

- REPORT -

EUROPEAN ADULT IMMUNIZATION ADVOCACY SUMMIT

Brussels, 4 – 6 November 2015



BACK (Mr Eaton, Ms Truchet, Dr Neto, Ms Galbraith) MID (Dr Holt, Ms Moya, Dr Barratt, Dr Mestheneos, Dr Roller-Wirnsberger) FRONT (Ms Heritage, Dr Odone, Ms Kaczmarek, Mr Kesselman) Not in Photo (Dr Durusu-Tanriover, Dr Banks, Ms Sundseth and Ms Rodriguez de Azero)

INTERNATIONAL FEDERATION ON AGEING (IFA)
351 CHRISTIE STREET, TORONTO, ONTARIO, M6G 3C3 – CANADA
TELEPHONE: +1 416 342-1655 - FAX: 416 392 41-57
IFA WEBSITE: WWW.IFA-FIV.ORG

Adult Immunization Advocacy Summit Table of Contents

Content	Page
Executive Summary	3
Overview	5
Day 1: Meeting Notes	6
Day 2: Meeting Notes	10
Appendix	12
• Actions	13
• List of Attendees	15
• Adult Immunization Advocacy Summit Program	16
• Meeting Program References	21

Adult Immunization Advocacy Summit

4 – 6 November 2015

Executive Summary

The World Health Organization (WHO) World Report on Ageing and Health is an important step forward in responding to growing concerns for the alignment of health and social systems that foster healthy ageing while considering the role of older adults in the workforce and their social and economic contributions to a nation’s economy.

Enabling older people to choose to do what they value also means establishing policies (such as adult vaccinations) that promote healthy living. The ageing population can be viewed as a rich new opportunity for individuals and society as a whole¹.

The WHO do not speak directly to the issue of adult vaccination as an intervention to help build the capacity and capability of older people yet the five strategic objectives lend themselves to opening the dialogue on this important cost effective intervention.

As a response to the poor uptake rates of adult vaccinations globally the International Federation on Ageing (IFA) is working to bring together experts and expertise to help influence and shape specific related policies to ensure healthy ageing for all.

With General Consultative status at the United Nations and its agencies including the World Health Organization (WHO) the IFA is in a unique position to help build the capacity of NGOs at a country level and also advocate with global influencers such as the WHO.

WHO Strategic Objectives

1. Fostering healthy ageing in every country
2. Aligning health systems to the needs of the older populations
3. Developing long-term care systems
4. Creating age-friendly environments
5. Improving measuring, monitoring and understanding

Source: WHO Global Strategy and Action Plan on Ageing and Health

The Adult Immunization Advocacy Summit convened by the IFA in collaboration with the Confederation of Meningitis Organizations (CoMO) and Hacettepe University, took place in Brussels, Belgium from the 4th – 6th November 2015. The goal of the Summit which was attended by delegates from 11 different European countries was to better understand the value of a civil society coalition that works in tandem with scientists to promote a life course approach to vaccinations as a means to inform healthy ageing policy at a national and regional level.

Delegates contributed to an improved understanding of the current situation of adult vaccination policies and practices in the European Union and specific countries in the region, and agreed to the need for an across discipline strategy to improve the uptake rates of adult vaccinations.

¹ WHO, World Report on Ageing and Health. Last accessed on Nov 2015 at <http://www.who.int/ageing/events/world-report-2015-launch/en/>

Summit delegates unanimously agreed on the importance of working together to improve the rates of adult vaccination in Europe in a broad coalition model. Delegates agreed: (see Appendix 1 for further details):

1. To work towards gaining parliamentary action for vaccination and to advocate for the creation of a European Union Joint Action on Vaccination.

For NGOs in EU and non-EU countries in collaboration with the IFA to facilitate a webinar to better understand actions that could contribute to national strategies.

2. To determine critical gaps in research pertaining to national recommendations, data coverage, the effects of infectious diseases for older adults and the benefits of vaccination to be determined.

Delegates were keenly interested in understanding how existing data could be used to respond to specific questions about the lack of and impact of education to the general public and also health care professionals.

3. To explore the development of a knowledge platform that could store the most up-to-date information and key messages on adult vaccinations, as well as experts and influencers in the field.

Adult Immunization Advocacy Summit Report

5 - 6 November 2015

Overview

INTRODUCTION

Between 2000 and 2050, the proportion of the world's population of people 60 years and older will double from 11% to ~22%, representing ~ 2.1 billion older adults 60 years and older. Specifically, Europe will have ~ 34% of its population over 60 years and older by 2050².

Now and in the future, the ageing population in Europe will live longer. Increased longevity is one of the greatest achievements of the modern era and a valuable asset to societies however longevity without good health and functional ability is a poor outcome. Ensuring people live long healthy lives is the next challenge of our times.

Managing vaccine preventable diseases (VPD) through sound vaccine policies is a critical step especially in older age to maintain and improve health, well-being and functional capacity; and decrease unnecessary or premature admissions to an acute care setting which in turn may lead to the need for home care and long term care services.

It is important now, more than ever before to ensure that adult vaccination is a central part of the strategy and implementation of healthy ageing policies at all levels of government in Europe.

PURPOSE

The Adult Immunization Advocacy Summit (hereafter known as the Summit) was an invited-only meeting of European and internationally-focused organizations working in the broad areas of public health, geriatrics and ageing.

The International Federation on Ageing (IFA) in collaboration with the Confederation of Meningitis Organizations (CoMO) and Hacettepe University convened the Summit to strategize ways of improving the uptake rate of adult vaccinations in Europe.

The Summit was chaired by Dr. Jane Barratt, Secretary General of the IFA with support from Dr. Mine Durusu-Tanriover, Professor of Internal Medicine at Hacettepe University and Dr. Daphne Holt, Vice-President of CoMO.

Throughout the interactive 2-day Summit, delegates presented and discussed a variety of topics to gain a better understanding and ascertain:

- The current status of adult vaccination policies and practices in Europe
- The need for an across discipline strategy to improve the uptake rates of adult vaccinations
- A consensus of the next steps to ensure that adult vaccinations and the life course approach to vaccination remains on the agenda of the European Union and national governments.

² WHO. Global Strategy and Action Plan on Ageing and Health: consultation. Last accessed on Nov 2015 at <http://who.int/ageing/consultation/en/>.

Adult Immunization Advocacy Summit Report

5 November 2015

Day 1: Meeting Minutes

DAY 1:

DEVELOPING AN ACROSS DISCIPLINE STRATEGY FOR A LIFE COURSE APPROACH TO VACCINATION

Dr. Barratt opened the Summit with a brief overview of the rationale for the Adult Immunization Advocacy Summit. A primary goal of the meeting is to have a better understanding of the current policies and positions of vaccinations for adults in the European context and determine the value of building a coalition of agencies to progress the issues.

Delegates shared their expectations of the Summit which included:

- To gain an understanding of how to ensure certain vaccinations are recommended and approved in national agendas
- To gain an understanding of how an international coalition would look and act
- To gain an understanding of how a collaboration among delegates can address the public health issue of low coverage of adult vaccinations
- To understand the current European Union activities and initiatives in healthy ageing and adult vaccinations
- To take the opportunity to build networks
- To build a partnership and collectively address obstacles that cause low coverage rate of adult vaccinations
- To build a communicating community of like-minded people aligned with the same goal
- To develop a greater understanding of the strategy to consolidate a life course approach to vaccinations

Priorities for civil society presentation by Dr. Daphne Holt addressed the question, “are vaccine preventable diseases (VPD) on the agenda of civil society?” Delegates of the Summit had a discussion on where do adult vaccinations and the life course approach to vaccinations fit in the priorities of civil society?

There was an overwhelming concern about the current lack of data pertaining to the older adult population, especially for those 70 years old and over. Specifically comments included:

- The lack of age-specific studies is an impediment to develop campaigns that build public understanding and collective civil responsibility to protect through vaccination. It is important to have specific data for each demographic group as key performance indicators for vaccines will vary across the life course.
- There is not one main solution to solve the problem of low coverage of vaccination.
- Different situations in different countries that will need to be addressed.

What is needed:

- A life course approach to vaccination strategy
- A targeted approach to vaccinations that is demographically focused and not disease focused
- An understanding of how to use the power of media and targeted messages
- A framework / guidelines for adult vaccinations in Europe (country specific). Case studies to illustrate the key messages and build a collective civil responsibility

- Interest from different organizations in European countries with a similar focus of health, ageing and/or vaccination to join the initiative

The status report presentation by Ms. Heike Galbraith reflected the statement, “Adult vaccination has been on the agenda at the EU level for some time but it is often difficult to gain a realistic picture of what is happening on the ground and how lessons learned can be used in a productive way.”

Ms. Galbraith’s presentation explored what key actions have and have not happened at the Member State level and why.

“A targeted vaccination approach needs to be demographic focused and not disease focused.”

The importance of understanding the political and policy structure in order to guide effective communications at the country level was viewed as paramount.

Once structures and the key decision makers are understood it is critical to gather country level evidence to show the need for adult vaccinations. Civil society is then in a better position to develop strategies and execute effective campaigns.

There are significant variations in the country policies and practices.

Therefore it was seen as essential to gain country specific evidence on the appropriate vaccines for older adults depending on number of deaths, prevalence of disease and the value of vaccines at the country level.

Three broad issues were noted:

- Countries can have vaccination plans for older adults but if there is no implementation strategy and evaluation system in place the plan may never have any effect at the country level.
- A barrier to prioritizing adult vaccination is ageism.
- Health drives economy and prevention is an essential component of healthy ageing.

Building a comprehensive advocacy strategy at the EU level presentation by Ms. Hildrun Sundseth focused on the question, “how does civil society build capacity and capability for a more unified, comprehensive strategy toward a life course approach to vaccination?” Pressure points in government, industry and civil society that could aid in prioritizing adult vaccinations in Europe, was part of the discussion moderated by Ms. Magdalena Rodriguez de Azero following the presentation.

Communication, education, inter-professional issues and e-health actions were seen as a necessary part in advocating for a European Union (EU) joint action plan on infectious disease. Reliable and sympathetic connections with media personnel at a country level are essential ingredients to maintain the issues on the health and ageing policy agenda.

Education was discussed in relation to three groups: younger people, organised associations (such as trade unions) and healthcare professionals.

Delegates agreed that in the development of a life course approach to vaccination learning needs to start early within national curriculums for elementary and high schools. With respect to formal associations, there was agreement that employers had a responsibility in the health of their workforce, and ensuring that there was up-to-date information and access to vaccinations.

A particularly concerning issue which was raised a number of times during the Summit was the apparent uptake and application of vaccine-related information by health care professionals whose uptake rates of vaccines is relatively low.

A specific inter-professional issue between General Practitioners (GPs) and pharmacists was also evident in certain countries. That is, it is common practice to receive recommendations from GPs more so than pharmacists. Despite this trend people with chronic conditions (at a higher risk for severe complications due to infectious diseases) are more likely to visit their local pharmacist than they are to be in contact with their GPs.

Only recently have pharmacists in a number of European countries, such as Portugal, Ireland and United Kingdom, been given a more active role in administering vaccines, something that is already routine in United States of America and Australia.

Finally, there was a brief discussion about up-to-date electronic information systems on vaccination and medical records.

Discussion on the EU Joint Action Plan

Delegates were informed that an EU joint action plan is a useful political tool at the EU level that can have an effect nationally toward implementing policies and projects on topics such as vaccination.

An EU joint action plan is voluntary among the European Member States. The benefit of such a joint action is funding, ~60% of the money required for an EU joint action would be provided by the Commission and the remainder provided by the Member States.

For an EU joint action plan to be adopted the coalition would either need to establish support via a written declaration from 377 Members of the European Parliament (MEP) or a formal resolution from an MEP. Currently, 85 MEP's have supported the Written Declaration on Vaccination Campaigns and the deadline is the 7th December 2015.

Dr. Mine Durusu-Tanriover in her presentation focused on the question, **“What are the barriers (as perceived by scientists) to a life course approach and do they differ from those perceived by civil society?”**

Barriers such as gender differences, cost, supply and demand, the lack of standardized measurement tools for vaccination, education and negative communication about vaccination were part of a wide ranging discussion by delegates.

With respect to the issue between supply and demand, it was recognised that governments and technical communities can recommend certain vaccines and ensure there is enough funding at the regional levels to purchase required vaccines. However these actions are of little value if there is not a demand from the general public.

A standardized measurement tool was viewed as beneficial to evaluate success across all countries as health systems vary among countries. Standardized measurement tools could also provide the opportunity for data gathering and provide further analysis of country level gaps.

Consistency in educating future health care professionals is both a structural and behavioural barrier. Informing healthcare professionals on the importance of vaccination throughout the life course is pivotal considering the influential position of primary care physicians with regard to their patient's health.

Knowledge creation and dissemination, education and communication also constitute a series of major barriers that requires substantive focus with respect to the target groups, the nature and timing of material and the measuring impact. The evidence of poor and inconsistent communication (formal and informal) was a reoccurring theme at the Summit.

It was agreed that the coalition needs to be a source of continuous accurate and positive communication about vaccination. Communication through key messages must be tailored and targeted to different sectors and disciplines and viewed through an age and gender lens.

Healthy ageing and the life course approach to vaccinations – reflections from the WHO World Report on Ageing and Health presentation by Dr. Jane Barratt

highlighted aspects of the first evidence based WHO World Report on Ageing and Health which focusses on “healthy ageing” as a process of developing and maintaining functional ability that enables well-being in older age.

“The mandate of the WHO World Report on Ageing and Health focuses on healthy ageing and functional ability. This is a fundamental entry point for adult vaccinations at the European Member State level.”

Built upon the ‘capability approach’ by Amartya Sen the Report describes the natural interplay between the intrinsic capacities of a person and the environment, and the role that important preventive strategies such as adult vaccination has in the life of an older adult.

The WHO report is a natural entry point to commence dialogue at the member state and country level; and to seek collaboration with other global influencers.

There was general agreement that the IFA and other such organizations could act as a bridge between silos of global organizations such as the World Health Organization and United Nations. The next 5 years will be especially critical as the report focusses on creating and gathering evidence pertaining to the key objectives:

1. Fostering healthy ageing in every country
2. Aligning health systems to the needs of the older populations
3. Developing long-term care systems
4. Creating age-friendly environments
5. Improving measuring, monitoring and understanding³

Summary

There is a need for leadership in the field of adult vaccinations from all levels of government, medicine, academics, NGOs and the general public to address the critical gaps that are impeding the expected coverage rates among adults. Critical areas included:

- Knowledge creation and dissemination
- Education and communication
- Mobilising networks of professionals and civil society across sectors
- Data gathering, analysis and surveillance
- Advocacy that is multilevel, multi-sectoral and multidisciplinary

³ WHO. Global Strategy and Action Plan on Ageing and Health: consultation. Last accessed on Nov 2015 at <http://who.int/ageing/consultation/en/>.

Adult Immunization Advocacy Summit

6 November 2015

Day 2: Meeting Minutes

DAY 2:

PRIORITIZING AND POSITIONING THE LIFE COURSE APPROACH TO VACCINATION WITHIN THE HEALTHY AGEING AGENDA

The Supporting Active Ageing through Immunization (SAATI) report was the focus of the opening session on Day 2 of the Summit. This report brought together key experts and stakeholders in the field of health, ageing and vaccination and incorporates a significant body of knowledge in the field of adult vaccinations.

It could be said that the report helped to influence the development of adult vaccination report cards, voucher systems and making vaccines available at pharmacies in some countries. However organisations represented at the Summit suggested that the report did not have the anticipated impact because it did not have a clear communication or implementation strategy. This may have then added to the lack of political momentum on prioritizing adult vaccinations at the governmental level. It was also noted by some delegates that the timing of the SAATI report may have been a contributing factor. However, as Mr. Eaton representing ILC-UK stated, “Today, European Ministries of Health have a much greater focus on prevention through vaccination.”

Advocating for adult vaccinations – national, to European to global presentation by Dr. Ian Banks

highlighted the communication tensions in advocating for improved uptake rates of adult vaccination.

“Approximately 90% of older adults in Europe are healthy and contributing to society.”

Communication has been a major focus at the Summit. There was overwhelming agreement that the failing of advocacy campaigns can be attributed to the limited understanding of how to: develop key messages; execute a communication strategy and then measure its impact.

Effective communication to different age groups, genders and cultures as well as professional groups is an area that has been largely under-resourced and researched. It was pointed out that the coalition must first understand the reasons why some citizens do /do not choose vaccinate and then shape the messages.

From treatment to prevention: Changing perceptions in Geriatric Medicine presentation by Dr. Regina Roller-Wirnsberger highlighted several issues related to immunization that older adults may experience when living with chronic diseases.

The most at risk groups for serious complications or death due to infectious diseases are children up to 3 years older and older adults aged 65 years and older. While some 90% of older adults in Europe are healthy and contribute to society a proactive preventative approach must be taken as older adults are at a higher risk of serious complications from acute illnesses due to a weakened immune system.

Governments, public health professionals and health care professionals have a collective responsibility to implement targeted vaccination recommendations. Delegates agreed that changing the perception about older adults and the need for prevention and not solely treatment is an important step in ensuring healthy ageing.

Influencing change in vaccine preventable disease (VPD) policies presentation by Dr. Anna Odone focused on the nature, purpose, actions and potential outcomes of a European coalition on adult vaccination.

There was an in-principle agreement to establish a European coalition as part of the World (Global) Coalition. Delegates shared ideas about how the coalition as a collective would move forward and what type of framework would need to be adopted to have relevance across all countries in Europe. A thorough understanding was required of the type of relationships to be formed with this coalition in each country, each country's government priorities and budgets, best practices and a comprehensive communication package.

An idea that requires 'fleshing out' and discussed at length was for working groups to be established that reflected the issues with the region. For example in Europe there may be country-specific working groups, a working group that focusses on advocacy at the EU level and another that responds to gaps in specific evidence. A European coalition would be part of the World Coalition on Adult Vaccination what will be the global voice and a connecting point for all coalitions.

Summary

Delegates had an interest and commitment to working together and building a European Coalition that would focus on the critical gaps. It was agreed that:

- The IFA to be the Secretariat of the European Coalition as part of the World (Global) Coalition on Adult Vaccination
- The IFA to develop a brief statement and disseminate it globally on behalf of the World Coalition on Adult Vaccination
- An Adult Immunization Advocacy Summit Actions document to be completed to guide delegates in the European Coalition on the following identified and agreed gaps:
 - Vaccination actions at the governmental and national levels in Europe
 - Collaborative research to address the gaps in national recommendations and guidelines and data on vaccination coverage, burden of infectious diseases, and benefits of a life course vaccination approach
 - Communication platform on vaccination continually disseminating consistent, positive and proactive messaging across all of Europe in conjunction with ILC-UK's European Immunization Hub

APPENDIX

Adult Immunization Advocacy Summit

4 – 6 November 2015

Actions

Actions	Tasks
European NGOs	
European Union Joint Action Plan	Send template letter from CoMO to IFA
	Send contact database of National Ministries of Health to IFA
	Disseminate EU Joint Action letter and database of National Ministries of Health to delegates and their outreach of local organizations in their country
	Delegates to develop list of local organizations to send the EU Joint Action letter and database and develop a strategy on following-up. Final document from each delegate sent to IFA
	Follow-up on feedback and outcomes of dissemination of letter
Parliamentary Action for vaccination (9 Nov- 7 Dec)	CoMO to send template letter to IFA
	Send links of contact details of MEPs sorted by country affiliation to IFA
	IFA to send out template letter (Written Declaration) and MEP contact list with links to delegates and their outreach
	Continuous follow up and feedback on signatures on Written Declaration to IFA and delegates
Non-European Union Countries	IFA to facilitate a webinar with NGOs in non-EU countries to better understand actions that could contribute to national strategies
NGO Adult Immunization Group	
Statement	Develop draft statement as an outcome from the meeting and send to delegates
	Disseminate statement globally
	IFA to make a formal response to WHO about the World Report on Ageing and Health and the importance of including vaccination
Report	Draft report of NGO Adult Vaccination Summit for input from delegates
	Finalize and disseminate report to delegates and ensure report is posted on their websites
Framework	IFA to draft the identity and position of the European Coalition and send to delegates for input
Research	
Research Agenda	Desk research by the IFA and input through consolidated information by country from delegates on current national recommendations, data coverage, medico- and socio-economic data <u>Countries:</u> Austria, Belgium, France, Greece, Italy, Portugal, Spain, Turkey and United Kingdom
	IFA to conduct an environmental scan and synthesis of information from the WHO and UN agencies on adult vaccination

	Set up a conference call with Dr. Roller-Wirnsberger, Dr. Odone and Dr. Durusu-Tanriover to discuss the academic research project
	European Coalition Academic Working Group to draft a short protocol/structured framework (after conference call) to have cross sectional research completed on real world practices, knowledge gaps about adult vaccination and potential barriers against vaccination and send to IFA and delegates for review
	To have published position statements and/or papers on adult vaccination in the European Geriatric Medicine Journal
EICA Meeting	Discuss goal, purpose, and outcomes of a meeting at EICA
EUGMS – Adult Vaccination Guidelines	Discussion between EUGMS and Dr. Garau and Dr. Unal about the need to have European guidelines to be developed and how to go about creating such guidelines
Communications	
Communication Strategy	Develop overall communication strategy and send to delegates for input
	Develop and disseminate Adult Vaccination Newsletter with inputs from delegates (6 newsletters)
	Define important dates for tweets and posts on vaccination and put together documents to disseminate to delegates
	Develop and disseminate Tweets and posts for important vaccination days to delegates
	Disseminate country fact sheets for final input from delegates
	Development, implementation and managing of an Adult Vaccination micro-site with input from delegates

Adult Immunization Advocacy Summit

4 – 6 November 2015

List of Delegates

Participant	Position	Organization
Dr. Dilek Aslan	Secretary General	Turkish Geriatrics Society
Dr. Ian Banks	President	European Men's Health Forum
Dr. Jane Barratt	Secretary General	International Federation on Ageing
Dr. Mine Durusu-Tanriover	Prof. of Internal Medicine	Hacettepe University
Mr. David Eaton	Policy and Communications	International Longevity Centre-UK
Ms. Heike Galbraith	Director, EU Government Affairs	Pfizer International Public Affairs
Ms Natalie Heritage	Life Course Initiative Intern	Confederation of Meningitis Organizations (CoMO)
Dr. Daphne Holt	Vice President	Confederation of Meningitis Organizations (CoMO)
Ms. Izabella Kaczmarek	Project Officer	International Federation on Ageing
Mr. Adam Kesselman	Director, Global Commercial Development – Prevenar 13	Pfizer Vaccines
Dr. Elizabeth Mestheneos	Admin. Board Member, Vice President	50+ Hellas
Ms. Elena Moya	Head of Development	Fundación Irene Megias Contra La Meningitis
Dr. Mariana Neto	Deputy Head of the Epidemiology Department	National Health Institute Doctor Ricardo Jorge
Dr. Anna Odone	Italian Public Health Representative	The Happy Ageing Alliance
Ms. Magdalena Rodriguez de Azero	Executive Director	Vaccines Europe
Dr. Regina Roller-Wirnsberger	President	Austrian Society of Geriatric Medicine and Gerontology
Ms. Hiltrun Sundseth	Board Member, Head of EU Policy	European Institute of Women's Health
Ms. Marie-Christine Truchet	Manager, Government Affairs	Pfizer Public Affairs France

Adult Immunization Advocacy Summit

Thursday 5 November 2015

Meeting Program

Overall Goal			
To promote a life course approach to vaccinations as part of an overarching healthy ageing policy through helping to build an advocacy strategy that has relevance at a national and European level.			
Day 1 –Assessing the need for an across discipline advocacy strategy for a life course approach to vaccination			
Time	Theme	Focus	Speakers / Moderators
9:00 - 9:30	Welcome and brief introductions	<u>Question:</u> What is the purpose of the Summit? Attendees are invited to (a) introduce the organisation they represent and (b) outline expectations of the meeting.	Dr. Jane Barratt, International Federation on Ageing (IFA)
9:30 – 10:30	Priorities for civil society	<u>Question:</u> Is Vaccine Preventable Diseases (VPD) on the agenda of civil society? <u>Discussion:</u> Where do adult vaccinations and the life course approach to vaccinations fit in the priorities of civil society?	Dr. Daphne Holt, Confederation of Meningitis Organizations (CoMO) <u>Moderator:</u> Dr. Barratt
10:30 – 10:45	Health Break		
10:45 – 11:15	Status report	<u>Statement:</u> Adult vaccination has been on the agenda at the EU for some time but it is often difficult to gain a realistic picture of what is happening on the ground; and how lessons learned can be used in a productive way. The presentation will reflect this statement and explore what key actions have / have not happened at the Member State level and why.	Ms. Heike Galbraith, Pfizer
11:15 – 11:30	Building a comprehensive advocacy strategy at the	<u>Question:</u> How does civil society build capacity and capability for a more unified, comprehensive strategy toward a life course	Ms. Hildrun Sundseth, European Institute of

	EU level	approach to vaccination?	Women's Health
11:30 – 12:00	Discussion	<p><u>Discussion:</u> What are some of the pressure points in government, industry, and civil society that could aid in prioritizing adult vaccinations in Europe?</p> <p><u>Papers of interest:</u></p> <ul style="list-style-type: none"> - SAATI Adult Vaccination: A Key Component of Healthy Ageing Report (2013) - WHO Vaccine Special Issue on Vaccine Hesitancy (2015) - Alliance for Aging Research, Our Best Shot: Expanding Prevention Through Vaccination in Older Adults (2015) - WHO Global Vaccine Action Plan (GVAP) (2011-2020) - Vaccination and healthy ageing: How to make life-course vaccination a successful public health strategy (2010) 	<p><u>Moderator:</u> Ms. Magdalena Rodriguez de Azero, Vaccines Europe</p>
12:00 – 1:00	Lunch		
1:00 – 1:30	Barriers to a life course approach to vaccinations	<p><u>Question:</u> What are the barriers (as perceived by scientists) to a life course approach and do they differ from those perceived by civil society?</p> <p><u>Papers of interest</u></p> <p>IFA Adult Immunization Advocacy Summit – Rome Report (2015)</p>	Dr. Mine Durusu Tanriover, Hacettepe University
1:30 – 2:30	Healthy ageing and the life course approach to vaccinations – Reflections from the WHO World Report on Ageing and Health	<p><u>Statement:</u> The WHO World Report on Ageing and Health redefines “healthy ageing” as a process of developing and maintaining the functional ability that enables well-being in older age.</p> <p>As it speaks to the interplay between the intrinsic capacities of a person and the environment how will this alignment position adult vaccinations in the future?</p> <p><u>Papers of Interest:</u></p> <ul style="list-style-type: none"> - European Commission, Active Ageing Agenda (2012) 	Dr. Jane Barratt, IFA

		- WHO Report on Ageing and Health (2015)	
2:30 – 2:45	Health Break		
2:45 – 3:45	Summary	Key messages and actions	Dr. Daphne Holt, CoMO

Adult Immunization Advocacy Summit

Friday 6 November 2015

Meeting Program

Day 2 – Prioritising and positioning the life course approach to vaccination within the healthy ageing agenda			
Time	Theme	Focus	Speakers / Moderators
9:00 – 9:15	Welcome and check-in	Overview of program - Day 2	Dr. Jane Barratt, IFA
9:15 – 10:15	Advocating for adult vaccinations – national, to European to global	<p><u>Debate:</u> What are the conflicts in advocating for improved uptake rates of adult vaccination? What are some examples in the field of adult vaccination?</p> <p>Attendees are invited to discuss on how to start to solve the various conflicts surrounding advocacy for adult vaccination?</p> <p>How can we benefit from understanding behavioural influencing factors such as complacency, convenience and confidence to improve vaccination uptake rates?</p>	<p>Dr. Ian Banks, European Men’s Health Forum</p> <p><u>Moderator:</u> Dr. Holt</p>
10:15 – 10:30	Health Break		
10:30 – 11:00	From treatment to prevention: Changing perceptions in Geriatric Medicine	<p><u>Statement:</u> Older adults are living longer, healthy, active lives with several chronic and acute diseases. It is important to understand how acute infectious diseases affect the lives of older adults.</p>	Dr. Regina Roller-Wirnsberger, Austrian Society of Geriatric Medicine and Gerontology
11:00 – 11:45	Influencing change in vaccine preventable disease (VPD) policies	<p><u>Question:</u> What would a European coalition on adult vaccination look like, feel like, do and be accountable to?</p> <p><u>Discussion:</u> The value / or not of a coalition include the goal, scope, logic and model.</p>	<p>Dr. Anna Odone, The Happy Ageing Alliance</p> <p><u>Moderator:</u> Dr. Holt</p>

11:45 – 12:45	Lunch		
12:45 – 2:00	European / National Strategies	<p><u>Question:</u> How do European strategy and national strategies connect (if at all)? How could either or both of these approaches, effect change at the global (WHO) level.</p> <p><u>Discussion:</u> On gaining a clear goal and then unpacking the various aspects of a realistic and measurable strategy.</p>	<u>Moderator:</u> Dr. Barratt
2:00 – 2:15	Health Break		
2:15 – 2:30	Summary	Messages and actions	Dr. Jane Barratt, IFA and Dr Daphne Holt, CoMO
2:30 - 3:15	Going forward	<p><u>Question(s):</u> Is there an appetite to work together on improving the uptake rates of adult vaccinations?</p> <p>If so, what are the next steps and most importantly how and when can this be communicated at the European and global level?</p>	Dr. Jane Barratt, IFA

Adult Immunization Advocacy Summit 4 – 6 November 2015 Meeting Program References (LINKED)

Alliance for Aging Research. (2015). Our Best Shot: Expanding Prevention through Vaccination in Older Adults

European Commission. (2012). The EU Contribution to Active Ageing and Solidarity between Generations

International Federation on Ageing. (2015). Adult Immunization Advocacy Summit – Rome Meeting Report

J.P. Michel J.P., Gusmano, M., Blank, P.R., and Philp, I. (2010). Vaccination and healthy ageing: How to make life-course vaccination a successful public health strategy, 1(3), 155-165

Supporting Active Ageing Through Immunisation (SAATI) Partnership. (2013). Adult Vaccination: A Key Component of Healthy Ageing – The benefits of life-course immunisation in Europe

World Health Organization. (2015). World Report on Ageing and Health

World Health Organization. (2013) Global Vaccine Action Plan 2011-2020

WHO SAGE Working Group on Hesitancy. (2015) WHO Recommendations Regarding Vaccine Hesitancy, 33 (34) 4155-4218