

The Immunisation for All Ages initiative is funded by Pfizer.

Immunisation for All Ages Position Statement

Protecting and Progressing Routine Immunisation

Background

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, the IFAA calls for action in support of a life course approach to immunisation to be strengthened through strategic alignment with international health agendas.

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. To realise the full benefits of immunisation, the Immunisation Agenda 2030, endorsed by the World Health Assembly in 2020,¹ sets the direction for a world where everyone, everywhere, at every age, fully benefits from vaccines to help improve health and well-being.²

The current pandemic has resulted in an interruption to or deprioritisation of routine immunisation schedules with countries initiating measures to mitigate the impact on health systems and individuals.³ Data collected by the WHO, UNICEF, GAVI and the Sabin Vaccine Institute showed that national lockdowns have substantially hindered the delivery of routine immunisation services in at least 68 countries, putting approximately 80 million children under the age of one year at increased risk of contracting vaccine-preventable diseases.⁴

In addition to the clear public health benefits, successful routine immunisation delivers significant economic benefit, which during the pandemic, is especially important to help reduce strain on health systems.⁵

Routine immunisation goes beyond infancy and the pandemic has highlighted the life and death consequences of infectious diseases particularly for older age groups and at-risk populations. More specifically, for older people with chronic medical conditions, the impact of the pandemic has had additional devastating consequences.⁶ The reluctance of these individuals to access routine healthcare services for fear of contracting the virus,⁷ with already overburdened health care professionals and health systems is of great concern.

Furthermore, during normal times, but even more so during times of disruption, publicly available health information emerges from diverse sources, many of which are unverified and not well-vetted. This may adversely impact immunisation decisions and contribute to vaccine hesitancy.

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IFAA position

Urgent work is needed to ensure any disruption to immunisation programmes from the pandemic is mitigated to protect the decades of progress made against vaccine-preventable diseases.

Routine immunisation and efficient catch-up strategies for people at all stages of life are key elements needed for the health, well-being and prosperity of communities and countries. Given the disruptions inflicted by the pandemic on immunisation programmes, innovative solutions must be found to maximise routine immunisation uptake across all countries.

The IFAA therefore is urgently making the following recommendations:

- Governments must seek a renewed focus to ensure any disruption to routine immunisation services due to the pandemic is mitigated in line with WHO guidance.
- Governments must consider how to meet (at a minimum) existing national targets and should monitor trends in immunisation programme performance and vaccine-preventable disease surveillance to document impact, re-establish community demand and to plan local improvements where necessary.
- Countries must design strategies for catch-up routine immunisation for those who would normally be eligible for routine immunisations across all stages of life.
- In resource-constrained scenarios, including health systems operating during and after the pandemic, preventing vaccine-preventable diseases must be recognised as a priority. Governments should prioritise and protect vulnerable populations most at risk of morbidity and mortality due to vaccine-preventable diseases.
- Countries should ensure adequate uptake of existing immunisation services as a way to indirectly support already pressured health systems by helping to free up capacity and resources to focus on high-risk respiratory conditions. This includes harnessing health workforce capacity across all healthcare professions, such as general practitioners, nurses, pharmacists and others as appropriate, with the autonomy to prescribe and administer the necessary vaccines to eligible individuals.
- Governments and respective public health bodies must develop strategies to generate public confidence. Associated messaging should be evidence-informed and locally tailored to also monitor and mitigate threats to public confidence.



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- ¹ WHO (2020) Seventy-third World Health Assembly: Immunisation Agenda 2030. Available at: [https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73(9)-en.pdf) (Accessed April 2021).
- ² WHO (2020) Immunisation Agenda 2030. Available at: <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030> (Accessed April 2021).
- ³ WHO (2020) Routine Immunization services during the COVID-19 pandemic. Available at: <https://apps.who.int/iris/bitstream/handle/10665/331925/Routine-immunization-services-COVID-19-eng.pdf?sequence=1&isAllowed=y> (Accessed April 2021).
- ⁴ UNICEF (2021) Immunization Coverage: Are We Losing Ground? Available at: <https://data.unicef.org/resources/immunization-coverage-are-we-losing-ground/> (Accessed April 2021).
- ⁵ Rodrigues, C., & Plotkin, S. A. (2020). Impact of Vaccines; Health, Economic and Social Perspectives. *Frontiers in microbiology*, 11, 1526. <https://doi.org/10.3389/fmicb.2020.01526>
- ⁶ CDC (2021) People with Certain Medical Conditions. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (Accessed April 2021).
- ⁷ Czeisler MÉ, Marynak K, Clarke KE, *et al.* Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>

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