



# LIFE COURSE IMMUNISATION IN EUROPE

## NATIONAL EMPOWERMENT UNDER EU-SET GOALS



**Coalition for  
Life Course  
Immunisation**

# Executive Summary

**Vaccination across the life course is a cornerstone of resilient health systems and healthy ageing.**

Yet, adult vaccination remains one of the most underutilised tools in public health across Europe. While all EU Member States operate National Immunisation Programmes (NIPs), the absence of consistent adult vaccination targets, strategies, and funding mechanisms has left significant gaps in coverage, access, and impact.

**This policy brief outlines a realistic and politically feasible approach to enhancing adult vaccination through nationally led solutions, supported by EU-set goals and coordination.**

By agreeing on measurable targets for coverage, ensuring robust documentation of disease reduction, strengthening surveillance and data systems, improving delivery models and logistics, and countering misinformation, Europe can advance public health protection while respecting subsidiarity and national diversity [1,2].

# Recommendations for Action

To strengthen life-course immunisation, the EU and its Member States should pursue coordinated strategies centred on measurable goals, sustainable funding, and transparent reporting.

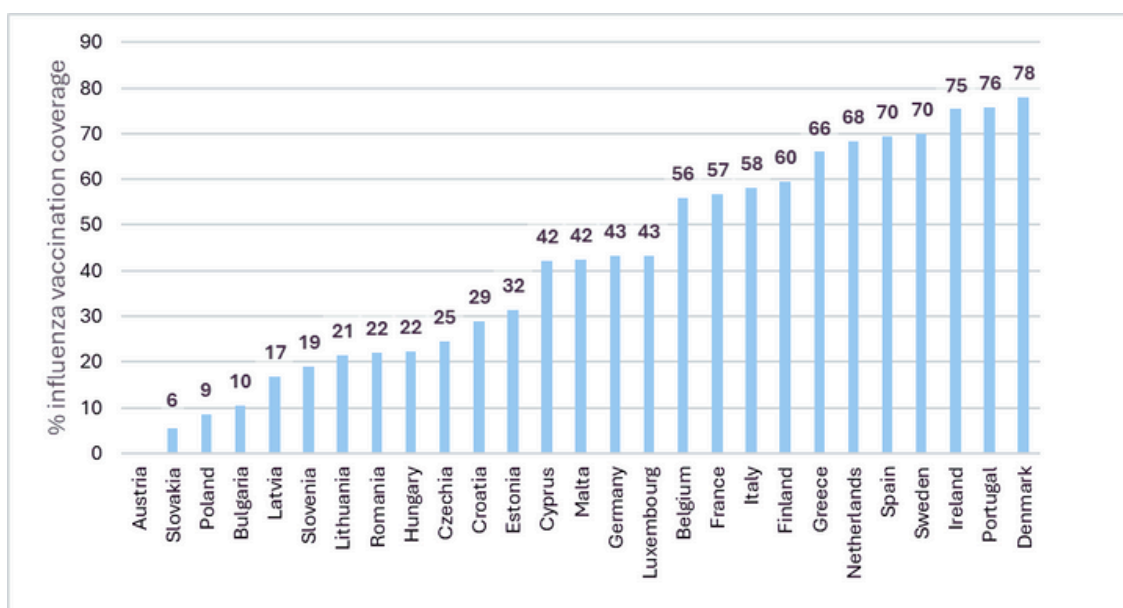
- **Set EU-determined goals with National Flexibility:** Agree on common objectives, such as eliminating measles by 2026 and achieving over 90% coverage of influenza and Tdap in older adults, while ensuring progress is measured not only by uptake but also by reductions in disease burden [2,7].
- **Strengthen Surveillance Systems:** Require systematic tracking of vaccine-preventable diseases, supported by EU investment in interoperable, real-time data systems that link surveillance to outbreak response [11].
- **Develop Comprehensive Adult Vaccine Registries:** Establish digital records in every Member State to track uptake, enable cross-border verification, and support adverse event reporting, linked to the EHDS for comparability [13].
- **Secure Sustainable Financing and Delivery Logistics:** Reimburse vaccination on par with curative services, expand delivery through community providers such as pharmacists and nurses, and invest in cold-chain and distribution infrastructure [14].
- **Build Public Trust and Counter Misinformation:** Fund communication campaigns co-designed with civil society, train healthcare professionals in motivational interviewing, and partner with media platforms to counter false information [15].
- **Foster Competitive and Resilient Vaccine Markets:** Encourage competition among suppliers, support local and regional production, and promote innovative delivery models such as mobile clinics and workplace vaccination [12].

# 1. THE CURRENT LANDSCAPE

**Vaccination policy in Europe is set at the national level.** Member States retain autonomy over financing, scheduling, and delivery. This has created a patchwork of approaches: in some countries, such as France, Spain, and Italy, a wide range of adult vaccines are recommended and reimbursed, while in others, particularly in Central and Eastern Europe, adult vaccination is limited to influenza or tetanus-diphtheria boosters [3].

**The result is a striking variation in coverage.** For example, influenza vaccine uptake among older adults ranges from only 10% in Poland to nearly 80% in Denmark [1]. Prevention spending also remains low: across Europe, just 2–10% of health budgets are allocated to preventive services, and adult immunisation is often not prioritised compared to curative care [1].

## Over-65 Influenza vaccination coverage in EU member states (2022) Eurostat. 2024



**Confidence in vaccines also varies significantly.** More than 80% of people in the UK and Spain recognise the value of vaccines, compared with only 40% in Austria and 42% in Denmark [8]. These differences reflect the influence of misinformation, complacency about diseases that are no longer widely seen, and declining trust in health authorities [9]. At the same time, many Member States lack robust surveillance systems and interoperable vaccine registries, making it difficult to monitor uptake, assess equity, or evaluate impact [4].

## 2. HARMONISATION TO EU-SET GOALS

**Attempts to harmonise vaccination schedules across Europe have faced persistent barriers.** Legal constraints under the principle of subsidiarity, combined with political sensitivities and epidemiological diversity, make complete alignment challenging. Rather than pursuing identical schedules, the EU can add value by setting overarching immunisation goals that provide direction while leaving room for national adaptation.

**Clear targets could include achieving an uptake of over 90%** for influenza, Tdap, pneumococcal, and herpes zoster vaccines among older adults.

**Crucially, progress should not be measured solely by uptake rates.** Transparent and scientifically valid documentation of impact is essential, including reductions in hospitalisation, mortality, and disease complications [5,6].

This dual focus on coverage and outcomes would provide a stronger basis for accountability and learning across Member States.

### 3. THE ROLE OF EU INSTITUTIONS

**Although EU institutions cannot impose uniform vaccination policies, they can provide frameworks, funding, and coordination to strengthen national programmes.** A key contribution should be the definition of collective vaccination goals, together with support for transparent impact measurement.

**EU funding instruments, such as EU4Health, can enhance national surveillance systems, while the European Health Data Space (EHDS) provides a platform for building common frameworks for sharing and comparing vaccination data [7].** These tools can help countries benchmark progress and improve outbreak preparedness [11].

**The EU also has a role in shaping vaccine markets.** A heavy reliance on joint procurement risks limiting supply to a level affordable to the lowest-resourced country. Instead, policy should encourage healthy competition between suppliers, support diverse manufacturing capacity, and promote local and regional production to increase resilience [12].

**Finally, delivery logistics deserve greater attention.** Cold-chain systems, reliable distribution, and trained vaccinators are fundamental to ensuring vaccines reach all who need them. Without this infrastructure, even well-designed strategies cannot succeed.



## 4. NATIONAL-LEVEL IMPLEMENTATION CHALLENGES

**At the national level, budget allocations for vaccination are often fragmented and vulnerable to political cycles, which undermines long-term planning [9].** Adult immunisation is still not consistently integrated into health system strategies, despite its proven cost-effectiveness.

**Public trust also remains fragile.** Following the COVID-19 pandemic, uptake declined in several countries, highlighting how misinformation and uncertainty can undermine progress [9]. Governance capacity is another challenge. While most Member States have National Immunisation Technical Advisory Groups (NITAGs), in some cases these bodies lack independence, resources, or influence to ensure that evidence-based recommendations are adopted [10].

**Many countries have yet to fully mobilise the health workforce's potential for vaccine delivery.** Where pharmacists, nurses, and other professionals are authorised to administer vaccines, uptake improves and pressure on general practitioners is reduced [11].

## 5. CONCLUSION

**Europe has the institutional tools, scientific expertise, and public support to strengthen adult immunisation without undermining subsidiarity.** What is now required is political commitment and sustained investment.

**By setting EU-wide goals, documenting scientifically valid reductions in disease burden, and supporting competitive and resilient vaccine markets,** Member States can build stronger immunisation systems and enhance Europe's collective health security. National sovereignty and shared European priorities are not in conflict: with life-course immunisation, they can and must advance together [17].

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