

The Immunisation for All Ages initiative is funded by Pfizer.

Immunisation for All Ages Position Statement

Expanding capacity for immunisation beyond infancy

Background and context

Immunisation remains a foundational pillar of public health and resilient health systems worldwide. Access to routine vaccination for all is essential for meeting the goal of sustained progress in the improvement of public health and is especially important for vulnerable and underserved populations who have less access to vaccines and are at greater risk from vaccine preventable diseases.¹

In addition to the well-known benefits of childhood immunisation, vaccines help to protect health throughout life and are a key component of healthy ageing.² In particular, immunisation programmes for adult respiratory diseases such as influenza can substantially mitigate the annual burden of disease (increased mortality, morbidity, and healthcare costs), particularly among populations at greater risk of infection.³

The WHO Immunization Agenda 2030 (IA2030) sets out the vision of “a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and wellbeing”.⁴ While these priorities remain, society has recently faced a global public health crisis, the global COVID-19 pandemic, which has had far-reaching impact across health systems, governments, economies and societies. Significant disruption to routine immunisation schedules during the pandemic, combined with a lack of willingness from the public to use the healthcare system for fear of contracting the disease,⁵ may result in a long-term rise in outbreak-prone vaccine-preventable disease and increased burden on healthcare systems.¹

Routine immunisation schedules have also been deprioritised during the pandemic as countries have focused health system resources elsewhere.⁶ This had led to a significant backlog in routine immunisation that will need to be addressed through catch-up programmes if more frequent outbreaks of vaccine-preventable diseases, and their associated illness and mortality, are to be avoided.¹ As COVID-19 mass vaccination programmes are activated, it will be important to increase capacity within vaccination service frameworks and vaccinator human resource to ensure that routine immunisation is not further impacted.

The pandemic has also reinforced the importance of using all available options to help reduce the healthcare risk to society’s most vulnerable.⁷ Indeed, guiding principles published by the WHO, endorsed by its Strategic Advisory Group of Experts on Immunization, state that “innovative remedies must be found to maximize routine vaccine uptake across all countries” and that the “core principles of the Immunization Agenda 2030 – people-centred, country-owned, data-guided – are critical elements to support success”.⁸ It will therefore be important, as IA2030 is implemented, for governments to build upon innovative strategies for immunisation deployment and capacity-building that have been developed during the pandemic, both to expand overall infrastructure for immunisation beyond infancy and to help increase health system capacity and resilience.

In technical guidance issued during the pandemic, the WHO identifies the need for health workers to be “empowered to sustain immunization services” and that “additional recruitment and training, as well as optimizing [the] roles of existing health workers” should be undertaken to build capacity in immunisation and deliver the equity goals of IA2030.⁸ However, given the impact of the current global pandemic, there has never been a more crucial time to utilise

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pharmacists to vaccinate in addition to existing infrastructure, helping to alleviate and grow capacity in front-line health systems.⁹

The role of pharmacists in expanding infrastructure has been recognised in working guidance issued by WHO Europe in April 2020 on *Strengthening the Health Systems Response to COVID-19*, which calls for expansions in the scope of pharmacists' involvement in delivering essential healthcare services.¹⁰ The International Pharmaceutical Federation has also called for further action to expand the role of pharmacists in vaccination, noting the trusted and convenient position they hold within communities and the potential they have to expand vaccination schedules across the life course.¹¹ Enhanced community delivery of vaccination may help combat vaccine hesitancy by building better community linkages and trust.¹² Studies have also shown that once people have been immunised by a pharmacist, they are more likely to return to be vaccinated by a pharmacist again.¹³

IFAA position

Vaccination throughout life is a cornerstone of public health and one of the most effective interventions in helping prevent the spread of infectious diseases.¹⁴ However, the pandemic has severely impacted routine immunisation schedules which could result in rises in outbreaks of vaccine-preventable diseases and increased burdens on health systems.¹ To help mitigate this, there is a need to rapidly expand capacity for immunisation beyond infancy and maximise uptake of routine vaccinations.

Provision of vaccination by pharmacists is cost-effective and known to increase vaccination uptake. Increased utilisation of pharmacists will help alleviate pressure on current vaccine infrastructure, reduce potential disruption to routine immunisation beyond infancy, and strengthen health system capacity and vaccine coverage.¹⁵

In support of this, the IFAA is therefore urgently making the following recommendations:

- Expand existing and innovate new infrastructure for immunisation beyond the traditional pathways to facilitate and increase access to vaccination services, including but not limited to pharmacies and other appropriate facilities including primary healthcare.
- Promote the expansion of trained healthcare professionals as vaccination providers, by eliminating the requirement for a medical prescription for vaccine administration, when clear eligibility criteria and protocols have been developed for each vaccine.
- Ensure healthcare professionals across disciplines are well-trained, informed and upskilled on the benefits and administration of vaccines to clearly communicate to hard-to-reach populations.
- Ensure equity of access to vaccines and vaccination services across all vaccination pathways, by eliminating the need for out-of-pocket payments by individuals and ensuring appropriate remuneration models for all vaccination providers.

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¹ Gavi (2020) Use of Gavi Support to Maintain, Restore and Strengthen Immunisation in the context of COVID-19. Available at: <https://www.gavi.org/sites/default/files/support/Gavi-Guidance-immunisation-during-COVID-19.pdf> (Accessed August 2021).

² Supporting Active Ageing Through Immunisation (SAATI) Partnership (2013) Adult Vaccination: A Key Component of Healthy Ageing. The benefits of life-course immunisation in Europe. Available at: https://ilcuk.org.uk/wp-content/uploads/2018/11/Adult-vaccination_a-key-component-of-health-ageing.pdf (Accessed August 2021).

³ Preaud, E., Durand, L., Macabeo, B. *et al.* Annual public health and economic benefits of seasonal influenza vaccination: a European estimate. *BMC Public Health* 2014;14:813. <https://doi.org/10.1186/1471-2458-14-813>

⁴ WHO (2020) Immunization Agenda 2030. Available at: [Immunization Agenda 2030 \(who.int\)](https://www.who.int/publications/i/item/immunization-agenda-2030) (Accessed August 2021).

⁵ Czeisler MĚ, Marynak K, Clarke KE, *et al.* Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. <http://dx.doi.org/10.15585/mmwr.mm6936a4>

⁶ WHO (2020). Routine immunization services during the COVID-19 pandemic. Available at: <https://apps.who.int/iris/bitstream/handle/10665/331925/Routine-immunization-services-COVID-19-eng.pdf?sequence=1&isAllowed=y> (Accessed August 2021).

⁷ Pfizer data on file. March 2021.

⁸ WHO (2020) Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption. Available at: <https://www.who.int/publications/i/item/immunization-as-an-essential-health-service-guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-and-other-times-of-severe-disruption>. (Accessed August 2021).

⁹ Bach A, Goad J A. The role of community pharmacy-based vaccination in the USA: current practice and future directions. *Integr Pharm Res Pract.* 2015;4:67-77. <https://doi.org/10.2147/IPRP.S63822>

¹⁰ WHO Europe (2020) Strengthening the Health Systems Response to COVID-19- Technical working guidance #1. Available at: <https://apps.who.int/iris/bitstream/handle/10665/332559/WHO-EURO-2020-669-40404-54161-eng.pdf?sequence=1&isAllowed=y>. (Accessed August 2021).

¹¹ International Pharmaceutical Federation (FIP) (2020) FIP Call to Action to expand the role of community pharmacies in vaccination, including against COVID-19 and future pandemics. Available at: <https://transformingvaccination.fip.org/call-to-action/> (Accessed August 2021).

¹² WHO. Improving vaccination demand and addressing hesitancy. Available at: <https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand> (Accessed August 2021).

¹³ Canadian Foundation for Pharmacy (2018). Changing Face of Pharmacy: Making the value connection. Available at: https://cfpnet.ca/bank/document_en/130-2018-changing-face-of-pharmacy.pdf (Accessed August 2021).

¹⁴ Rémy V, Zöllner Y, Heckmann U. Vaccination: the cornerstone of an efficient healthcare system. *J Mark Access Health Policy.* 2015;3:10.3402/jmahp.v3.27041. <https://doi.org/10.3402/jmahp.v3.27041>

¹⁵ Ecartot, F., Crepaldi, G., Juvin, P. *et al.* Pharmacy-based interventions to increase vaccine uptake: report of a multidisciplinary stakeholders meeting. *BMC Public Health* 2019;19: 1698. <https://doi.org/10.1186/s12889-019-8044-y>

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