

# Mobilizing Patient Groups to Change Vaccine Policy through Cooperation, Collaboration, Solidarity and Accountability

## Consensus Statement

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**AOPP**  
Asociácia na ochranu práv  
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The social and economic consequences of vaccine preventable diseases (VPDs) such as pneumonia and influenza in vulnerable populations results in catastrophic rates of mortality and disability. The recent COVID-19 pandemic has highlighted the shortcomings of governments and health systems in managing large scale epidemics. It has also amplified the need for a stronger and unified approach in safeguarding the health of at-risk populations.

The European Commission has stated the need for strengthened cooperation against VPDs, and the need to bring immunization services closer to citizens. This requires dedicated efforts to reach out to the most vulnerable in society through civil society organizations including NGOs, government and community-based providers. Civil society has an important role to play in educating at-risk populations of older adults and those with underlying diseases on the simple action of being vaccinated that could save their lives and the lives of those around them.

The expert meeting “Mobilizing Patient Groups to Change Vaccine Policy” in December 2020 was a response to these calls for action with the purpose to:

1. Contribute to new and strengthened partnerships and broader coalition-building in accordance with objectives set out by the European Commission Joint Action on Vaccination and inform EU vaccination and health policy for adults.
2. Determine how to best imply policies and strategies to address low uptake rates of adult vaccination, particularly in underserved populations.
3. Using the COVID-19 pandemic as an entry-point, determine cost-neutral actions that could be undertaken to catalyze changes and policy action in adult vaccination.

### **Our joint commitment:**

- *Vaccination throughout life* must be a key pillar of expanded prevention strategies in order to save millions of lives. Infrastructure for immunization can no longer be built only on paediatric immunization. Strategies must be targeted to older people who are at higher risk of severe disease – including those with chronic or underlying conditions.

At the same time, a targeted approach must be implemented to improve vaccination rates among health and social care workers being both important sources of vaccination information as well as potential vehicles of infections.

- *Solidarity, cooperation, collaboration, and accountability* across sectors and disciplines is key to building a unified voice and actions of multi stakeholder groups to ensure existing vaccination uptake targets are met and improved.
- The social and *economic value of vaccination* is intrinsic to the business case of government investment. Health care systems must be encouraged to reorientate and invest in health promotion and prevention including sustainable and expanded vaccination pathways, such as pharmacies and other community-based vaccination providers.
- *Ending immunization inequity* is a fundamental responsibility for all stakeholders promoting adult vaccination to ensure no person is left behind in receiving vaccination.
- *Effective communication strategies* must engage trusted local messengers who better understand concerns and can address misinformation. Underserved groups must be targeted to ensure vaccine confidence is increased, using clear, evidence-based, and accurate information and actions that address local concerns. Civil society (including individuals at-risk to VPDs themselves) must be integrated into these initiatives.

- *Existing evidence, materials, and strategies* must be used to encourage alignment with international and regional recommendations, enhance technical and operational consistency, and avoid duplication of resources.

For example, mandatory indicators and thresholds from ECDC or EU WHO on vaccine coverage and disease incidences should also be utilized, with data disaggregated by sex, comorbidities, and age. This data can help counteract misinformation and attitudes that fuel vaccine hesitancy among both health care workers and older adults.

### **Agreed next steps begin to tackle the said issues:**

*First*, a shared calendar will be developed for stakeholders working in the field of adult vaccination to streamline events and leverage messages and actions.

*Second*, a message bank of short communications both promoting the importance of vaccination as well as the consequences of VPDs to at-risk groups (including health care providers) will be developed. The collaborative message bank enables feedback on messages produced as well as translation into different languages.

*Third*, government budgets allocated to health promotion and disease prevention at a national and regional level will be mapped to target information on the economic value of vaccination to countries and regions who fail to allocate adequate funding and resources towards health promotion and prevention.

*Lastly*, IFA will develop a “Vaccination Advocacy Toolkit” as a public service with the overarching goal of improving the uptake rates of adult vaccination through helping to build the capacity and capability of relevant stakeholder groups.

### **Meeting Delegates:**

**Ms Megan Acton**, Program Manager, International Federation on Ageing

**Mr Vytenis Andriukaitis**, Former Commissioner of Health and Food Safety, European Commission

**Dr Jane Barratt**, Secretary General, International Federation on Ageing

**Ms Nicola Bedlington**, Former Secretary General, European Patients Forum (EPF)

**Dr Robin Biellik**, Retired Epidemiologist, World Health Organization

**Dr Howard Catton**, Chief Executive Officer, International Council of Nurses

**Ms Maria Duarte**, Coordinator, Patient Engagement through Education (EUPATI)

**Dr Catherine Duggan**, Chief Executive Officer, International Pharmaceutical Federation (FIP)

**Dr Jean-Luc Eiselé**, CEO, World Heart Federation

**Mr Gary Finnegan**, Editor, Vaccines Today

**Mr Costin (Radu) Ganescu**, President, Coalition of Patients’ Organizations with Chronic Diseases (COPAC) | Vice President, European Patients Forum

**Dr Gaëtan Gavazzi**, Professor of Geriatrics, Regional University Hospital of Grenoble

**Dr Jirí Horecký**, President, The European Ageing Network

**Dr Stefania Maggi**, Vice President, European Interdisciplinary Council on Aging (EICA)

**Ms Peggy Maguire**, Director General, European Institute of Women’s Health (EIWH)

**Ms Isabelle Manneh**, Vaccination Initiative Coordinator, European Patients Forum (EPF)

**Prof Finbarr Martin**, Former President, European Geriatric Medicine Society (EuGMS)

**Dr Jean-Pierre Michel**, Professor of Geriatric Medicine, Geneva University Medical School

**Ms Lois Privor-Dumm**, Director – Adult Vaccines, International Vaccine Access Center (IVAC)

**Ms Daniela Quaggia**, Senior Project Manager, Active Citizenship Network

**Prof Walter Ricciardi**, Professor of Hygiene and Public Health, Catholic University of the Sacred Heart

**Mr Kawaldip Sehmi**, Chief Executive Officer, International Alliance of Patients Organizations (IAPO)

**Mr Gonçalo Sousa Pinto**, Lead for Practice Development and Transformation, International Pharmaceutical Federation (FIP)

**Dr Julia Tainijoki-Seyer**, Advocacy and Medical Advisory, World Medical Association

**Ms Diane Thomson**, Director of Public Affairs, Pfizer

**Dr Dominik Tomek**, Vice President, Association for the Protection of Patients' Rights (AOPP)

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