

Criteria: Policies

Indicators	Description	Status
National aged care strategies include discussion of older adult immunization. ¹	Immunization for older adults is included in national aged care plans. ¹⁻³ Notably, in 2015 France adopted the law on the adaption of society to ageing, which is aimed at improving the well-being of adults through legal frameworks. Topics outlined in this framework include anticipating loss of autonomy, the adaptation of society to ageing, and supporting older people facing loss of autonomy. ²	Green
The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules. <input checked="" type="checkbox"/> COVID-19 (Age: 65+) <input checked="" type="checkbox"/> Influenza (Age: 65+) <input checked="" type="checkbox"/> DTaP(Age: 25+) <input checked="" type="checkbox"/> Pneumococcal pneumonia (Age: 18+) <input checked="" type="checkbox"/> Respiratory syncytial virus (RSV) (Age: N/A) <input checked="" type="checkbox"/> Shingles (Age: 65+)	COVID-19, influenza, and shingles vaccinations for older adults (65+) are included in France's NIP. The RSV vaccine is not included in the NIP. One dose of pneumococcal vaccinations is recommended for people 18 years and older, and one dose of DTaP is recommended for people 25 and older, meaning there is no recommendation targeted to older adults. ^{4,5}	Yellow
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	France's Technical Committee for Vaccinations includes an expert in the field of ageing and or adult immunization. ^{6,7}	Green

¹Vaccines examined in the GAAV include influenza, pneumococcal pneumonia, COVID-19, RSV, pertussis, and shingles.

Criteria: Funding

Indicators	Description	Status
Government programs reimburse vaccines included in the NIP for at-risk populations, including older adults and people with chronic conditions.	<p>Coverage is funded for influenza and COVID-19 vaccinations, but not pneumococcal pneumonia.</p> <p>According to the Ministry of Labor, Health, and Solidarity, the zoster vaccine (RZV) for shingles is pending coverage under common law. Once RZV coverage is confirmed under common law, the vaccine will be covered for immunocompromised individuals 18+, and people 65+.⁸</p> <p>Coverage in France is dependent on the vaccine type and the professional who administers the vaccine (doctors, pharmacists, nurses, midwives, etc).</p>	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	<p>National strategies discuss limited funding of preventative health services, which includes immunization coverage efforts, however, these efforts are not specific to older adults.^{12,13}</p> <p>The budget outlines universal healthcare spending with an unspecified budget for vaccine spending.^{9,10}</p> <p>Public and private compulsory health insurance schemes account for 83.7% of France's health spending and healthcare expenditure accounts for 12.2% of its GDP.¹¹ €400 million of public health spending was budgeted between 2018-2022 to support health promotion and prevention, including prevention of vaccine-preventable diseases.¹²</p>	

Criteria: Program

Indicators	Description	Status
Campaigns target older and at-risk adults by providing easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and promoting a life course approach to immunization.	<p>Information on older adult vaccination is not easily accessible and somewhat supports a life course approach to immunization, depending on the vaccine type.^{7,13}</p>	
Policy supports expansion of vaccination administrators to include other healthcare workers and professionals, such as pharmacists, nurses, and support workers, through easily accessible sites.	<p>In France, vaccination can be provided by many types of healthcare providers.</p> <p>Physicians and nurses can administer all vaccines to all persons.</p> <p>Pharmacists can administer all vaccines listed in the vaccination schedule.¹⁴</p>	

Criteria: Program

Indicators	Description	Status
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Physicians <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Medical/Pharmacy and/or nursing students *with supervision <input checked="" type="checkbox"/> Midwives <input checked="" type="checkbox"/> Nurses (including Nurse Practitioners) <input checked="" type="checkbox"/> Paramedics <input type="checkbox"/> Physician assistants <input checked="" type="checkbox"/> Pharmacists <input type="checkbox"/> Pharmacy technicians <input checked="" type="checkbox"/> Support workers 	<p>3rd-year medical students can administer all vaccines mentioned in the schedule of vaccinations with supervision.</p> <p>3rd-year pharmaceutical students may administer vaccinations to all persons 11+ with supervision.</p> <p>Midwives can administer all vaccines listed in the vaccination schedule.</p>	
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	<p>Understanding of the importance of vaccines in older adulthood amongst the public and healthcare professionals is suboptimal. One study finds that 99% of medical students believe that vaccination knowledge is important to the profession, but only 66% felt prepared to deliver vaccine-related information/answer questions.⁸</p> <p>France's vaccine-related information is not older-adult specific and/or is unavailable.^{9,15}</p>	
Authorities define clear administrative guidelines, including eligibility criteria and protocols, for each vaccine.	Clear administrative and eligibility guidelines are available. ¹⁵	

Criteria: Performance

Indicators	Description	Status
National Immunization Programmes or Plans set goals and targets for the reduction of VPD rates and adult immunization coverage.	The 2024 vaccination schedule outlines goals for improved coverage of pneumococcal and shingles vaccinations. The specific targets are not outlined, and they are not specific to older adults.	
Authorities collect and update comprehensive coverage data for adult immunization (2021 or earlier), extending beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., aNICs).	<p>Coverage data beyond COVID-19 and influenza in France is minimal.</p> <p>France collects COVID-19 vaccine coverage by age and for residents in nursing homes.</p> <p>Data on influenza vaccination coverage is collected from 2016-2023 for all adults. Still, not all regions provide coverage data.</p> <p>No epidemiological or quantitative data is collected on RSV vaccination coverage.</p>	

Criteria: Performance

Indicators	Description	Status
	Pneumococcal pneumonia immunization coverage rate is not separated by age but does exist. Not all regions provide vaccine coverage data. ^{16,17}	
Stakeholders and/or authorities collect and document age-disaggregated data, including immunization and burden of disease rates, to support evidence-informed decision-making and strategy development on vaccination.	Age-disaggregated data is not available. ¹⁷⁻¹⁹	

Criteria: Equity

Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non-communicable diseases).	NIP provides a specific focus on sub-groups including adults (18+) with chronic conditions but does not specify those with chronic conditions in the older adult population. ^{4,10,15}	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to sub-groups of populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	Vaccine administrative pathways acknowledge social determinants of health (specifically, financial and geographic challenges) but do not detail how these subpopulations are catered to or prioritized in vaccine pathways. ^{4,10,15,20}	

Criteria: Long-Term Care Settings

Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as immunosuppressed, at-risk, or high-risk populations.	<p>The vaccine calendar acknowledges some sub-groups, including those staying in care facilities, although older populations are not highlighted specifically.</p> <p>It is strongly recommended that people most at risk receive an annual dose of COVID-19 vaccine, including people 65+, people with comorbidities, and residents in nursing homes and long-term care facilities.</p> <p>Pneumococcal vaccination is recommended for those 18 and older with an increased risk. Long-term care residents are not mentioned as being at an increased risk in the NIP.^{21,22}</p>	

Criteria: Long-Term Care Settings

Indicators	Description	Status
National long-term care strategies (if present) include adult immunization.	No information on adult vaccination in or outside of long-term care facilities is available in strategies or legislation. ^{20,23-27}	

Criteria: Civil Society Organizations

Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	Civil society organizations (CSOs) provide evidence and immunization advocacy initiatives to help inform policy creation that is reflective of the needs of older adults ²⁸⁻³⁴	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.		

Legend

Criteria is fully met	
Criteria is partially met	
Criteria is not met	
Insufficient/ inaccessible/unclear evidence.	

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