

Building Global Momentum for Adult Vaccination Policy within COVID-19 Series:

Equity in Vaccination Coverage for All Ages

Executive Summary



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Context

While vaccines are hailed as one of the most effective public health tools, studies report competing healthcare priorities, and increasing budgetary strain contribute to their devaluation by individuals and society as a whole¹. The novel coronavirus pandemic is providing a stark reminder of the devastating consequences of infectious diseases in today's globalized and virtually borderless world.

At-risk groups such as older people and those with underlying chronic conditions not only benefit from targeted immunization policies and practices, but they are essential to reduce the burden of infectious diseases on public health systems and maintain and improve the health and well being of those populations most at risk.

The overwhelming global attention and demand for COVID-19 vaccines has also shone a light on the value of a life course approach to vaccination policies. Yet, disparities in vaccination coverage exist and consequently, policies and programs must evolve towards more equitable access for different societal groups.

“Building Global Momentum for Adult Vaccination Policy within COVID-19” webinar series focuses on three key vaccination-related policy areas (prevention, access and equity) within a rights-based approach. Gathering and mobilizing knowledge at this critical time in health policy is necessary to advocate for the implementation of immunization policy to global stakeholders.

Executive Summary

Preventative interventions such as routine vaccination are proven means of maintaining functional capacity and avoiding future decline². Yet, despite the effectiveness of vaccines, there remains a disparity in the recommended vaccination coverage targets between infants and older people. These inconsistencies are clearly reflected in vaccine coverage rates where, for example, pneumonia vaccination coverage is over 90% for children, and only 20% for adults in France³.

During a webinar on 10th March Dr. Peter Lloyd-Sherlock, Professor of Social Policy and International Development at the University of East Anglia and Dr. Carlos Franco-Paredes, Associate Professor of Medicine-Infectious Disease at the School of Medicine at the University of Colorado explored the impact of ‘inequity’ on adult vaccination rates with the aim of building global momentum for adult vaccination policy.

The disparities in vaccine policies extend beyond age groups, as there is noted considerable variation between countries and regions⁴. In addition, access to vaccines can be further impacted by the many social determinants of health, including educational attainment. The implementation of adult vaccination policies towards more equitable access and coverage will help secure vaccination throughout life especially for the most vulnerable and marginalized including older persons. Such an aim will work towards fostering equity across society and optimizing citizens' chances of healthy ageing.

For the first time in history, intersecting intergovernmental plans of the UN Decade of Healthy Ageing (2021-2030), the New Global Vaccine Action Plan (GVAP) and the WHO Immunization Agenda 2030 provide a blueprint to consolidate and implement comprehensive public health programs with the power to change the lives of current and future generations of older people.

Dr. Lloyd-Sherlock highlighted three different aspects of equity including: the equitable inclusion of older people in the research, development, and testing of vaccines, the equitable prioritization of vaccination by age and other criteria, and the equitable delivery of vaccines (to different groups). Yet, Dr. Lloyd-Sherlock stated that older adults are likely to be excluded from more than 50% of COVID-19 clinical trials and 100% of vaccine trials⁵. He emphasized that such exclusion limits the ability to evaluate the efficacy, dosage, and potential adverse effects of the intended treatments⁶. Therefore, this situation of excluding older adults make it extremely difficult to know if the vaccinations are safe, let alone effective for those groups most in need. Dr. Lloyd-Sherlock stipulated that systems also need to be strengthened for better vaccine delivery to meet the needs of older adults. As an example, when analyzing influenza vaccination delivery programs for adults in low-income countries, systems to distribute, monitor and administer vaccines are currently weak and must be improved for a successful, sustainable adult influenza immunization program⁶. Dr. Lloyd-Sherlock concluded by emphasizing the three different aspects of equity with each being critical when fostering equitable frameworks across society.

Dr. Carlos Franco-Paredes highlighted that vaccines have a significant role in reducing health inequities. It should not be assumed that low coverage rate of minority groups is because vaccine hesitancy, it is more likely to be social injustices. In the United States, there is a much higher rate of COVID-19 cases, hospitalization and death in all minority groups, American Indian, Asian, African American or Latino groups compared with white non-Hispanic persons⁷. These social injustices relate to living conditions, underlying health conditions, or lower access to care.

As a call to action, Dr. Franco-Paredes stated that to reduce health inequities, it requires changing policies and economic systems, highlighting the importance of applying change at three levels. These levels include policy and governance, provider and healthcare system, and patient. Finally, he noted that beyond structural changes, messaging, and other factors including lack of transportation to vaccination sites are at play and must also be taken into consideration.

Understanding the impact of inequity on adult vaccination rates opens the door to finding suitable solutions and appropriate collective civil society actions. While systemic changes are not an easy or quick fix, the application of a rights-based framework to adult vaccination policies and programs brings it one step closer to fostering equitable access for current and future generations. Mobilizing knowledge will require a collective effort and guidance across disciplines, sectors, and civil society.

Speakers

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Dr. Lloyd-Sherlock is a Professor of Social Policy and International Development at the University of East Anglia, UK. His research focuses on public policy and older people in low and middle-income countries, including health and social care. Dr. Lloyd-Sherlock is currently leading research projects related to COVID-19 and older people in Brazil, South Africa, Mexico and Argentina. He also runs an informal expert network on related issues: <https://corona-older.com/>. Dr. Lloyd-Sherlock is a member of WHO's Clinical Consortium on Healthy Ageing and the Lancet Commission on COVID-19 Humanitarian Relief, Social Protection & Vulnerable Groups. In recent months, he has developed a new focus on COVID-19 vaccination policies in low and middle-income countries. For example: <https://www.bmj.com/content/372/bmj.n299>.

Dr. Carlos Franco-Paredes, M.D., directs the Infectious Diseases Fellowship at the University of Colorado School of Medicine, where he also is an associate professor. He has been a medical expert in several Covid-19-related lawsuits, including ones brought by the Southern Poverty Law Center; and inspected correctional facilities across the United States in collaboration with civil rights and immigration attorneys and advocacy groups. As an activist working with Colorado re-entry organizations, he promotes health care and health-care equity for formerly incarcerated individuals. A former consultant to the World Health Organization, Franco-Paredes helped develop influenza pandemic preparedness guidelines from 2006 to 2010. The most recent of his 225 published, research articles on infectious diseases, pandemics and have been on the impact of Covid-19 on minorities, persons in correctional facilities and persons in immigration detention centers. Franco-Paredes has been providing direct care to patients with Covid-19 in the medical wards and intensive care units at the University of Colorado's Anschutz Medical Center. He earned a Master of Public Health degree in global health from Emory University.

Access the webinar recording on Youtube here: <http://ow.ly/vbv50EbiQq>

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