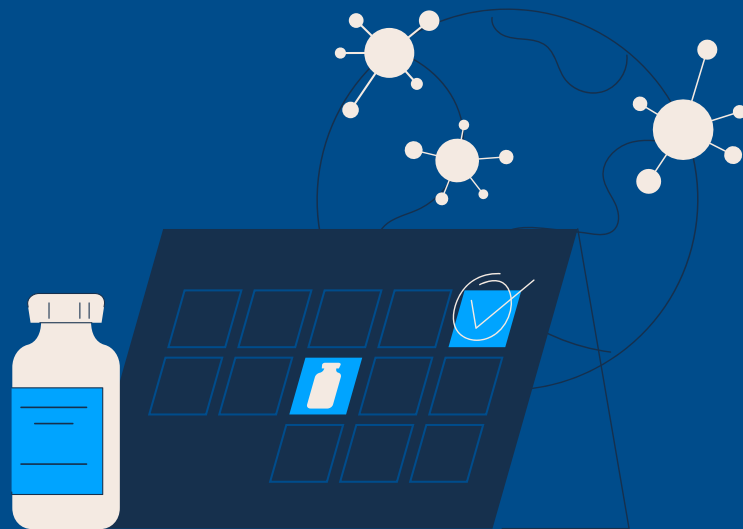


The Role of Adult Immunization in Pandemic Preparedness and Universal Health Coverage

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Introduction

Emerging from the global COVID-19 pandemic, the matter of preventing the next one has risen to the top of the priority list for policymakers worldwide. Coupled with current and emerging health threats, including antimicrobial resistance and climate change, the pandemic exposed the fragility of our health systems globally, highlighted the particular risk communicable diseases can pose for older adults, and underscored the importance of investing in prevention and laying the groundwork for universal health coverage. Life-course immunization (LCI), ensuring routine immunization throughout the life span and not just in childhood, is at the center of these two strategies for preparedness.^{1,2}

Dozens of life-altering diseases are vaccine-preventable, and investment in immunization generates substantial returns.^{3,4,5} In recent years, it has become clear that populations with consistent access to life course immunization, supported through the appropriate infrastructure, are more resilient to outbreaks and pandemics.^{6,7} This was especially true for high-risk populations, such as those working and living in long-term care facilities, where immunization of older adults and those who provided their care demonstrated overwhelming effectiveness in helping to prevent severe health outcomes.⁸ Further, immunizations have been recognized by the WHO as a foundational cornerstone for universal health coverage—and yet, life-course immunization remains undervalued by governments.⁹

The simple “cost of illness” approach demonstrates that returns on immunization for older adults are positive, and indisputable. In a recent study, every €1 invested into immunizations specifically for adults over the age of 50 results in €4 in returns.¹⁰ However, this analysis did not consider the other, more difficult to quantify aspects of vaccination such as contributions to social fabric, employment, and spending.¹¹ Yet, vaccine confidence has been tested, and many health systems are facing unprecedented pressure on both their budgets and workloads. Amid these challenges, governments are not capitalizing on the potential of routine immunization to ensure fiscal sustainability and greater resilience in a future health emergency.

On September 19th, 2023, the Global Coalition on Aging (GCOA), the International Longevity Centre UK (ILC-UK), and the International Longevity Centre USA (ILC-USA) convened a roundtable discussion alongside the 2023 UNGA High Level Meeting to discuss the essential role that life-course immunization should play in pandemic preparedness.

The discussion brought together experts on healthy aging, pharmacology, drug and vaccine development, physicians, and policy experts to consider:

- › how investment into routine immunization across the life course can be encouraged, including for both care providers and recipients in long-term care settings
- › the role of routine immunization in healthy aging;
- › how capacity and infrastructure can be built to deliver vaccination and tackle inequalities of access;
- › and strategies and barriers to uptake, awareness, and implementation.

This policy brief outlines three key recommendations that emerged from the expert discussion.



A robust ecosystem for all aspects of health data will support life course immunization and health system resilience into the future.

I.

Countries that invest in immunization have better aging outcomes and fared better in terms of impact during the COVID-19 pandemic.^{12, 13} This dynamic is exemplified through long-term care facilities, which experienced grossly disproportionate negative health impacts. Countries, mostly those that were higher income and had access to vaccines, were able to prioritize vaccinations for populations that were most at-risk like those interacting with long-term care, and this resulted in drastic differences in health outcomes before and after vaccines were made available.¹⁴

However, these outcomes would not have been measurable in the first place without data infrastructure—nor would we have been able to show the urgent need for vaccines for this specific population, nor demonstrate their greater risk. Now, data exists to show the higher risk of infectious disease among long-term care residents and workers and the need to prioritize routine immunizations as a matter of course.

Additional data can further elucidate the needs and challenges facing older adults more broadly, whether regarding health outcomes, burden of disease, access to vaccinations, or uptake of vaccination. This kind of infrastructure can allow for robust data-driven gap analyses in the current healthcare system to be examined and appropriately addressed, and investments into active surveillance systems can additionally help to detect disease patterns or trends that may result in a future epidemic or pandemic—decrypting the new treatments and vaccines that may need to be developed, or the populations that are most at risk. Likewise, data infrastructure can support the implementation of universal health coverage. Making these investments now will allow countries to be prepared for the next health crisis, whether it's next year or thirty years in the future.

For preventative health measures like adult immunization, data should not be limited only to health outcomes. It is equally important that governments invest in the data infrastructure that allows them to make an economic and social value case for vaccines—such as how routine immunization can keep older people in the workforce for longer and allows them to provide caregiving to their middle-aged children

and fully participate in the economy. Investments into infrastructure are not limited to data itself. Data infrastructure encompasses the data surveillance, collection, processing, analysis, and dissemination life cycle, meaning that investments must support skilled workforce development and sustainable surveillance programs in addition to computational power.

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We need to shift into a planning mode versus crisis response. Relevance needs to be brought back to the issue of immunization through cultural qualitative data—the importance of immunization to economies, social threads, and investing back in public infrastructure. We need to utilize pharmacists, community health workers, and have conversations at the community level to truly understand issues of uptake and hesitancy. We must partner and understand, and better convey what the data means.”

Vibhuti Arya, Professor, St. John's University College of Pharmacy and Health Sciences

Building improved data infrastructure is not without challenges. Data collection ought not pose an undue burden on healthcare providers. When building such infrastructure, governments should not rely solely on healthcare providers to be the collectors, stewards, and communicators of data. Further, communications should be thoughtfully designed and accessible and distributed through trusted messengers to meet people where they are. Data can help inform such tailored communications.



Stereotypes and ageism are major deterrents to adult vaccine uptake. Routine immunization should be integrated into the healthcare system across the life course.

II.

While LCI comprises the entire life course, the current focus on adult immunization is because of the remarkably low uptake in comparison to childhood vaccines. Older people often have the greatest need for healthcare services, yet they are among the least likely to receive care. There are many reasons for this, and they may differ depending on the region and specific needs of a given population—however, ageism remains a constant theme throughout.

Low uptake could have its roots in ageism—many health conditions, including vaccine-preventable diseases, are often dismissed as simply part of the cost of growing old. The same could be said for unacceptably high rates of vaccine-preventable diseases in long-term care facilities—that it is to be expected.

Another key reason for the lower uptake is a lack of targeted communication and messaging to older populations, coupled with a lack of healthcare resources that allow for routine immunizations to be accessible. Again, this could be rooted in the idea that older populations have less need for healthcare services and immunization infrastructure as other groups. Finally, many older people may not seek preventive care like vaccinations, or it may not be offered because healthcare providers and older adults themselves have internalized the idea that older people don't need them. Combatting ageism, therefore, is not only for healthcare providers and policy-makers, but everyone.

This is a multifaceted challenge and will require a coordinated approach. LCI should be taken at its name to encompass the entire lifespan, and this should be conveyed to individuals from an early age so that the idea of needing vaccines throughout one's life is recognized and familiar, to both healthcare providers and consumers. This necessitates a harmonized effort to drive education, awareness, and uptake, facilitated through a community-centric communications strategy.

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Vaccines are easy preventions, they're a quick shot. But we keep mistaking that for it being easy to communicate. Even back to polio, we take for granted how easy communicating these benefits are and we end up wrong.”

Ulla Kou Griffiths, Senior Advisor, UNICEF USA

To drive education, awareness, and uptake, it is essential to engage with the community and utilize person-centered design and equity principles. This includes using a variety of messaging strategies and messengers, such as pharmacists and community health workers, and to focus on a bottom-up approach.

III.



If we want to have greater uptake of adult vaccines, we need to have them more involved in community life. By having real community, they do not feel like they are shut out of society and then being told what to do. In making older people active parts of their own treatment, across disease areas, we receive much better buy-in and education. Close engagement and communication make for better healthcare.”

Lasha Gogvadze, Senior Health Officer, Health and Care Department, International Federation of Red Cross and Red Crescent Societies

As was demonstrated throughout the COVID-19 pandemic, communicating effectively on immunization is very challenging, and it sometimes faces direct opposition from anti-vaccination campaigns, misinformation, and disinformation. With LCI, the default policy approach in systems of constrained resources often puts adult immunization and childhood immunization in direct conflict with each other, driving the message that it is one or the other, not both. Ineffective communications can also further reinforce ageist stereotypes or fail to connect with the people and community at which they are directed.

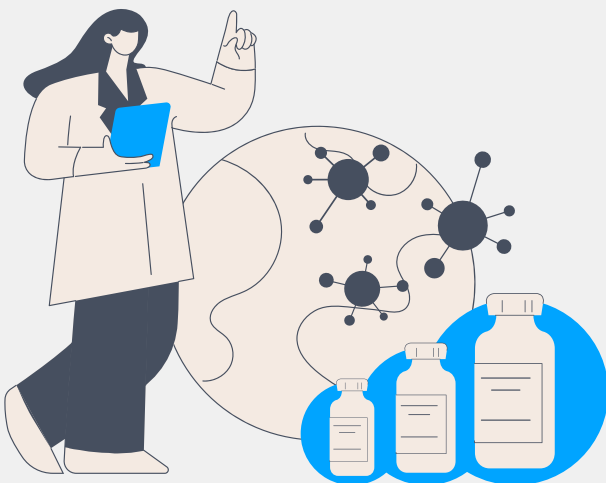
As discussed, collection of data can help to shape well-founded communications efforts, including through better understanding the target community and what matters to them. Framing is incredibly important, as people want to hear the things that they care about. When it comes to vaccination, many people are fatigued. It is therefore imperative to return to the topics that matter most to people, and link these to immunization education and awareness. At the same time, it is important to leverage any momentum that remains from the pandemic to build onto existing systems and to approach policymakers.

Another key aspect to effective communications is equipping trusted messengers with the tools needed to spread education and awareness, as well as identifying who the trusted messengers are. Community healthcare workers, volunteers, and pharmacists can be more fully mobilized to support immunization efforts. They have deep ties to the communities in which they serve, resulting in trust. Additionally, these figures can often provide insight into their community, which can help to keep messaging person-centered. Community organizations represent an incredible opportunity to better understand these issues so that policymakers can better discuss these issues of vaccine awareness, hesitancy, and uptake with the community. It is essential to take a bottom-up approach, engaging community care workers to have a stake in their community with the requisite information and resources to reach the right audience.

Conclusion

Health systems worldwide face both a daunting challenge and incredible opportunity through wider adoption of routine immunization across the life course. Increasing investments into immunization and its necessary infrastructure will result in major cost savings for healthcare systems and ensure better preparedness for the next pandemic. However, vaccine hesitancy, lack of political prioritization, and fragmented health infrastructure all present challenges to its implementation.

Developing this infrastructure and delivering these programs will require investment and commitment on the part of governments and their healthcare systems. The linkages between adult immunization and pandemic preparedness and the achievement of UHC goals underscore the need to invest in these systems today to support the health systems and economic stability of tomorrow. The recommendations that emerged at this round-table offer strategic guidance that can support decision-making on this topic, ultimately paving the way for more equitable and resilient health systems of the future.



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GCOA represents a cross-section of global business including technology, pharmaceuticals, healthcare, home care, financial, transportation, and consumer sectors. We engage global institutions, policymakers, and the public to drive debate on, create, and promote innovative policies and actions to transform challenges associated with the aging of the global population into opportunities for social engagement, productivity and fiscal sustainability.

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