

Driving Policy Change through the Targeted Accelerated Implementation of the Adult Vaccination Advocacy Toolkit (AVAT)

Expert Meeting Executive Summary:
Prague, Czech Republic

23-24 March 2023



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Background

There is currently an unprecedented shift in global demographics, which includes rapidly ageing population growth in addition to increased urbanisation and international migration. Adults 65 years and older is now one of the fastest growing cohorts globally, with a projected increase from 10% in 2022 to 16% in 2050.⁽¹⁾ Ageing is also associated with a natural weakening of the immune response known as immunosenescence and is alongside an increased prevalence of chronic medical conditions such as diabetes and heart and lung disease, which place this population at risk of serious complications from infectious diseases. Though these conditions place an unprecedented number of older people at risk of vaccine preventable diseases (VPDs), many immunisation programs are predominantly targeted towards building paediatric programs.⁽²⁾⁽³⁾⁽⁴⁾ The converging issues of rapid population ageing, an increased global prevalence of chronic conditions, and suboptimal rates of adult vaccination collectively prompted the creation of the Adult Vaccination Advocacy Toolkit (AVAT).

The AVAT is a policy toolkit that has been developed for civil society, advocacy organisations, professional and community associations, faith-based organisations, and a range of stakeholders in health promotion, which includes all levels of government, health care providers, and private sector interests, to use in improving adult vaccination uptake rates across the globe. The Toolkit focuses on four major policy drivers, namely vaccination pathways, expansion of vaccination administrators, targeted vaccination campaigns, and vaccination equity.

The unique structure of the Toolkit provides interactive context and scenarios that illustrate the barriers to access adult vaccination, links to useful tools and resources, actions for advocacy and knowledge assets, explanation of the impact of policy issues, and offers step by step actions to gather evidence to advocate for changes that will lead to improving adult vaccination uptake.

Objectives

To advance the use and impact of the AVAT, influential experts and organizations in the Czech Republic were brought together to test the feasibility of its implementation at a national level, while highlighting successful components, redesigning others, and creating new assets based on insights gained from this evaluation. Pilot testing this toolkit serves as a learning opportunity to understand strengths and weaknesses that need to be overcome to create a more effective advocacy resource for wider global use.

The objectives of this meeting were to:

- Develop a roadmap for implementation of the AVAT
- Determine mechanisms and steps to optimise the use of the AVAT
- Identify examples of good practice in improving adult vaccination rates from across sectors such as in long-term care and primary health care settings and across disciplines such as pharmacy, nursing and social care to adapt the AVAT to country and discipline perspectives
- Determine mechanisms to monitor the impact of the AVAT and develop ways to build a learning community

Summary

On the 24th of March 2023, an expert meeting was convened in Prague alongside the European Ageing Network (EAN), a pan-European organisation comprised of members representing profit, not-for-profit, and governmental organisations for older persons. Meeting delegates were discipline and sector-diverse experts, including those from long-term care and social service settings, geriatricians, and industry.

Background information on the AVAT was presented, including why the AVAT was created, how it can be used by different sectors and disciplines to advance, change, and influence vaccination policies at the national level, and the urgency of its use in our current landscape of adult vaccination across the world.

The rationale of the AVAT policy drivers was presented and followed by moderated discussions to understand country-specific issues. Context on the country's current vaccination landscape was presented to generate discussion on whether and / or how this toolkit could be used in addressing challenges and issues and developing solutions. The dialogue with meeting delegates was informative and thought-provoking with respect to barriers specific to the Czech Republic and more importantly to the complex systemic and structural barriers that exists regionally for adult vaccination.

Key Findings

Important policy issues were raised during the meeting that require attention to improve adult vaccination rates in the Czech Republic.

Firstly, targeted public health communication to older adults and their key stakeholders is either limited or does not exist. Older adults do not receive information on eligibility requirements for vaccinations, and even their caregivers, providers of long-term care services, and some healthcare workers are not informed of the recommendations. When these important knowledge components are not communicated, there is almost no awareness for this population to be vaccinated and herein lies a structural barrier to improving rates of adult vaccination.

Next, health literacy and education about vaccines and vaccination require more consideration, consistency, and dissemination through various communication channels. By improving the knowledge foundations of health and understanding how vaccination contributes to healthy ageing, older adults, their caregivers, and other key stakeholders can make informed decisions about vaccination. Through understanding the role of vaccines to decrease and prevent disease and promoting the health benefits of vaccination, misinformation and miscommunication can be avoided and thereby help reduce vaccine hesitancy. For example, during the meeting it was acknowledged that in long-term care settings where educational resources are provided to residents and their caregivers, more older adults living in these long-term care homes and facilities are getting vaccinated.

Thirdly, vaccination policy is not yet built on the implementation of a life-course approach. Though some scientific organisations funded and supported by the government of the Czech Republic include adults in national vaccination schedules, almost all the information is available online which was seen as a barrier to many older adults or their caregivers, who seek this information

is available online which was seen as a barrier to many older adults or their caregivers, who seek this information elsewhere. The national vaccination schedule does not include the full range of vaccine information and eligibility required for the diverse groups of older adults in the country. There is a need to include diverse groups of adults with different comorbidities, socioeconomic status, and age cohorts within vaccine schedules across the spectrum of diseases to incorporate their respective levels of risk from VPDs and to implement a life-course approach in the Czech Republic. An integrated and comprehensive life-course approach to vaccination will improve the quality of life of all citizens, particularly amidst the backdrop of a rapidly ageing population.

Another issue is that the Czech Republic has extremely low pneumococcal vaccination rates amongst adults despite the mandatory vaccination policy for all at-risk individuals between the ages of 18 and 64 years. Under the Public Health Insurance Act, those 65 years and older are also fully funded against pneumococcal infections. It is also mandatory for those in hospitals for long-term care, homes for older people, and other long-term care facilities to receive vaccination against pneumococcal disease, though it was apparent during the meeting that this is not known amongst all long-term providers nor residents. Experts in the meeting also acknowledged that amongst the different older adult cohorts, the age group of 86-90 years old and over the age of 90 years are the most vaccinated groups against pneumococcal disease, and in consideration of this, it is important to note that most are living in long-term care settings.

Overall, there is a lack of awareness on the importance of pneumococcal immunisation in the general population and in long term care settings, which is in part due to poor and insufficient communication about national schedules, eligibility, and the inadequate financial coverage of certain vaccines for certain risk factors and age groups contributes to this issue. There is evidence of a complicated and inequitable reimbursement of the different pneumonia vaccines for different age groups and different risk groups. As per national legislation, only certain cohorts and risk groups are eligible for compensated pneumococcal vaccinations, which limits many adults from obtaining the vaccine because it is not compensated. Since the introduction of National Health Insurance coverage of certain pneumococcal vaccines for some older adults that are 65 years and older, there has been a relative increase in vaccine uptake compared to previous years. Though this increase has been observed, it has been insignificant because as of 2021, of those that were 65 years and older, only 25% were vaccinated.

Finally, downstream actions can be used to help build capacity and advocate for adult vaccination to influence upstream policy changes with vaccination. The Association of Social Services Providers Czech Republic (APPS ČR) presented a series of concerted campaigns to support and advocate for vaccination in the Czech Republic via social services for various types of social services' employees and clients and carers of older adults.

The APPS ČR noted that the combination of different media campaigns on social services, COVID-19, and powerful stories from front line workers has been successful in raising awareness and supporting vaccination for employees and clients of social services. Ultimately, there is a reduction in the negative public attitudes towards vaccination in the Czech Republic and claims of misinformation countered. The campaign to support vaccination will continue with information booklets, professional training programs, and other public relations activities for example with the regional health department. The interconnected campaigns by the APPS ČR act as instruments for policy change via the push for improving knowledge capacity and encouraging attitudinal changes, especially through services and workers that directly interact with older people.

Next Steps

Good practices and knowledge from the expert meeting *Driving Policy Change through the Targeted Accelerated Implementation of the Adult Vaccination Advocacy Toolkit* will be developed and incorporated into post-meeting resources and deliverables. These include a comprehensive vaccination pathway for older adults, a vaccination eligibility fact sheet, shared materials from meeting delegates, and a case study for the AVAT, which all intend to both provide knowledge capacity to acknowledge regional barriers to adult vaccination and prompt action and examples in improving vaccination policy at the national level in the Czech Republic.

The meeting lends itself as a case study to include in the AVAT and will provide a regional perspective on barriers to adult vaccination. It will also demonstrate how aspects of the toolkit can be utilised to support those involved in policy change that are facing similar country-level issues, to make informed decisions in influencing and reshaping their national immunisation policies. The meeting and resulting discussions emphasized the importance of building relationships to empower key actions and having multisectoral stakeholder engagement for knowledge exchange, collaboration, and joint commitment for policy action. These learnings will be included in the case study as examples of best practice for mobilising such advocacy efforts for adult vaccination.

Through this unique pilot testing, the AVAT has also been observed in a new light as a policy reference resource in terms of its functionality rather than an authoritative toolkit. This change in perspective of how the toolkit can best assist CSOs and other like-minded organisations provides the opportunity for implementing structural changes to the AVAT for optimal functionality in helping transform adult vaccination policies globally.

Next steps in this initiative include development and dissemination of resources such as the eligibility fact sheet and vaccination pathway. This is expected to strengthen relationships with key stakeholders to help improve capacity to reshape policies in driving the implementation of targeted public health communication, promoting health education and literacy specific to vaccination, and integrating a life-course approach to vaccination to advance quality of life and encourage healthy ageing.

Conclusion

The expert meeting *Driving Policy Change through the Targeted Accelerated Implementation of the Adult Vaccination Advocacy Toolkit* viewed the AVAT through the lens of immunisation policy and practice in the Czech Republic.

A multi-stakeholder approach was used in this meeting to develop a unique understanding of a common agenda that could be useful for all sectors and disciplines to understand gaps in knowledge, share good practices, and create opportunities for collaboration on overarching policy changes.

This meeting will ultimately provide important tools to improve not only adult vaccination policy at the national level in the Czech Republic by addressing issues and barriers from the outlined key messages, but also enhance the AVAT by changing functionality and providing a comprehensive example in advocacy for other countries to use as a reference and adapt to improve their own vaccination policies for adults.

Acknowledgement

The International Federation on Ageing acknowledges the funding support of Pfizer Global, and wishes to convey sincere gratitude to all expert meeting delegates who participated and contributed valuable insights:

- Dr. Jane Barratt - Secretary General, International Federation on Ageing
- Mr. David Horažďovský - Vaccines Category Lead, Pfizer Czech Republic
- Dr. Jiří Horecký - President, European Ageing Network
- Ms. Věra Husáková - Regional Director, SeneCura Czech Republic
- Mr. Matěj Lejsal - Director, Sue Ryder
- Ms. Mitali Mistry - Policy and Project Coordinator, International Federation on Ageing
- Mr. Jan Schneider - Director, Jihoměstská sociální a.s. and Foreign Expert, Association of Social Services Providers of the Czech Republic
- Dr. Pavel Sedláček - CEO, Pfizer Czech Republic
- Dr. Eva Topinková - President, Incoforum z.s. and Head, Department of Geriatrics First Faculty of Medicine Charles University and General Faculty Hospital in Prague
- Mr. Karel Vostrý - Executive Director, European Ageing Network

References

1. World Population Prospects 2022: Summary of Results | Population Division [Internet]. [cited 2023 May 16]. Available from: <https://www.un.org/development/desa/pd/content/World-Population-Prospects-2022>
2. Noncommunicable diseases [Internet]. [cited 2023 May 16]. Available from: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
3. Furman D, Campisi J, Verdin E, Carrera-Bastos P, Targ S, Franceschi C, et al. Chronic inflammation in the etiology of disease across the life span. *Nature Medicine* 2019 25:12 [Internet]. 2019 Dec 5 [cited 2023 May 16];25(12):1822–32. Available from: <https://www.nature.com/articles/s41591-019-0675-0>
4. Thomas-Crusells J, McElhaney JE, Aguado MT. Report of the ad-hoc consultation on aging and immunization for a future WHO research agenda on life-course immunization. *Vaccine*. 2012 Sep 14;30(42):6007–12.

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Published August 2023 © Vaccines4Life

