

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

The Case for Investment in Health Prevention and Promotion

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 the devaluation of vaccines¹. 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, and the urgent need globally to invest in health promotion and prevention strategies. A re-orientation of public health policies toward health prevention and promotion will help to ensure that safe and effective vaccines are available in a manner that leaves no one behind, regardless of age, gender, ethnicity or socioeconomic status.

“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 implementation of immunization policy to global stakeholders.

Executive Summary

Vaccines save lives and minimize harm associated with vaccine-preventable diseases (VPDs) while reducing health and social care costs particularly during critical times like COVID-19. Evidence points to the economics of prevention as an effective lens for developing a sound funding framework for immunization policies. Yet governments are slow to invest in much needed infrastructure to guard against disease outbreaks including state-of-the-art case monitoring, and laboratory, communications, and vaccine distribution systems.

During a webinar on 20th January Dr. Jean-Pierre Michel, Professor of Geriatric Medicine at Geneva University Medical School and Dr. Bryan Patenaude, Assistant Professor of International Health at John Hopkins School of Public Health explored the social and economic value and return on investment of adult vaccination with the aim of building global momentum for adult vaccination policy.

The lack of investment in health promotion and prevention programs was evident in a recent WHO report titled “Global Spending on Health: a world in transition”¹. Differences in the composition of spending on public health programmes vary by low-, middle- or high-income countries. However, on a global scale, most countries can make substantial progress to increase public spending on health prevention and promotion, through reallocations or increased public spending². It is crucial that vaccination is not seen as an economic burden on health care systems, but instead as an investment, with benefits far outweighing the costs³. COVID-19 has highlighted the much-needed reorientation and investment in public health infrastructure.

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. Michel highlighted the P4 Medicine (preventive, predictive, participatory, and personalized) approach which aims to reduce the incidence of disease and health care costs. P4 Medicine is based on the premise that preventing disease is better than treating it⁴. The value of this approach is well demonstrated in reductions in morbidity and other key indicators when vaccines are applied. Dr. Michel's paper titled "Precision Medicine and Vaccination of Older Adults: from reactive to proactive (a mini review)" recommends public health campaigns as a complement to a personalized vaccination approach³. This 'personalized' approach is especially advocated for at-risk populations including older adults with comorbidities or frailty, for whom the risks are significant³. A move towards 'personalizing' vaccinations does not mean abandoning the universal vaccination recommendations³ which is a targeted approach to those most at-risk of serious complications and death.

Unfortunately, data on key performance indicators explicitly show the continued focus and prioritization of paediatric immunization, and are not indicative of a trend towards the life-course vaccination approach⁵. Improved uptake at the individual level translates to better coverage at the population level, and overall better outcomes for the community³.

Dr. Bryan Patenaude highlighted various methods of measuring return-on-investment (ROI) of vaccinations. An overarching theme was that the economic benefits of vaccine programs far outweigh their costs, citing immunization as a 'best buy' in public health⁶. One study to support this case measured the costs of providing vaccines against 10 diseases to the economic benefits⁷. Using the value of statistical life approach, the ROI was \$51.1 for every \$1 on vaccines, which saves about \$26.1 in averted costs in illness⁷. While there is evidence for the economic benefits of various vaccines, there are also different opinions and influences that lead to the final decision to fund vaccines within the National Immunization Plan. Cost-effectiveness data, health security, disease burden data, safety and efficiency, champions, advocacy, and other country decisions are all contributing factors⁸. Awareness and consideration of the different influences could help in developing context-specific policies and guidance to advance actions towards greater investment in vaccinations and other health promoting strategies⁸.

Understanding the economic value of vaccines is an important stepping stone to improved investment and reorientation of health care systems towards prevention and promotion. While this comes with challenges, building robust immunizations systems now will help ensure the appropriate channels are in place to address pandemics in the future. Mobilizing knowledge will require a collective effort and guidance across disciplines, sectors, and civil society.

Speakers

Dr. Jean-Pierre Michel
Prof. Geriatric Medicine
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Dr. Michel is emeritus professor of medicine and former head of the academic geriatric department at Geneva Hospitals and Medical University. Dr. Michel is also honorary professor of Medicine at Limoges University (France), Beijing University Hospital, McGill University (Canada) and more recently in Rabat University (Morocco).

Dr. Michel is also currently the Director of the Federation of Geriatric Education of the International Association of Gerontology and Geriatrics-World (IAGG-W) and former WHO expert of the “Aging and Life course”. Dr. Michel received the City of Vienna (Austria) [1998], the “China Foreign Friendship Award” [2002] and the IAGG “World award” for his global achievement in geriatric medicine education [2013].

Dr. Michel is member of the French [2012] and Spanish [2019] Academy of Medicine (Paris - Madrid). He was President of the European Union Geriatric Medicine Society (EUGMS) [2012-3]. Dr. Michel has authored more than 420 peer reviewed scientific papers. Dr. Michel is editor of numerous books, among them, the 1st editor of the Oxford textbook of Geriatric Medicine (3rd Ed), awarded by the British Medical Association (2018). Dr. Michel was also the first author of the European report “Transforming the future of ageing” (2019).

Dr. Bryan Patenaude
Assistant Prof. International Health
John Hopkins School of Public Health

Dr. Patenaude is an economist at the International Vaccine Access Center (IVAC) and Assistant Professor of economic evaluation at the Johns Hopkins Bloomberg School of Public Health’s Department of International Health.

At IVAC, Dr. Patenaude leads the Decade of Vaccine Economics (DoVE) project and the Vaccine Economics Research for Sustainability & Equity (VERSE) project. The DoVE project seeks to quantify the economic cost-of-illness associated with vaccine-preventable diseases and compute the return-on-investment of vaccines, globally. The VERSE project seeks to provide subnational estimates of the economic impact of vaccine programs and a methodology to measure equity in vaccine programs.

Dr. Patenaude’s other work focuses on assessing the strength, sustainability, and efficiency of health financing in low and lower-middle income countries, applying behavioral economics to the evaluation of public health policy, and understanding the long-term impact of health investments on non-health sectors. Dr. Patenaude has experience working in over 20 countries and prior to joining the faculty at Johns Hopkins, was the senior economist for the Office of HIV/AIDS’ sustainable financing initiative at USAID. Dr. Patenaude holds a BA in international economics from Boston College, an MA in global development economics from Boston University, and an ScD in global health economics from Harvard T.H. Chan School of Public Health.

Access the webinar recording on Youtube here: <http://ow.ly/KWTu50DWO19>

**VACCINES4LIFE / BUILDING GLOBAL MOMENTUM FOR ADULT VACCINATION POLICY WITHIN COVID-19 SERIES:
THE CASE FOR INVESTMENT IN HEALTH PREVENTION AND PROMOTION**

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