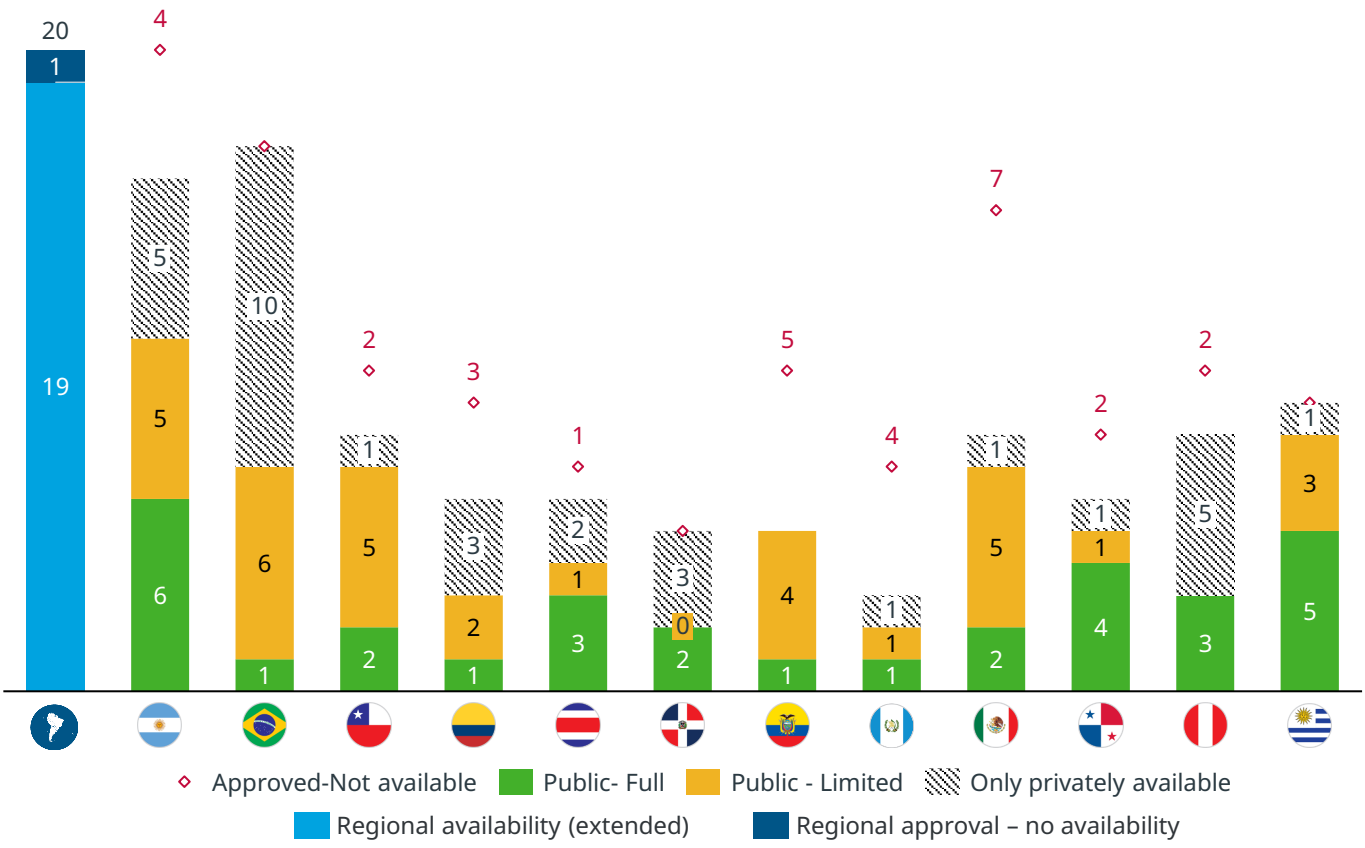
- Initial regional approval marks the first time a vaccine is authorized or becomes available in a LATAM country
- There is a 34% gap between globally approved vaccines and those available in at least one LATAM country
- Out of 29 globally approved vaccines, 20 are approved for commercialization in at least one of the twelve LATAM countries studied
- 66% have extended availability, meaning these vaccines have some level of availability between public (full or limited) and/or private markets in at least one country
- 55% of globally approved vaccines are available publicly, whether that be limited or full availability, in at least one LATAM country

Patients in LATAM have access to over half of globally available innovative vaccines through the public sector in at least one country

Local availability

Wide differences exist between countries in extended and public availability; AR, BR, and MX have the most approvals and availability, but public access in CL and UY is also at similar levels

Local availability breakdown



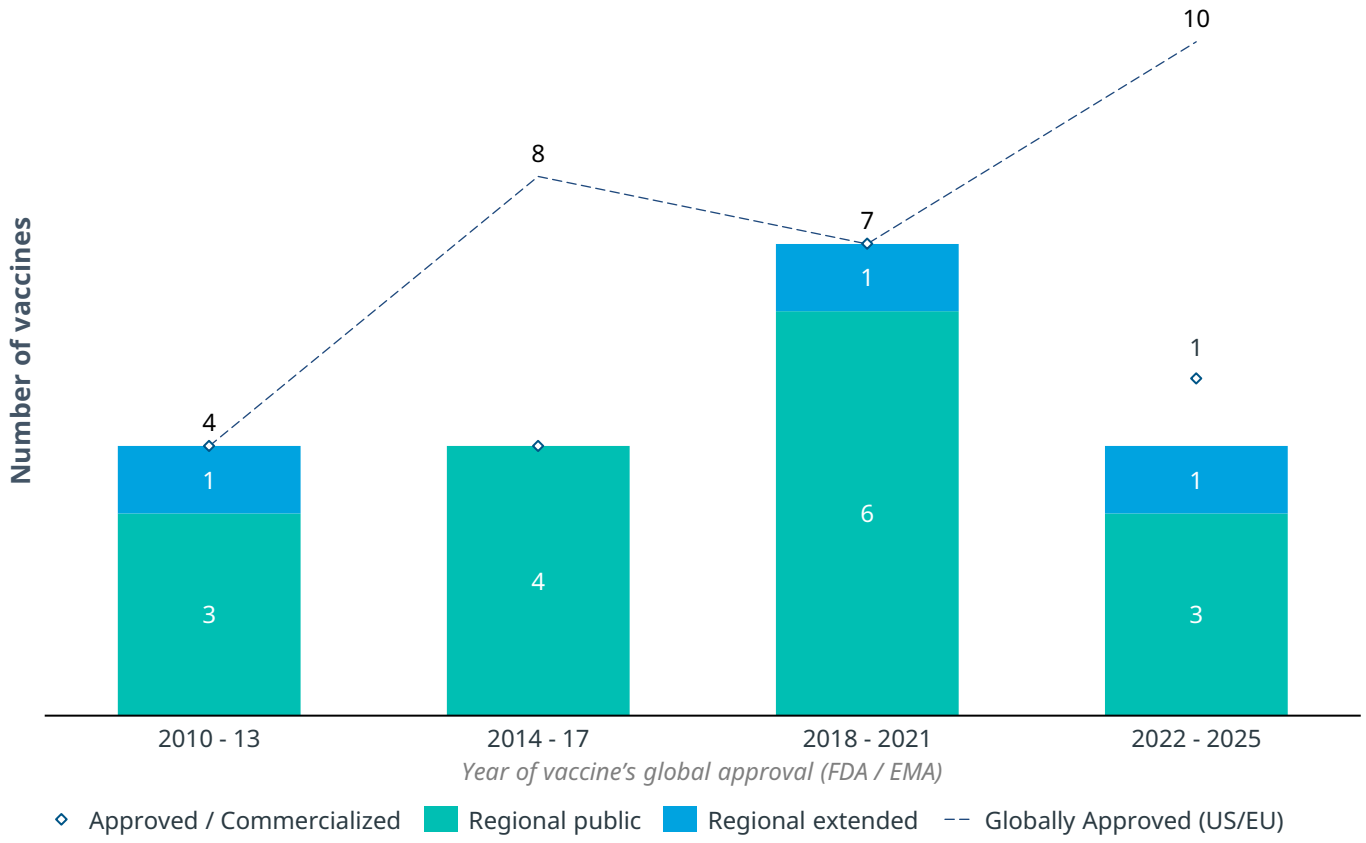
- There is a gap of 5% (1 vaccine) between vaccines that are approved in at least one country in LATAM, and those that are available
- The trend in approvals vs. availability is not consistent across countries; Ecuador, Guatemala, and Mexico show a more pronounced gap between approvals and availability (<45% of approved vaccines are available)
- Brazil, Colombia, Dominican Republic, and Peru rely heavily on the private sector for vaccine availability; over 50% of available vaccines are only accessible through private channels
- Argentina leads in public availability of vaccines, followed by Uruguay, Mexico, Brazil, and Chile, showcasing differences in healthcare structure beyond economic size, and prioritization of vaccines

Patient access varies by country: though public coverage does not reach 50% in any; OOP is an important means of access for patients in many markets

Availability over time

Time from global launch may impact availability at a regional level, with more recent launches facing delays, but other factors likely have more influence on access dynamics at a local level

Regional availability per year of global approval



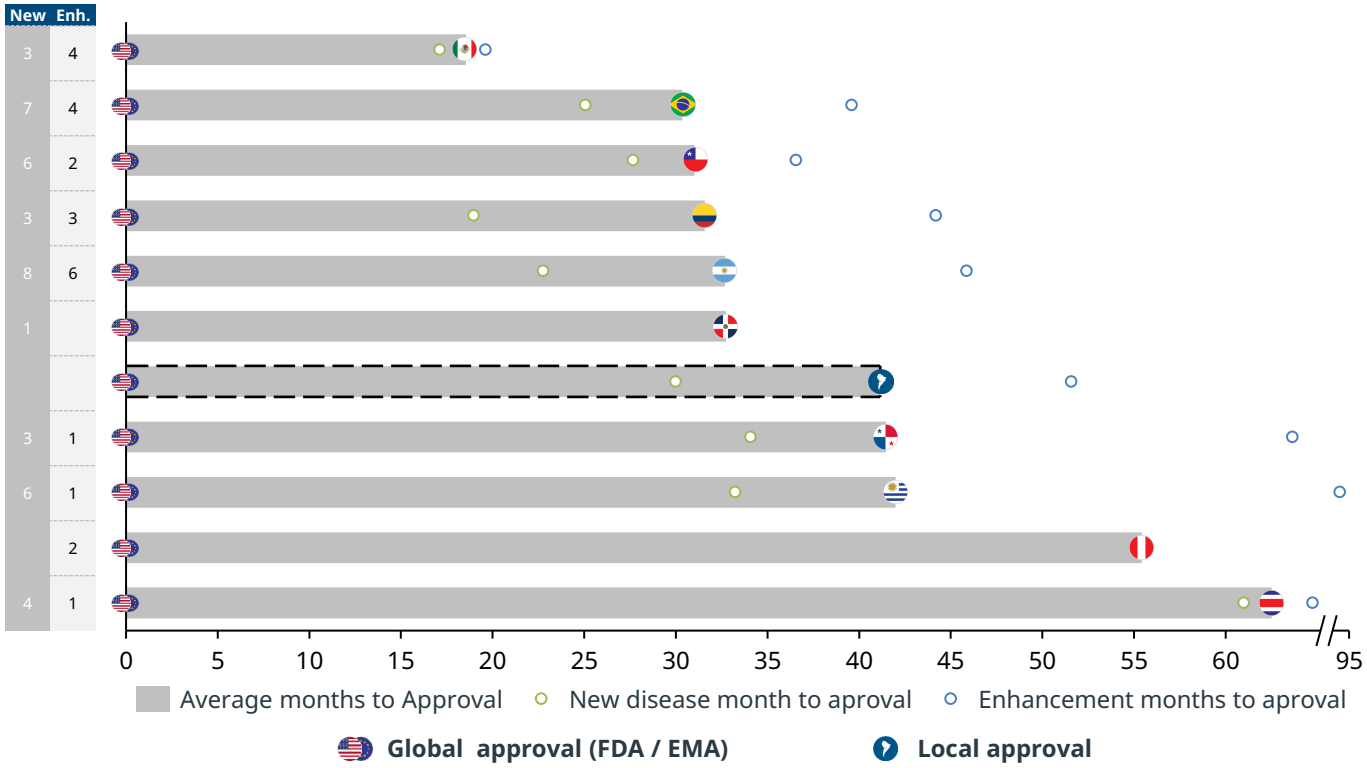
- Historically, vaccines tend to gain at least some level of coverage over time in at least one market, likely according to local public health priorities and needs, though it takes time
- The 2010–2013 and 2018–2021 cohorts saw 100% approval of launched vaccines, while 2014–2017 and 2022–2025 experienced significant gaps between globally approved and available vaccines, disrupting a clear trend over time in availability and suggesting other factors beyond timing heavily influence availability trends regionally
- The 2022–2025 cohort is likely reflecting the delays in time to approval and availability, whereby novel vaccines simply face a regulatory and/or NITAG review process for incorporation into the broader public sector programs

No clear tendency over time was observed regionally, indicating the relevance of other factors that outweigh impact of time on availability of vaccines. such as local disease burden and vaccine funding

Time to approval by type

Time to approval is on average lower for vaccines for new disease / expanded serotype coverage vs. enhanced vaccines

Average time to approval by country (from FDA/EMA approval)



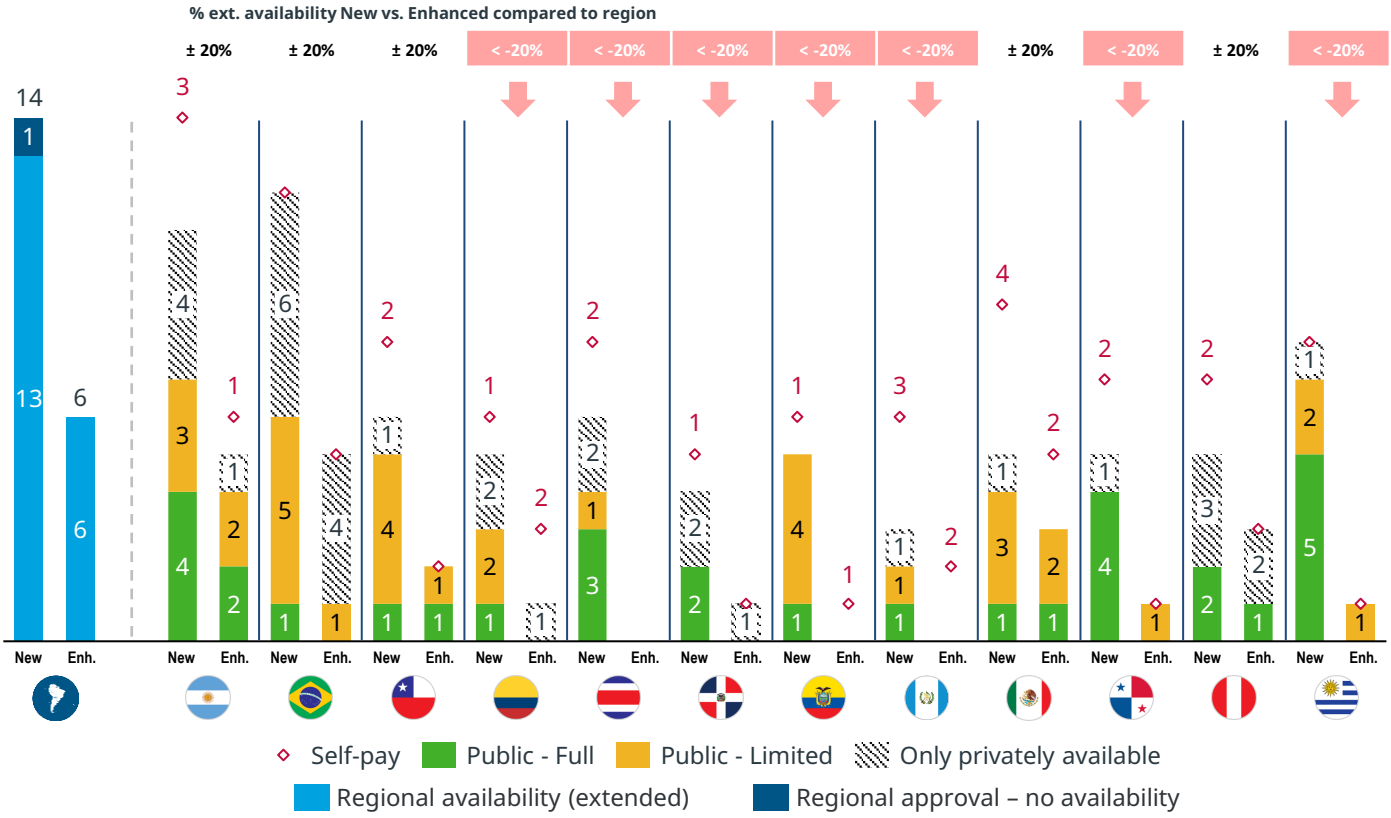
- Vaccines targeting new pathogens or serotypes typically achieve faster regulatory approval, this may be due to higher unmet medical needs and the absence of interchangeable options
- New disease vaccines consistently receive approval faster than enhanced/improved vaccines, though the gap varies significantly by country
- Countries tend to follow consistent regulatory patterns—those with faster approval processes generally maintain that speed across both new and enhanced vaccines, while countries with slower systems experience delays regardless of vaccine type

New disease vaccines achieve faster regulatory approval than enhanced vaccines on average, with a host of factors that likely drive this including multiple launches targeting a new disease within a short timeframe e.g., RSV

Local availability by type

Enhanced vaccines have lesser availability in many countries compared to vaccines against new disease / serotypes

Local availability breakdown – New Indication / serotypes vs. Enhanced % difference



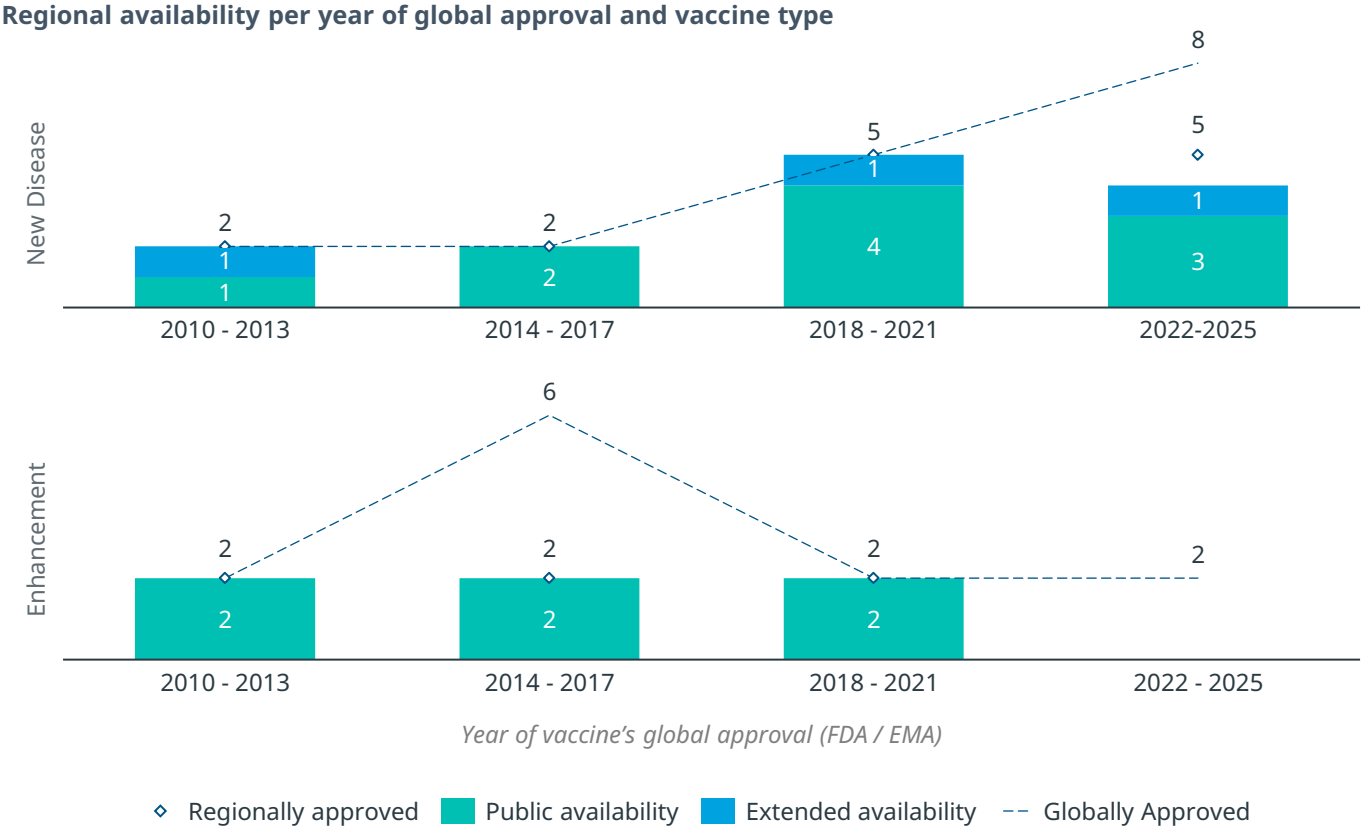
- Of the 20 approved vaccines in LATAM, 14 (70%) target new diseases or serotypes, while 6 (30%) are enhancements for diseases with existing vaccine options
- 7 out of 12 countries (Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Panama, Uruguay) demonstrate a >20% difference in extended availability between new vaccines and enhanced vaccines when compared to global launches
- Full availability is generally more common for new vaccines compared to enhanced ones relative to the overall proportion, a trend observed in most countries—only Argentina, Chile, Mexico, and Peru have at least one enhanced vaccine with full availability

Five countries in LATAM lack any public availability for enhanced vaccines, reflecting a clear tendency to prioritize coverage for new vaccines over updates to existing ones

Availability over time by vaccine type

Gaps in availability at a regional level are mostly accounted for by enhanced vaccines, though again, time available globally may be secondary to other relevant factors

Regional availability per year of global approval and vaccine type



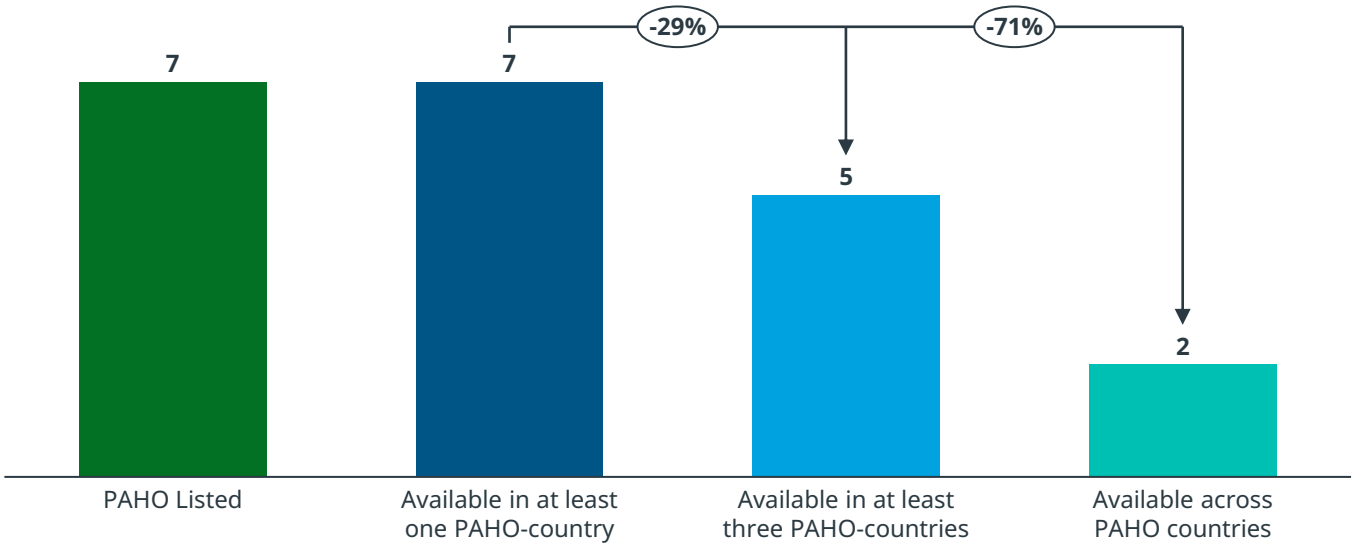
- New disease vaccines from 2010-2021 are all regionally available in some capacity, the majority in the public sector (78%)
- The most recent cohort (2022-2025) sees a potential delay in coverage, though 50% of new disease vaccines are already available, with an additional vaccine approved
- In contrast, enhanced vaccines face longer-standing gaps: 4 vaccines remain without coverage from the 2014–2017 cohort, and 2 vaccines from the 2022–2025 cohort, reinforcing the broader trend of further challenges for enhanced vaccines

Timing compared to global launch is a relevant factor, but results indicate that where unmet need exists, paths to access can be paved

PAHO listing

7 globally approved vaccines are included in the PAHO Revolving Fund — all are regionally available,

Regional availability rates and approval of PAHO procurement



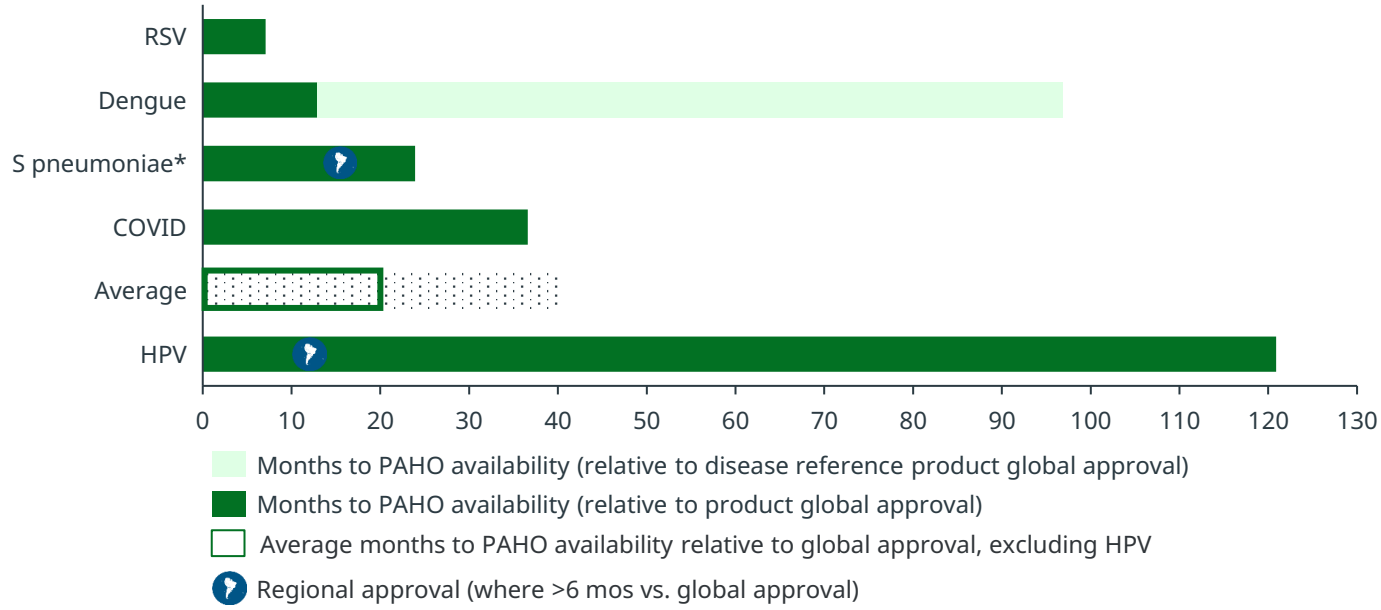
- PAHO plays a critical role in enabling immunization across Latin America in several ways, with one of the more important aspects being negotiating collective prices for member countries, and streamlining the procurement process, which are significant contributes to vaccine access
- The inclusion of a vaccine in the PAHO Revolving Fund requires meeting rigorous criteria and once listed, it can facilitate broad and coordinated access across Latin America
- Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Panama, Peru, and Uruguay may purchase vaccines through the PAHO Revolving Fund to support their national immunization programs, to differing extents
- Of the 29 vaccines globally approved, 7 (24%) are listed in the PAHO Revolving Fund in 2025; all address new diseases or serotypes and are concentrated on pediatric indications, though can be purchased in adult indications at the same negotiated price where relevant
- Each of the 7 is available in at least one PAHO country, with five present in three or more, and two available in all nine PAHO countries
- Note, the PAHO Revolving Fund also procures vaccines beyond the scope of this study covering other indication

The PAHO revolving fund is an instrumental means of enabling regional access, though requires country-level NIP inclusion and purchasing and significant disparities remain

Time to PAHO listing

Post-COVID there have been notable inclusions with rapid time to availability through the revolving fund

Average time to PAHO Revolving Fund listing from global and regional approval



- This analysis examines how quickly vaccines are incorporated into the PAHO Revolving Fund following their global approval (FDA/EMA), or regional approval (first local approval in LATAM); this does not reflect listening in local clinical guidelines or NITAG recommendations, which can be even shorter still
- Recently, several inclusions (PCV20, dengue, RSV, and HPV9) of innovative vaccines were made, with timelines of approximately a year from global/regional approval showing a strong recent advance for LATAM
- On average, vaccines are listed approximately 20 months after global approval, and even faster when compared to local approval timelines, though HPV4 to HPV9 transition was an outlier at ~120 months
- In the case of dengue, an initial vaccine was launched early but was not included in the PAHO Revolving Fund but later, another vaccine with some overlap in indication was introduced and rapidly listed in the fund
- In the case of COVID, vaccines were formally included in the Revolving Fund in 2024 however through the COVAX facility and direct purchasing agreements, PAHO facilitated access during the pandemic from 2021 onwards
- It is also important to note that PAHO-listed prices for 2018-2025 were referenced, for products that were listed prior to 2018, the timing of their listing was not included (e.g., PCV13)

Recently there has been a trend toward faster listing in PAHO for new disease / serotype vaccines, enabling the potential for broader, rapid access in the region

*Considers PCV20 compared to EMA approval for pediatric indication

About the authors

Project Leader

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André Ballalai is a researcher in the field of International Health Systems and Policy and Global Director of Value and Access Consulting at IQVIA in New York, USA.

He has more than 15 years of experience at companies such as Roche and IQVIA, where he currently develops value-based healthcare projects, alternative financing models and health policy strategies in various geographies, including the US and emerging economies such as the Americas. Latin, Middle East and Asia.

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Oscar Courtney is an Associate Principal in the Value and Access center of excellence supporting commercial, strategy and market access projects.

Oscar has over 10 years of consulting experience, with the last 5 at IQVIA working with global pharmaceutical companies.

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Silvana has over fifteen years of management experience. Silvana is a forestry Engineer with a Master of Business Administration (M.B.A.) focused on International Business from Tulane University - A.B. Freeman School of Business.

Local trade associations also supported in the development and validation of the study

AMIIF, MX

CAEME, AR

AFIDRO, CO

CIF, CL

FEDEFARMA, CAC

INTERFARMA, BR

ALAFARPE, PE

IFI–Promesa, EC

Vaccines List

A total of 29 vaccines with diverse indications fulfilled the filtering criteria

	Overview*	
ATC2	J7 - Vaccines	
Products	• Prevnar 13 • Menveo • Flucelvax • Nimenrix • Quadracel • Bexsero • Trumenba • Gardasil 9 • Vaxelis • Dengvaxia • Vaxchora • Shingrix • Ixchiq • Capvaxive	• MenQuadfi • Spikevax • Comirnaty • Nuvaxovid • Vaxneuvance • Qdenga • Penmenvy • Prevnar 20 • Fluzone High Dose • Abrysvo • Arexvy • Penbraya • Heplisav-B • Mresvia

- This study includes 28 vaccines identified through IQVIA data using the Anatomical Therapeutic Chemical (ATC) Classification System. Specifically, we relied on the ATC2 level "J7," which refers to vaccines and immunoglobulins. The ATC system, developed by WHO, categorizes drugs according to the organ or system they act upon and their therapeutic, pharmacological, and chemical properties
- In addition, Beyfortus was included in the analysis despite not being classified under J7; although not a vaccine by ATC classification, Beyfortus is used prophylactically to prevent respiratory syncytial virus (RSV) in infants, and therefore functions similarly to a vaccine in clinical practice, justifying its inclusion in the study

Notes on sources and validation process

THIS REPORT IS BASED ON THE SOURCES DETAILED BELOW

IQVIA MIDAS™ is a unique platform for assessing worldwide healthcare markets. It integrates IQVIA's national audits into a globally consistent view of the pharmaceutical market, tracking virtually every product in hundreds of therapeutic classes and provides estimated product volumes, trends and market share through retail and non-retail channels. MIDAS data is updated monthly and retains 12 years of history. IQVIA MIDAS was used by each local IQVIA team to provide the existing data

PUBLICLY AVAILABLE INFORMATION for each market was incorporated in the study from HTA agencies and regulatory bodies

LABORATORY INTERNAL DATA was asked via a Smartsheet survey and collected from each of the manufacturers included in the study

LOCAL TRADE ASSOCIATION DATA was collected from associations and validated, in addition to the development of the definitions for their respective countries

THE DEVELOPMENT OF THE REPORT FOLLOWS A PROCESS OF MULTI-STAKEHOLDER INPUT AND VALIDATION

The initial selection of vaccines was made by the core IQVIA project team and validated by FIFARMA

Definitions for availability are developed/updated by the local IQVIA consulting teams and validated by local trade associations

The approval/availability data is then gathered by IQVIA local consulting teams leveraging the data sources outlined (to the left)

This data is validated by IQVIA and FIFARMA and, in a confidential manner, shared to the respective, marketing-authorization laboratories for validation and complementing

IQVIA local consulting teams perform a final validation of the data and IQVIA core project team performs the relevant analyses

IQVIA core project team develops the preliminary report for final validation by the FIFARMA and local trade organization representatives prior to publication

For local country reports, trade associations perform a further validation prior to publication

Limitations

This study represents an important first step in understanding vaccine access and decision-making across diverse contexts, to advance the conversation and provoke further dialogue towards improvement

Limitations

- **Data Transparency**: Transparency of National Immunization Technical Advisory Group (NITAG) decisions and National Immunization Program (NIP) inclusion in inconsistent across countries, leading to limited data on availability timing
- **Data variability**: Data related to purchasing and sales of specific vaccine products (as opposed to disease area / indication) is variable across markets, as well as sales (public and private), creating limitations on extent of analysis, and increasing reliance on laboratory-provided data (approx. 50% vaccines covered, though participation with varied by geography)
- **Limited Vaccine Dataset**: Due to the scope of available data, some findings are based on observations from a single vaccine. This constrains the generalizability of certain insights and underscores the need for further analysis for interpretation
- **First-indication:** The methodology considers the first indication approved globally for vaccine availability, limiting the scope of the analysis

Potential Next Steps

- **Root Cause Analysis**: Investigating the underlying drivers of vaccine access disparities, including policy, infrastructure, and socioeconomic factors
- **Integrated Insights**: Combining vaccine access data with disease burden and immunization coverage metrics to provide a more holistic view of public health impact
- **Broader Stakeholder Engagement**: Involving a wider range of stakeholders e.g., (ex) government authorities (regulators, payers, etc.), clinicians (e.g., NITAG decision-makers), to enrich findings

Argentina

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*Inclusion in the national vaccine scheme (ProNaCEI)* *NIP inclusion and CONAIN/CONASEVA recommendation to label**	Import Data Bases MOH Website	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited – Restricted	*Partial NIP inclusion and CONAIN/CONASEVA recommendation*		
	Limited	*Regional formulary inclusion*		
	Only Private	*Vaccines available through OOP or employer purchase* *Broad coverage by prepaid plans*	Private providers	
	Not Available	*ANMAT Approval, no broad coverage by prepaid plans, no NIP inclusion*	ANMAT Website	

**Note: CoNaIn is a recommendation nonbinding to the MOH.CONAIN / CONASEVA recommendation do not mean direct reimbursement from payers; in some cases, do not reach a definitive conclusion rather a recommendation to certain patient populations*

Brazil

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion CONITEC / CTAI recommendation to label Inclusion in CEAF formulary Inclusion in the national vaccine scheme (MOH)*	CONITEC Website CTAI Website CEAF Formulary PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Available*
	Limited – Restricted	*Partial NIP inclusion CONITEC / CTAI recommendation*		
	Limited	*Regional formulary inclusion*		
	Only Private	*Vaccines available through OOP purchase, employer purchase and private insurance companies*	ANVISA Website & ANS ROL	
	Not Available	*ANVISA Approval, no ANS ROL placement, no positive CONITEC decision, no centralized purchasing*		

Note: Approval dates consider ANVISA, not CMED

Chile

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP Inclusion / CAVEI recommendation**	MINSAL Website CAVEI Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available* *Restricted to Public Tenders*
	Limited[1]	*Listed for "Special Vaccination" for high-risk population, not available in the NIP or general immunization campaigns.* *Requires special medical order (depending on specific vaccine)*		
	Only Private	*Additional vaccines to those included in governemnent scheme, available through OOP or private insurance. Requires special medical order*	Import Data	
	Not Available	*Not approved by the ISP, or Approved by ISP with no sales or imports*	Not Available	

[1]High-risk population and special vaccines are defined in the Special Vaccination Manual
** MoH advisory, no decision-making.*

Colombia

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and CNPI recommendation to label* *Included in the national vaccine scheme*	MinSalud Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *IQVIA SISPRO / SISMED & NRC*
	Limited - Restricted	*Partial NIP inclusion and CNPI recommendation*		
	Only Private	*Vaccines available through OOP sales or employer purchases* *Private plan coverage*	Not Applicable	
	Not Available	*INVIMA Approval, no NIP inclusion*	INVIMA Website	

[1]High-risk population and special vaccines are defined in the Special Vaccination Manual
** MoH advisory, no decision-making.*

Costa Rica

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and CNVE recommendation to label Included in the national vaccine scheme Available on CCSS Basic Formulary (LOM)*	MOH Website CCSS Document PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited - Restricted	*Partial NIP inclusion and CNVE recommendation for high-risk population[1]*		
	Limited	*Available by special vaccination (requires special medical authorization)*		
	Only Private	*Vaccines available through OOP purchase, employer purchase or private insurance companies, no NIP inclusion*		
	Not Available	*MOH approval, no NIP inclusion, no broad coverage by prepaid plans or OOP purchase*	MOH Website	

[1]High-risk population are defined in the National Immunization Program (NIP)

Dominican Republic

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and MISPAS recommendation to label Included in the national vaccine scheme Available on PBS to coverage by ARSs and through EIP**	MISPAS Website SISALRIL Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited - Restricted	*Partial NIP inclusion for high-risk population***		
	Limited	*Limited coverage in subsidized regimen or only available in contributive regimen by ARSs*		
	Only Private	*Vaccines available through OOP purchase, employer purchase or private insurance companies, no NIP inclusion*	Not Available	
	Not Available	*MISPAS approval, no NIP inclusion, no broad coverage by prepaid plans or OOP purchase*	MISPAS Website	

**Expanded Immunization Plan (EIP)*
***High-risk population are defined in the National Immunization Program (NIP)*

Ecuador

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and MSP recommendation to label* *Included in the national vaccine scheme (ENI)*	MSP Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited	*Partial NIP inclusion and MSP recommendation*		
	Only Private	*Vaccines covered OOP or employer purchase with no possibility for reimbursement, no essential listing*	Not Available	
	Not Available	*Pending or not approved by ARCSA, no listing or other access*	ARCSA Website	

Guatemala

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and CONAPI recommendation to label Inclusion in the national vaccine scheme (MSPAS) and through EIP**	MSPAS Website IGSS Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited - Restricted	*Partial NIP inclusion and CONAPI recommendation for high-risk population[1]*		
	Limited	*Available by special vaccination (requires special medical authorization) or only available on IGSS vaccine scheme*		
	Only Private	*Vaccines available through OOP purchase, employer purchase or private insurance companies, no NIP inclusion*		
	Not Available	*MINSA approval, no NIP inclusion, no broad coverage by prepaid plans or OOP purchase*	MOH Website	

[1]High-risk population are defined in the National Immunization Program (NIP)
**Expanded Immunization Plan (EIP)*

Mexico

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and CONAVA recommendation to label* *Included in the national vaccine scheme CGS* *Included in centralized formularies (ISSSTE, IMSS, IMSS Bienestar)*	MSPAS Website IGSS Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *IQVIA GSDT/Gov Analytics, NRC & MIDAS*
	Limited - Restricted	*Compendium inclusion* *Decentralized formularies (SEDENA, SEMAR, PEMEX, ISSEMYM, ISSSTESON) and/or patient purchase outside of compendium* *CONAVA recommendation with age restrictions* *Purchasing to be validated using IQVIA other channels data*			
	Limited	*Availability in some, but not all, centralized institutions*		
	Only Private	*Large private formularies (GNP, AXA, and MetLife), OOP sales or employer purchases*	Not Available	
	Not Available	*COFEPRIS Approval, no private, decentralized formularies, no compendium, no federal institutional acquisition, no COVANA recommendation, and no NIP inclusion*	COFEPRIS Website	

Panama

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and CONAPI recommendation to label Inclusion in the national vaccine scheme (MINSA) Available on CCS and through EIP**	MINSA Website CSS Website PAHO List	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited - Restricted	*Partial NIP inclusion and CONAPI recommendation for high-risk population[1]*		
	Limited	*Available by special vaccination (requires special medical authorization) or only available on CSS vaccine scheme*		
	Only Private	*Vaccines available through OOP purchase, employer purchase or private insurance companies, no NIP inclusion*		
	Not Available	*MINSA approval, no NIP inclusion, no broad coverage by prepaid plans or OOP purchase*	MOH Website	

[1]High-risk population are defined in the National Immunization Program (NIP)

Peru

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*NIP inclusion and Comite Consultivo de Inmunonizaciones recommendation to label* *Inclusion in the national vaccine scheme (MINSA)*	DIGEMID Website, MINSA Website, PNUME, Vacunas Covid Autorizadas	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited	*Partial NIP inclusion and Comite Consultivo de Inmunonizaciones recommendation*		
	Only Private	*Vaccines covered OOP or employer purchase with no possibility for reimbursement, with health registration, no essential listing*	DIGEMID Website, PNUME	
	Not Available	*No DIGEMID approval*	DIGEMID Website	

Uruguay

Country	Availability	Definitions	Public Data	IQVIA Data
	Full	*Approval from Ministerio de Salud Publica.* *Coverage by mutual insurances, full NIP inclusion*	Ministerio de Salud Públic– Unidad de inmunizaciones site Mutual's vademecum is obtained from IQVIA data**	**Retail:** *Available* **Hospital / Non-Retail:** *Not broadly available*
	Limited	*Approval from Ministerio de Salud Publica.* *Coverage by mutual insurances, partial NIP inclusion* *(Not covered for all population approved)*		
	Only Private	*Approval from Ministerio de Salud Publica.* *Available through OOP purchases.* *Coverage by mutual insurances, no NIP inclusion*	Ministerio de Salud Listado Medicamentos Mutual's vademecum is obtained from IQVIA data**	
	Not Available	*Not approval from **Ministerio de Salud Publica***. - no NIP inclusion*	Ministerio de Salud – Unidad de inmunizaciones site	

**Public approval registers do not show approval date*
*** Public information on high-cost treatments is not included, as all purchases are channeled through the national program 'Fondo Nacional de Recupero'*

CNAV (Comision Nacional Asesora de Vacunaciones) makes recommendations about immunization plans to different patient populations. These recommendations are non-mandatory Actas reuniones Comisión Nacional Asesora de Vacunaciones | MSP (www.gub.uy)

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