Vaccination is among the most successful public health measures. According to a World Health Organization (WHO) report on the prevention of infectious diseases, it is second only to clean water.\(^1\) Before the COVID-19 pandemic, vaccination was estimated to prevent 2.5 million deaths worldwide each year and reduced disease-specific treatment costs.\(^2\)

Vaccination has an important role to play in prevention and is a key component of healthy ageing. However, the current ideology needs to shift from treating disease to preventing it at all stages of life. Investing in vaccines saves time, money and lives, and leads to healthier, sustainable healthcare systems and communities.\(^3\)

Making connections across intergovernmental policy agendas including the UN Decade of Healthy Ageing (2021-2031),\(^4\) the WHO Immunization Agenda 2030,\(^5\) Gavi Phase V (2021-2025)\(^6\) and the Global Roadmap for Defeating Meningitis by 2030\(^7\) is a critical responsibility for civil society in calling for improved immunisation infrastructure, greater investment in health promotion and the preservation of function at all stages of life and in those with underlying chronic conditions through a comprehensive immunisation schedule.

The Immunisation for All Ages (IFAA) initiative is working to combat inequity and improve access to immunisation to help promote health throughout life, to preserve function and to help prevent death and disability. To achieve this, efforts in support of a life course approach to immunisation must be strengthened through strategic alignment with international health agendas.

Prior to the pandemic, the IFAA called upon national and international health and advocacy organisations and governments to:

1. Prioritise immunisation throughout life as a key pillar of expanded prevention strategies and a central component of universal health coverage.
2. Remove barriers to access for appropriate immunisation throughout life to ensure all people are protected and no one is left behind.
3. Reduce inequities in timely, appropriate, and affordable access to immunisation throughout life.

The pandemic has highlighted in the most brutal ways the life and death consequences of infectious diseases particularly for older age groups and at-risk populations. Now more than ever, there is a need to not only protect the progress made in immunisation throughout life but to respond to gaps and strengthen pathways through the three interconnected pillars of prevention including education, access and equity that must drive a multidisciplinary programme.

We urge investment in health system infrastructure and a greater focus on prevention policy that supports immunisation throughout life. We seek consideration for a renewed focus by governments to meet existing national targets for immunisation and moreover to ensure any disruption to routine immunisation services due to the pandemic, is mitigated in line with WHO guidance for immunisation activities during the pandemic\(^8\) published in March 2020.

Parity in vaccination targets throughout life could be viewed as a key pillar and central component of universal health coverage defined by WHO as ensuring that all people have access to needed health services.\(^9\) On the issue of achieving adequate uptake, we seek consideration for consistent and equitable vaccination targets of 90% throughout life.

The IFAA’s three calls to action are aligned with the intergovernmental plans of action, endorsed by governments across the world, and create an opportunity for stakeholders to unite to end inequity and promote the benefits of immunisation across the life course.
CALL TO ACTION 1: PRIORITISE PREVENTION

Prioritise immunisation throughout life as a key pillar of expanded prevention strategies and a central component of universal health coverage.

- Increase investment on prevention and, within that, increase the proportion of investment on immunisation.
- Recognise the broader societal and economic benefits of immunisation at all stages of life.
- Recognise immunisation as a crucial component of universal healthcare and the role of existing vaccines in supporting health, wealth and system sustainability.
- Recognise the importance of protecting those who are at increased risk of morbidity from infectious diseases due to the exacerbation of an underlying non-communicable disease.
- Increase the focus on the importance of vaccines as a defence against antimicrobial resistance (AMR) reducing the burden of infectious diseases thus lessening the requirement for antibiotics.
- Increase public confidence in vaccines by driving health-seeking behaviour and communicating the value of immunisation to the public through trusted stakeholders (such as healthcare professionals and allied health professionals).
- Recognise the importance of appropriate immunisation for health and care workers, as a part of their duty of care.

CALL TO ACTION 2: ENSURE ACCESS FOR ALL

Remove barriers to access for appropriate immunisation throughout life to ensure all people are protected and no one is left behind.

- Expand existing and innovate new infrastructure for immunisation beyond the traditional pathways to facilitate and increase access to vaccination services, including but not limited to pharmacies and other appropriate facilities including primary healthcare.
- Reduce the time to making a vaccine available by implementing responsive approval and recommendation processes in addition to ensuring adequate and timely funding streams are available to ensure the viability of the immunisation plan.
- Ensure healthcare professionals across disciplines are well-trained, informed and upskilled on the benefits and administration of vaccines to clearly communicate to hard-to-reach populations.
- Promote the expansion of trained healthcare professionals as vaccination providers, by eliminating the requirement for a medical prescription for vaccine administration, when clear eligibility criteria and protocols have been developed for each vaccine.
CALL TO ACTION 3: REDUCE INEQUITY

Reduce inequities in timely, appropriate and affordable access to immunisation throughout life.

• Reduce inequities in marginalised and hard-to-reach sub-populations by ensuring immunisation schedules take into consideration the needs of specific groups including migrants, refugees and indigenous people as well as considering in the general population gender, literacy level, ethnicity, culture, location (urban and rural).

• Immunisation campaigns (message content, format, and distribution channels) must consider the varying social determinants of the general population and at-risk populations in their development, monitoring and evaluation.

• Adult immunisation is an investment in healthy ageing that has significant social and economic benefits across all ages. The link between good health and economic contribution should be a fundamental part of immunisation campaigns and the need for countries to invest in immunisation and prevention across the whole life course.

• Ensure existing vaccine uptake targets are met and strive for consistent vaccination targets of 90% throughout life.

• Ensure all countries have a National Immunization Technical Advisory Group (NITAG) (in accordance with the WHO Global Vaccine Action Plan) and that each Technical Group includes representation from experts across the life course and civil society organisations.

• Ensure equity of access to vaccines and vaccination services across all vaccination pathways, by eliminating the need for out-of-pocket payments by individuals and ensuring appropriate remuneration models for all vaccination providers.