



# 2019 *Immunisation for All Ages* Summit

June 5 – 6, 2019 • Washington D.C.

## EXECUTIVE SUMMARY

“Prioritisation of Prevention,” the theme of the 2019 Immunisation for All Ages Summit, grounded the gathering in a solid understanding of the current global policy environment regarding the health, social and economic benefits of vaccines while also acknowledging the serious inequities within and across countries relating to optimal use of vaccines throughout each stage of life.

Experts and thought leaders from regional and global organizations, patient and advocacy organizations and academia came together with the purpose of strengthening the dialogue around a life course approach to vaccination as part of a broader public health promotion and prevention strategy.

Bringing together representatives of organizations that have a shared interest in life course vaccination resulted in a body of knowledge, experiences and local intelligence on the status of global adult vaccines policy, the societal benefits of vaccines, communications, media and advocacy. It also provided a substantive platform to explore and exchange good practices in negotiation and diplomacy, media relations and reporting and communicating with data.

Interactive sessions provided the opportunity to exchange ideas and best practices, share feedback and tailor approaches with new learnings and helped to improve, maintain and strengthen overall advocacy momentum together. Going forward, there is an opportunity to develop existing skills and learn new ones from one another through working on key issues that further mutual objectives with respect to life course immunisation.

Building upon the experiences and expertise of Summit participants, strategic work sessions helped to focus on several high-level opportunities to advance life course vaccination at the global and country levels.

These included the opportunity to contribute to the World Health Organization’s (WHO) draft zero immunisation plan and strategy for 2021–2030, as well as broader action plans around WHO, World Health Assembly and European advocacy to advance life course vaccination.

## PLENARY SPEAKER SESSION HIGHLIGHTS

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### ***Prioritisation of Prevention—Global Priorities***

**Justin Ortiz, University of Maryland School of Medicine**

World Health Organization (WHO) policy historically prioritizes vaccines that have demonstrated efficacy against severe illness, are affordable and programmatically suitable to low- and middle-income (LMICs) countries.

Policy development globally, as well as nationally, is inconsistent. Until very recently at a global level the Strategic Advisory Group of Experts (SAGE), informing the WHO, prioritized pediatric vaccination rather than considering a life course approach to immunisation, with adult vaccination as one important component; while at the country level, National Immunisation Technical Advisory Groups (NITAGs) inform vaccine policy, yet these important convening bodies do not exist in almost half of LMICs. Furthermore, most NITAGs have a strong focus on pediatric representation.

Appreciating the unique nature and position of NITAGs and the changing demographic and biological landscape (i.e. increasing risk of antimicrobial resistance), there is merit in encouraging NITAGs to consider: Experts in adult immunisation; ongoing and targeted education; and an acknowledgement of the relevance of a life course approach in their deliberations. Civil society has a role in advocating publicly and privately for the NITAG to include adult immunisation in its agenda.

The transformative change of the WHO (2018–2019) is a timely opportunity for civil society to state its commitment to a life course approach and in doing so, call on greater accountability by WHO and member states. This may include, but is not limited to: tracking the WHO's progress to implement its mandates (i.e., build life course approach to immunisation and address World Health Assembly influenza vaccine resolution inadequacies); informing future mandates (i.e., strongly advocate for an opportunity to advise national and global decision making bodies for civil society; communicating with the WHO publicly and privately about specific issues; becoming a critical part of the discussion on the future of immunisation; and advocating for research and development where there are data gaps.

### ***Societal Benefits of Vaccination***

**JP Sevilla, Harvard T.H. Chan School of Public Health**

Vaccination is one of the most important health interventions, with a traditional focus on children, is both underutilized and undervalued. There is an urgent need to expand the remit of vaccines to other stages of the life course and at-risk populations by demonstrating that vaccines have a greater return on investment compared with other health and non-health expenditures.

Economic evaluation provides a framework to prove, think about and communicate the benefits of life course vaccination through the measure of value-for-money (VFM) from the perspective of both the health payer (i.e. health benefits and cost savings) and the society. The U.S. Advisory Committee on Immunization Practices (ACIP) and the WHO SAGE are increasingly examining VFM from both perspectives.

Examining the VFM of vaccines from a societal perspective relies on creating a chain of evidence to demonstrate the impact of vaccines on health states and association between health states with broader socio-economic outcomes. As examples, socio-economic benefits may include education, paid and unpaid work, financial risk protection, consumption/leisure, reduced poverty/greater socio-economic equity, fiscal benefits, macroeconomics/economic growth, reduced socio-economic burdens of aging populations and socio-political stability.

### ***Lessons and Best Practices for Advocacy***

**Vinny Smith, Meningitis Research Foundation**

The public support for a recommendation of a cause or policy via advocacy is complex and situational. The Meningitis Research Foundation (MRF) has been successful in positioning meningitis as a vaccine preventable disease on the WHO agenda. A simple narrative was required to frame the argument, that is: meningitis and neonatal sepsis together are the second biggest cause of death in children under 5 years of age; meningitis vaccines save lives, but don't typically reach the people who need them; data for tracking meningitis is sparse at best; impairment from meningitis and

neonatal sepsis disproportionately affects LMICs; and trained healthcare workers are few.

“Should we have a plan?” was the key question a diverse group of civil society, industry, ministries of health and academia answered (in the context of prevention, diagnosis and treatment, and support and information) that resulted in a call for a global action plan, an expanded scope to address globally the many different causes of meningitis around the world, as well as the need for greater ‘patient’ engagement. Subsequently, the WHO added an indicator for meningitis in March 2019, with a global action plan where one of the five pillars is dedicated to prevention and vaccination.

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### **Lessons and Best Practices for Advocacy**

**Martha Rebour, Shot@Life**

Shot@Life is a successful case study of advocacy that focuses on vaccine preventable deaths among children through three clear and replicable steps. First, networks are built by mobilizing the voices of mothers (i.e., mommy bloggers, personal stories, social media tools) and health care professionals to target specific stakeholders and influencers with quick message points and powerful content. Next, pulse points are leveraged throughout the year where there is collective action on vaccines (i.e., World Immunisation Week, World Polio Day, etc.). Finally, and most importantly, the value, knowledge and efforts of volunteers are acknowledged through communicating the impact and outcomes. The premise for Shot@Life is based on the known fact that decisionmakers need good information, personal stories and platforms where they can talk and connect with their community.

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### **The Art of Diplomatic Communication**

**Richard Burt, Former U.S. Ambassador**

While advocacy and negotiation often go hand-in-hand, the processes are distinguishable and based on principles of fairness, seeking mutual benefit and maintaining a relationship toward a successful outcome. Diplomatic communication within the framework of advocacy and negotiations relies on: doing the homework; making sure you know who you are dealing with; putting yourself in

the other’s shoes; not being afraid; understanding how to develop and use allies; taking small, stepwise, short-circuit efforts; being able to paint the big picture; and never being afraid to admit you’re wrong.

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### **Media Panel**

**Anita Manning, Former USA Today Medical Reporter**

**Pennie Taylor, Freelance Health Correspondent,**

**Former BBC Reporter**

The media landscape is a dynamic phenomenon. Print media is becoming obsolete and staff journalists typically serve the function of general reporters, yet a good news story is still one where the topic has an impact on people and is timely. The 24-hour news cycle means that reporters are being fed news, rather than searching for it, and the emergence of social media has increased the polarization of where people go for their news.

Many people take immunisation and vaccines for granted because they have not been around during a time when friends and family suffered from measles or were permanently disabled from polio—this is where fear works. The anti-vaccination movement is “very present” and well-organized, able to insert their narrative into places where there is a vacuum of good interpretation of the science.

Relationships with reporters are built on trust and facilitated by:

- **Being media-ready:** develop three key messages that include current statistics around core issue areas and have media-trained spokespeople and experts ready to speak to relevant issues.
- **Looking for fact-based vaccine stories:** proactively find and share stories that report on vaccines accurately, particularly by reporters you are interested in developing a relationship with.
- **Introducing yourself to a local reporter:** maintain the relationship by checking in with the reporter from time to time, sending them a note when you’ve enjoyed an article they’ve written or being responsive whenever they reach out.

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## **Communicating with Data**

**Sarah-Jane Barker, WPP**

Communications is multifaceted and changes depending on stakeholders (i.e., patient, media, industry, payers/policy makers, government), but is critical to driving change in policy and practice. Types of communications can include disease awareness, clinical trial engagement and enrollment, access and policy influencing, patient/caregiver/family education, patient voice representation, influencing public opinion and lobbying.

Data is crucial in communications but needs to be translated and packaged into meaningful stories that activate certain parts of the brain to appeal to human nature and how we take in information. For compelling storytelling: start with the end in mind—what is the result you want; know what motivates and changes audience behavior; build the aspirational narrative first, then infuse data and experiences to adapt and refine the story; use the most relevant and impactful data; and test and reiterate the story, don't be afraid to ask for feedback and understand what your listeners heard.

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## **Light Bulb Moments**

**Facilitator: Gonçalo Sousa Pinto, International Pharmaceutical Federation**

Light bulb moments (a moment of clarity, a brand-new idea or a sudden realization) are part of the process of developing and enabling people (either in communities or organizations) to both expand their thinking and develop forward-thinking partnerships that enable change to happen more effectively and sustainably.

“Summit moments” revolved around five key themes that should be executed in a roadmap for future collaborations to drive a mutually acceptable agenda:

1. **Create key messages** using patient stories to paint a picture, leveraging evidence and anecdotes, knowing the audience and tailoring messages and providing solutions.
2. **Engage government officials** by targeting policymakers, spreading the collective experience and being prepared to compromise.
3. **Involve partners** by building coalitions of support and allies, finding common goals, and recognizing that not all groups view themselves as patients.
4. **Communicate value** through more and better communications with “pro-vaccine” voices to talk about the value of vaccines, leveraging success stories and reassuring those who doubt vaccines.
5. **Build advocacy movements** by bringing health worker and patient groups together, optimizing opportunities to access collaboration in real life and finding partners who understand common goals.

## **SUMMIT OUTPUTS**

The Summit was a unique platform and opportunity to coalesce around strategic actions for immunisation for all ages (vis-à-vis a life course approach), while respecting individual agendas and foci. There is an appetite that was unanimously agreed upon by the participants to explore three bodies of work i.e.: the broader framework of WHO; specific to the World Health Assembly 73; and lastly, European advocacy. The Immunisation for All Ages group took immediate action following the Summit in the form of a Letter to the WHO on immunisation strategy 2021–2030 to ensure that the next 10 year strategy on immunisation reflected the imperative “for all ages.” ●