



Coalition for  
Life-course Immunisation



World Leadership Dialogue:

Life-Course Immunisation: Western concept or global goal?

Coalition for Life-course Immunisation

*16<sup>th</sup> World Congress on Public Health 2020*

*Public health for the future of humanity: analysis, advocacy and action*

## Introduction

The 16th World Congress on Public Health (WCPH) was held virtually on 12-16 October 2020. The theme of the Congress “Public health for the future of humanity: analysis, advocacy and action” is even more relevant now than ever before. It comes during the COVID-19 pandemic which has seen public health professionals, healthcare professionals and researchers around the world unite to work in solidarity to respond to COVID-19 both on the ground and in national decision-making.

This conference called for an investment in public health and international collaboration, as citizens of one planet, to deliver the United Nations 2030 sustainable development goals, all of which have implications for our health and wellbeing.

The Coalition for Life-course Immunisation (CLCI) presented a World Leadership Dialogue session to discuss the concept of the life-course approach to vaccination, its opportunities and challenges in a global context. This was an opportunity to present the life-course approach and reaffirm its position within a global landscape – with benefits in high, middle- and low-income countries.

Vaccination is a cost-effective and safe prevention tool which is key to the future of public health and to the equitable access to socio-economic benefits. However, implementation of vaccination programmes and equitable access to them remain a challenge across the world. In the midst of the COVID-19 pandemic, it is imperative we work together to solve these global challenges and ensure a more equitable and resilient society.

The CLCI is committed to listening to healthcare professionals, policy makers and the public from across the world, starting with Europe, to share best practice. We believe that vaccines play an important part in daily life at all ages and stages. Thus, we look to learn from best practice in different countries and populations and to share that knowledge in order to support measures dealing with vaccine hesitancy, access, implementation and funding challenges globally.

In the spirit of CLCI values: evidence-base, tailored communication and collaboration we attended two other workshops to further understand the context of life course immunisation global implementation and they are also reported here. We will share the experiences and challenges of others and collaborate to find solutions.

We report on the CLCI World Leadership Dialogue *Life-Course Immunisation: Western concept or global goal?* and two other workshops which have direct relevance to the goals and values of CLCI:

- Vaccination challenges in developed & developing countries: where does the responsibility lie?
- Developing more responsive systems to deliver catch-up vaccination to migrants arriving in Europe

These workshops help to answer key questions, namely where does the responsibility lie for vaccine accessibility, who should be held to account and, most importantly, how are other countries addressing these challenges? Vaccination in the migrant population is an important aspect of LCI, as this group represents an urgent and growing need to vaccinate across the life-course. We share the



concerns about these challenges and welcome the solutions and lessons to take away from the implementation of vaccination programmes in these settings.

## World Leadership Dialogue

### Life-Course Immunisation (LCI): Western concept or global goal?

The CLCI hosted a World Leadership Dialogue session, where its expert network was invited to discuss the concept of life-course immunisation within their own countries and in light of their own experience. Speakers and panellists were invited to reflect on how governments can be encouraged to reach immunisation goals and honour commitments. Life-course immunisation and the reality of implementation in low, middle and high-income countries was discussed by the panel with the 120 delegates who attended the session.

The COVID-19 pandemic in Europe and globally provides a changed context within which we must expand life-course immunization advocacy. This global crisis has significantly impacted older adults, raising the profile of adult vaccinations which means more decision-makers are conscious of the benefits of vaccination at any age or stage of life. However, this also comes with great challenges. Even as funding and resources are funneled into expediting COVID-19 vaccine research and development; vaccine hesitancy, inequitable access and politics create barriers to wide scale implementation.

We discuss the concept of a dynamic life-course approach to vaccination, evaluate its opportunities and challenges, and the reality of vaccination beyond childhood in low and middle-income countries globally.

#### Chair

Gary Finnegan | Editor, Vaccines Today, Ireland

#### Key speakers

Professor Catherine Weil-Olivier | Paris VII University, France

Alexandre Kalache | International Longevity Centre, Brazil

#### Panellists

Kateryna Denysova | Young Coalition for Prevention and Vaccination, Ukraine

Sam Nye | The Confederation of Meningitis Organisations, UK

Professor Catherine Weil-Olivier | Paris VII University, France

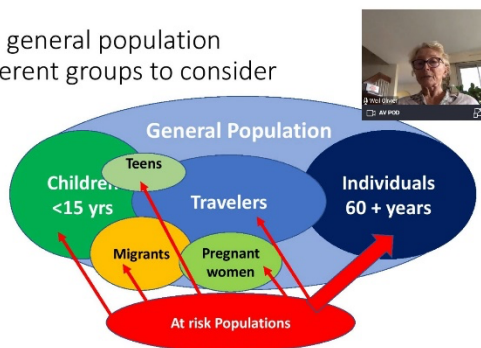
'We need to anticipate and think how we will protect our elderly, if we do not their quality of life will be greatly reduced, and it will be a great burden not only for them but for the rest of society.'

Catherine Weil-Olivier

### How do you consider a general population?

A general population is made up of many groups, some of whom are at risk of infectious disease at different ages or stages. The maximum risk is in those over 60 of age years.

In a general population  
Different groups to consider



We need to focus on the individual, each individual is important. The scientific and healthcare community must convince each individual of the value of vaccines. We can only do this effectively by listening to our patients, and building trust by providing transparent, factual information.

### The proportion of over-60s will increase by 31% in EU-27 from 2019 to 2100.

The general population demographic is changing in almost every country, the ageing population is growing and will continue to grow. In France, over-65s represent 20% of the total population, this has grown from just 12% in 1975. If we don't act now older adults will experience more years with poor quality of life, which will place a significant strain on the rest of the population.

### In France, we are not reaching the 75% influenza coverage target set by the WHO.

Older adults and children are the most vulnerable to infectious disease and have a greater risk of mortality. We have enough evidence to use vaccination to protect these groups. We have made great progress in paediatric vaccinations, children generally are vaccinated and well protected. In comparison, the over-60 population are not well protected and coverage is highly variable depending on the national vaccination strategy and communication plan.

It is imperative we change this, infectious diseases can have serious long-term effects, for example herpes zoster can lead to ongoing neuralgia in older adults causing a significant and painful reduction in quality of life. Not only is this challenging for the individual and their family, it greatly increases the societal burden through extended and more numerous hospitalisations and outpatient visits.



**We must modernise our approach to communicating the benefits of vaccination to the general public.**

We must interact on social media and other media platforms to share success stories and data on vaccination, be open and available to answering questions and queries using interactive information such as videos or articles and signpost people to credible, official websites.

We must extend opportunities to increase longevity and good health – we know many infectious diseases are prevented through vaccination and we know older people are more vulnerable to the impact of infectious disease. We therefore have a strong argument to increase uptake of vaccines in older adults.

We must see long life in good health as a source of wealth for our societies. Healthy, happy older adults can still actively contribute economically and socially, for example through supporting other members of their family or community – this does not stop in older age, forget the idea that retired people are useless, it's not true, they can be mentors, members of the workforce, and play other roles.

**LCI is not just relevant to high-income countries or western countries.**

In the WHO Global Strategy and Action Plan on Ageing and Health, objective 3: Ensure a life in good health and promote wellbeing at any age, directly speaks to a life-course approach in which vaccination plays a significant role.

**COVID-19 contextualisation**

We have seen the devastation of COVID on the elderly, care homes have been significantly burdened and many elderly people have died. Yet, so far, COVID has been mild in children. This challenges traditional ideas that infectious diseases and vaccinations are meant for children. This change of consciousness could change the life course immunisation space significantly.

Alexandre Kalache | Brazil International Longevity Centre

*'In Brazil vaccination is a low-level investment per individual yet, second to clean water supply, it is the most important intervention in public health.'*

Alexandre Kalache

**Life expectancy is increasing fast, the world demography will be very different in the coming decades.**

Over the next 30 years the over-60 population in Brazil will grow from 30 million in 2020 to 67 million in 2050, at which point Brazil will have a greater over-60 population than Canada as a proportion of it's total population. For Brazil, a country with significant gaps in healthcare provision, jobs, universities etc, this will be a challenge.

We need a life course approach to health, and vaccination, to help manage the health of those individuals, otherwise the burden for Brazil in 2050 will be too great.

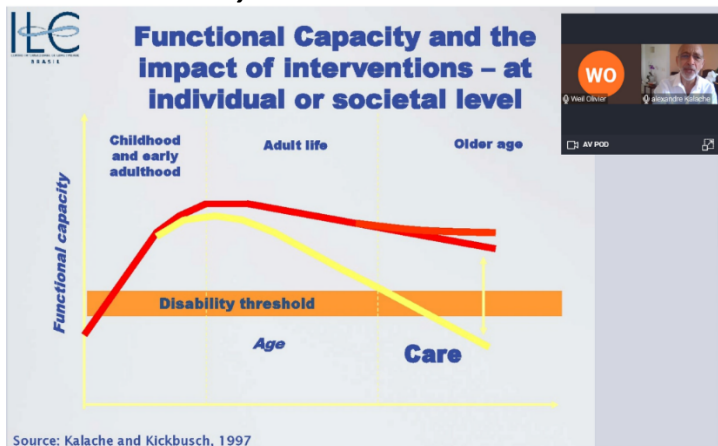


**The earlier you prepare yourself for old age the better, but its never too late.**

Functional capacity increases as you grow into adult life and then declines with age - that is normal. You don't expect to have the same speed and strength as you had 30 years ago, that is the natural process of ageing.

What we want to avoid, is people entering adulthood with suboptimal health because they experience a greater age-related decline in health, or premature ageing, and are more likely to require care in old age. For example, someone who spends early adulthood overweight and stressed, and then managing that stress through alcohol and smoking, is more likely to have a stroke at 55. They are less likely to make a full recovery and may require a greater level of care for a longer period of time – a significant burden on society.

**Functional capacity declines with age, but the degree of decline depends on the health status obtained in earlier years.**



Source: Kalache and Kickbusch, 1997

Yellow: An adult who never reaches their functional capacity and experiences a greater decline in health as they age.  
Red: An adult who enters adult life with optimal functional capacity and does not experience a significant decline in health as they age.

**Premature ageing for those at the bottom - We must address the significant inequalities we see in life expectancy.**

In Rio de Janeiro, Brazil, there can be a 25-year life expectancy difference between postcodes because of significant differences in socio-economic status and the level of deprivation.

This must be addressed in line with the mantra of the Sustainable Development Goals - leave no-one behind. That means we must care for the young child, but also the poor elderly person, the sick adolescent and the healthy 40-year-old.

**Inequalities have become even more apparent during the ongoing COVID-19 pandemic where thousands of deprived people have died.**

Brazil and the USA have the highest number of COVID-related deaths in the world. Many of which could have been prevented, not through a vaccine, but through common-sense distancing and

cleaning measures. The USA denial of COVID and lack of protection or preparation has meant that vulnerable, minority populations are the ones that are suffering the most.

### **Universal healthcare systems can equalise disparities, but they are under attack.**

In Brazil the number of deaths would be even higher without the universal healthcare system, yet this system is underfunded and under attack from the government despite its life saving role. The universal healthcare system is at risk because the federal government has reduced both the Ministry of Education and the Ministry of Health budgets and has frozen social spending for the next 20 years.

### **Vaccination can support optimal, equitable health**

Complete and well-maintained immunisation, along with nutrition and physical activity, can help people build and maintain a high functional capacity throughout life. Immunisation can help address the premature ageing which can be seen in deprived populations.

To realise change, we need universal, well-coordinated messages from the federal government that raises public and healthcare professional awareness. We need to develop a culture of care from the very beginning of life to the end of life – within which vaccination plays a key role.

## Panellists

### **Sam Nye | The Confederation of Meningitis Organisations, UK**

*'Meningitis is not just a risk in childhood as many people think, but in adolescence, pregnancy and old age – many people in these groups don't realise they are at risk.'*

Sam Nye

The life-course approach has grown in recognition over the past 5 years, from a term relatively unheard of to one that is referred to in more and more health discussions. This comes in line with a growing recognition that health must be looked at holistically and the conversations must consider the global picture.

### **People are vulnerable to disease at different ages and stages of life, however this is often not well understood and instead immunisation policy focuses on children or elderly populations.**

Although it is widely accepted that vaccination is cost-effective, the implementation of programmes across all the risk groups remains a challenge. Vaccination implementation programmes must be tailored to the setting, we know from experience that this is not a 'one size fit's all' approach. This is something that must be addressed in order to roll out vaccination to more populations. Surveillance and advocacy need to combine to effectively and transparently demonstrate the value of vaccinations in saving lives across the life course.

### **Kateryna Denysova | Young Coalition for Prevention and Vaccination, Ukraine**

*'It is important that young people are part of the story, so they can pass on important messages to their families and peers now and in the future.'*

Kateryna Denysova



**The life-course concept has grown in high-income countries in Europe, however some middle and low-income countries may be being left behind.**

The Ukraine is a middle-income country in Europe that is at high risk of measles and polio. While the situation for childhood vaccination is quite good, with most people having a positive attitude to vaccination, the adult vaccination landscape is less clear. Although the HPV and influenza vaccinations are well-promoted and accessible, it is not yet seen as a part of a life-course approach to vaccination.

**There is a lot of information available, so we need to help the public digest information about vaccination in different ways.** We should be sharing stories and information using transformative communication tools such as soap opera storylines, podcasts and games, there are some initiatives working in this area who should be included in the conversation.

### Discussion points

**We need to be innovative with communicating, evidence-based positive messages about vaccination.**

Misunderstanding and poor information resource means that doctors are not always informed when it comes to LCI. There are a lot of interesting data coming out, that needs to be broken down and communicated in a practical way to busy HCPs. We have to help HCPs challenge public opinions and change their minds about vaccination, particularly when we are combatting religious and anti-vaccine groups who have a strong voice against vaccination.

### Change takes time

We need more time to change the paradigm around vaccinology and convince people that vaccination across the life course is the future, it's the future of our grandparents, parents, children and society.

### National policy must align policy makers and HCPs

In Europe, current practices are too variable between countries and within countries. Variation is often related to politics, economy and culture. Policy makers need to collaborate with all stakeholders to develop a single, national life-course immunisation schedule. Governments require guidance and advocacy to make this happen. This is where CLCI sits, between European member states, sharing messages and promoting tools which share the benefits of vaccination at any age of stage of life.

### Key messages

#### Culture change

- See long life and good health as a source of wealth for our society, which contributes to active citizens and family members.
- Develop a culture of care in health policy, and in all policies, so health implications of policies are considered and health is supported throughout life.

#### Collaborate and communicate

- Healthcare professionals and societies need to collaborate with policymakers to develop national life course immunisation strategy that aligns all stakeholders.





- Help the public digest information by incorporating vaccination messages into soaps, social media, podcasts and games.
- Young people play a key role in peer and family decision-making, effective communication campaigns must reflect this and include all ages in the narrative.

**Advocate with strong data**

- HCPs must be informed in real-time about recent findings and narratives broken down into practical information which they can use in patient consultations to promote vaccination and challenge hesitancy.
- Data and narratives demonstrating the benefits of LCI must be shared through reliable multimedia platforms.

**CLCI thanks Pfizer for an unrestricted educational grant in support of the World Leadership Dialogue session**



## Workshops adding value to the life-course immunisation narrative

We report here on two other workshops at the WCPH which extend and add value to the LCI narrative.

### Vaccination challenges in developed & developing countries: where does the responsibility lie?

World Federation of Public Health Associations (WFPHA)

#### Chair

Walter Ricciardi | WFPHA

Michael Moore AM | Public Association of Australia.

#### Speakers

Luis Souza | South America

George Amofah | Africa

Kristine Macartney | Asia-Pacific

Marta Lomazzi | WFPHA

**International collaboration is key to success, so vaccination is the responsibility of the national governing body, but also the global scientific community.**

Global immunization is crucial for every individual and the broader community to prevent diseases, promote health and wellbeing and protect the global population as highlighted in WFPHA Global Charter for the Public's Health.

**The world is facing multiple health challenges, among those the outbreaks of vaccine-preventable diseases and the rise of anti-vaccination groups.**

Vaccination is one of the most cost-effective ways of avoiding disease, yet, despite evidence to the contrary anti-vaccine groups believe it brings danger. The anti-vaccine movement is fuelled by fake news spread on social media. In countries where governments have not directly addressed this misinformation, distrust, complacency and hesitancy has grown.

**Appropriate pricing that ensures accessible vaccinations for all is the responsibility of the global scientific community.**

One thing is clear, we must have accessible vaccines for all, especially in countries heavily burdened by infectious diseases. This ultimately comes down to price, many low-income countries would struggle to afford to pay more than 1\$ per vaccine, this must be at the forefront of vaccine discussions.

**Vaccination advocacy must be dynamic and alert to leverage current affairs and emotive stories and change the narrative around vaccination.**



We must be opportunistic and innovative in our approach to global vaccination advocacy. Leveraging emotive stories and sharing them across media platforms in line with current events. Policy must represent the unique country setting but draw on the expertise and support of the global community. All countries around the world are seeing vaccine hesitancy, not just countries where people are complacent about infectious disease (due to the success of vaccination programmes) but also in low-income countries where infectious disease remains a great burden. These countries are managing paradoxical challenges - the significant burden of infectious disease and vaccine hesitancy. To overcome hesitancy, complacency and access to our advocacy must be persistent - persistently sharing the emerging data, building confidence in vaccination in any setting, at any age or stage.

**We must improve the living conditions of people across the world.**

COVID-19 pandemic will not be the last. Thus, it will be important for some common-sense preventative methods, such as handwashing, to continue past the COVID-19 pandemic. We must also look at our relationship with the environment and what that means for people's living conditions, we have to learn to live more sustainably so good living conditions are obtainable for everyone. This means addressing complex issues like climate change, poverty and inequality which have deep roots in the impact of this pandemic.

**Vaccination programmes and communication campaigns must be tailored to the national context.** Vaccination hesitancy is a global issue but the context and nature of the hesitancy varies by national, and even regional, contexts. Each country has a responsibility to develop effective and inclusive vaccination programmes that address the concerns of their population.

We have to look at vaccination policy and local implementation. When the COVID vaccine is available, we must consider how it should be deployed and to whom. Equity is going to be the key word in the COVID vaccination dialogue.

[Developing more responsive systems to deliver catch-up vaccination to migrants arriving in Europe](#)

**ESCMID Study Group for Infections in Travellers and Migrants**

Chair

Michael Edelstein | United Kingdom

Teymur Noori | Sweden

Speakers

Sally Hargreaves | St George's, University of London

Elizabeth de Vito | Università degli Studi Di Cassino e del Lazio Meridionale

Ines Campos-Matos | Public Health England

Christina Louka | University of Groningen

**Migrants are thought to be one of several under-immunised groups in Europe, and involved in outbreaks of vaccine preventable diseases.** They may be under-immunised because of poor



functioning of the health systems in countries they come from, because of barriers to catch-up vaccination and health services on arrival to Europe, and vaccine hesitancy may play a role. Amid

substantial migration to Europe in recent years, ECDC public health guidelines for newly arrived migrants to EU/EEA countries have defined new recommendations, including focusing on catch-up vaccination in adult migrants. Yet there is an urgent need to better define what strategies work to improve vaccine coverage and to better understand the views of migrant communities.

**Migrants are a variable population which needs to be refined to reflect documented status.**

Vaccination strategies need to be better tailored to different migrant populations, making a difference between asylum seekers and resettled refugees who experience very different journeys. Asylum seekers are likely to have an incomplete record and have often moved around a lot, resettled refugees will have had pre-entry health assessments by HCPs from the International Organisation for Migration to protect public and individual health.

**Data and reporting must be improved**

Data on vaccination coverage in migrant populations is incomplete and variable across countries. Migrants have often moved around a lot and may have experienced traumatic journeys, making it hard to remember what vaccinations they have had and when. Digital vaccination records are needed so migrant vaccination coverage can be monitored and recorded easily.

**Migrant vaccination policy is variable by country and needs to be standardised.**

There isn't a 'one size fits all' solution and migrants aren't an invariable group, but practice allows us to learn and gather experience in delivery. Recent findings show migrants often have strong opinions on vaccination and are ready to be asked and answer questions, wanting to be part of the decision-making. Many are open to vaccinations because of the benefits to themselves, their families and communities.

National variation adds more complexity to the vaccination status of migrants who have moved between many countries and healthcare systems. We must develop policies that allow free and easy access to migrant populations, that build trust in HCPs.

## In Conclusion

The CLCI aims to help the global scientific and health community break down barriers to immunisation across the life course so that anyone, regardless of who or where they are, can work to achieve their optimal health at any age or stage. We will use the findings from this report to inform our activities and to help us advocate for access to vaccines for all who need them regardless of their age or stage in life.

## Acknowledgements

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