Healthy Ageing & the Role of Life-Course Immunisation: Southeast Asia Roundtable Series

Malaysia Key Takeaways

Healthy Ageing & the Role of Life-Course Immunisation

29 July 2021

Asia's population is ageing. By 2050, about 25% of Asia's population will be made up of older adults aged 60 and above.[1] Asia is also projected to house 62% of the elderly population, which makes the region the oldest in the world.[2]

The United Nations has proclaimed 2021-2030 to be the Decade of Healthy Ageing,[3] to improve the lives of older people, their families and communities. An equally important and complementary strategy is that of the World Health Organization's Immunisation Agenda 2030,[4] to ensure that everyone, everywhere, at every age, fully benefits from vaccines to improve health and wellbeing – including older adults.

Despite the obvious benefits, Southeast Asia lags behind the rest of the world when it comes to life-course immunisation – falling significantly short of the 75% immunisation target rate set by the World Health Organisation.[5]

In response, the EU-ASEAN Business Council, KPMG and Sanofi, with the support of the Western Pacific Pharmaceutical Forum (WPPF), published a report in 2021 on 'The Decade of Healthy Ageing in ASEAN: Role of Life-course Immunisation',[5] unveiling healthy ageing barriers in Southeast Asia and calling for an urgent and greater focus on the implementation of life-course immunisation.

To ensure that the report recommendations in the report translate into relevant and actionable solutions at a country level, a series of five roundtables were organised across Southeast Asia. The Malaysia roundtable was held on 29 July 2021, with multi-stakeholders from various sectors, including healthcare industry, academia, elderly advocacy groups and pharmacy. The attendees aligned on progressive policy activities and devised a roadmap to improve awareness, access, and uptake of life-course immunisation in Malaysia.

Chatham House Rules applied during the roundtable. The insights and solutions gathered during the roundtable have been summarised in this report, with no direct attribution to any participants. However, contributing participants and organisations have been credited as contributors to these discussions.

We thank all roundtable participants for their valuable contribution.

Life-course immunisation landscape in Malaysia

In 2020, 7% of the Malaysian population, approximately 2.3 million people, were aged 65 and above, which classifies Malaysia as an ageing society.[6] This percentage is expected to reach close to 20% by 2050.[6] Consequently, the old-age dependency ratio is expected to increase from 11.8 in 2020 to 28.2 in 2050, which means there will be 28 people aged 65 and above for 100 individuals of working age.[7]

Of the 51.1% of patients infected with at least one respiratory virus, which led to acute upper respiratory tract infections in Kuala Lumpur from 2012 to 2014, 23% were caused by influenza viruses.[8] In addition, 13% of pneumonia infections, which led to hospitalisations in the state of Sarawak, were caused by influenza viruses.[9] These figures suggest that influenza is prevalent within the Malaysian population and causes significant burden.

Even though vaccinations for influenza can minimise the risk of respiratory tract infections and pneumonia, adult immunisation rates remain low in Malaysia. Only 2% of Malaysians are vaccinated against influenza.[10] Based on a survey by The International Federation of Pharmaceutical Manufacturers and Associations Influenza Vaccine Supply, only 7.48 doses per 1,000 population were distributed in Malaysia in 2013, which is considerably low compared to other countries in the Asia Pacific region, such as Japan, with 506.9 doses distributed per 1,000 population.[11] Even among Malaysian Umrah and Hajj pilgrims to Saudi Arabia,

where vaccinations are highly recommended, the uptake of influenza and pneumococcal vaccines are only 28.6% and 25.4%, respectively.[12] This is still very low, compared to the World Health Organisation (WHO) goal of at least 75% coverage among the high-risk pilgrims group.[12]

What are the barriers to life-course immunisation uptake in Malaysia?

As highlighted by the EU-ABC, KPMG, Sanofi and WPPF report, there continues to be accessibility and financing constraints to vaccinations in Malaysia. Malaysia does not have a population-wide adult immunisation programme and the National Immunisation Programme currently only focuses on childhood vaccination. Even though the Ministry of Health recommends adult vaccination in the National Adult Immunisation Schedule, expenses are financed entirely out-of-pocket.[13] Vaccinations for adults cost between MYR41-100 (USD10-24) and this additional cost may discourage individuals from getting vaccinated.[14] As a result, Malaysians primarily access influenza vaccines through private healthcare facilities, with only 10% of adult vaccinations administered in public healthcare facilities if individuals have other chronic conditions that increase the risk of infections.[5]

The Immunise4Life initiative was launched in 2013 by the Ministry of Health, the Malaysian Paediatric Association and the Malaysian Society of Infectious Diseases and Chemotherapy to combat vaccine hesitancy and drive greater awareness on vaccine-preventable diseases and the benefits of life-course vaccination. Over the years, the initiative has focused on adult vaccinations for pilgrimage, influenza and pneumococcal vaccines for adults and other vaccines not recommended in the National Immunisation Programme.[15] Despite the great strides that this programme has made, there is growing vaccine hesitancy in Malaysia driven by misinformation on social media channels, which has resulted in individuals believing that vaccines are prohibited by religion or alternative medicine alone can combat against infectious diseases, among other beliefs. This negative sentiment proliferated to some healthcare workers, who discouraged their patients from vaccinations as well as promoted anti-vaccine views to their patients.[16] As a result, this also had an impact on paediatric vaccination, with increasing cases of vaccine refusal by parents from 2013-2016,[17] that has since plateaued from 2017.

Moreover, immunisation records are stored in individual vaccination books, manually recorded by healthcare professionals. There were instances that healthcare professionals with anti-vaccination sentiments had falsified vaccination records.[16] The lack of a centralised and computerised immunisation register prevents a nationwide effort to tackle such falsification. A centralised register can also help to provide surveillance data on the burden of vaccine-preventable diseases, which can assist in the cost-benefit analysis of introducing an adult immunisation programme to engage with policymakers to recognise the importance of subsidising adult immunisation.

Participants of the roundtable reinforced the barriers highlighted in the report, and discussed the following:

Data collection

The lack of a comprehensive surveillance system, in addition to the Malaysia Influenza Surveillance System, to capture data related to vaccination means there is a gap between epidemiology and real world policies to determine the best period to vaccinate annually. Compounded by a lack of clear seasonal trends of influenza in Malaysia, the incidence and prevalence of influenza and other infectious diseases are still uncertain. Consequently, policymakers cannot plan ahead and predict upcoming peaks and are likely to resort to vaccinating individuals with any existing vaccine supplies, regardless of the strain of the infection.

Lack of additional touchpoint: pharmacies

Vaccination points are limited mostly to the private sector and the role of administering vaccines is reserved for doctors. As such, the approximately 7,000-8,000 pharmacists in 3,000 community pharmacists are unable to provide an additional touchpoint for individuals who want

to get vaccinated outside of private and public healthcare facilities. Moreover, vaccinations are currently classified under Poison B in Malaysia, which is prescription only. The change of some adult vaccines to Poison C, which is non-prescription, can help enable access to vaccination in pharmacies.

Religious concerns

Religious bodies are concerned about the ingredients in vaccines, in particular the use of animal products. Collaboration with manufacturers to provide a halal certification in vaccines, as well as endorsement from policymakers will provide ease of mind to vaccinate.

Value of life-course immunisation

Many individuals are unaware of the availability and importance of different vaccinations or that they can request for vaccinations in public hospitals for vaccines that are covered under the national program. There is a gap of communication to patients on the benefits and importance of vaccination for healthy ageing.

What are the solutions to life-course immunisation uptake in Malaysia?

The EU-ABC, KPMG, Sanofi and WPPF report highlights three recommendations for Malaysia:

1. **Advocate for vaccines through a multi-stakeholder approach.** Multistakeholder collaboration, involving local authorities, healthcare professionals, non-governmental organisations and vaccine manufacturers, are needed to engage with the elderly on the benefits of vaccines and tackle vaccine hesitancies and common misconceptions. For example, a training and re-training programme can be implemented for healthcare professionals, so they understand their role in advocating for vaccination.
2. **Provide vaccine financing for older adults.** Policymakers should subsidise and incentivise vaccines, so it is more affordable for lower-income individuals, such as a tax exemption of vaccination expenses for younger adults who purchase vaccines for their aged parents or providing vaccines for high-risk groups, including older adults with comorbidities, at no cost.
3. **Improve data collection and infrastructure.** The Influenza Surveillance System should be stratified by age groups to allow highly detailed data analysis and consequently targeted action to reduce disease burden. Existing sentinel networks should be expanded and subsequent epidemiological influenza reports should be shared on a regular basis to facilitate multi-sectorial stakeholder collaboration. For example, a centralised immunisation register to track vaccine coverage rates in real time can assist vaccine outreach efforts to groups that with low vaccinate rates.

Beyond the report, participants also discussed additional solutions, as below.

Government-led policies

1. **Partnership with professional medical organisations (national).**

   Partnership with professional medical organisations (national). Participants discussed the need to engage with healthcare professionals, through organisations such as the Malaysian Medical Association Malaysian Society of Geriatric Medicine, Malaysian Nurses Association and Malaysian Pharmacists Society, on the benefits and importance of vaccination, so they can then disseminate this information to their patients. While geriatrics general practitioners do focus on vaccinations when caring for the elderly population, general and family general practitioners do not, which is an important touchpoint to address.

2. **Partnership with community leaders (local).**

   There are currently foundations in place to engage community leaders to implement annual health check-ups for children in rural areas. This can be expanded to include the elderly and vaccination as part of the health check-up.

3. **Expanding the role of community pharmacists as advocates of vaccines (national).** Many individuals visit pharmacies for health information and recommendations. While pharmacists can recommend and advocate for vaccination, they are currently unable to administer vaccines and would have to redirect individuals to visit other private or public healthcare facilities. Enabling pharmacists to not only advocate for but also administer vaccination in-pharmacy will likely increase the uptake of vaccinations among the elderly population.

4. **Inter-agency collaboration (national).**
   Vaccination as part of healthy ageing can be undertaken by different federal ministries and agencies with different functions beyond health, so there is a concerted and collaborative approach to healthy ageing, as part of a government master plan. In addition, the integration of vaccination with other healthy ageing programmes, such as chronic disease screenings and nutrition, will provide a holistic healthy ageing agenda for the public, which requires inter-agency collaboration.

5. **Leverage existing digital technologies (national).**
   The government has invested in blockchain technology for MySejahtera, an application for contact tracing in response to the COVID-19 pandemic. Post-pandemic, this technology can be leveraged to include other infectious diseases, so the adult and elderly population can be easily reminded to vaccinate or have their vaccination records stored in a centralised system.

6. **Leverage vaccination requirement for travel (national).**
   At present, many travellers are required to vaccinate against COVID-19 before crossing borders to other countries. By mandating a requirement for certain vaccinations, this can potentially increase uptake, especially for those who travel often.

Government-and corporate-led initiatives (Public-private partnerships)

Tax incentives for insurance products. Health insurers can offer specific insurance products that cover vaccination fees, especially for the elderly. Additionally, tax incentives for young adults who purchase these insurance products for their elderly parents will increase enthusiasm for purchase. Once the elderly population retires, they may not be able to afford yearly vaccinations, so having these vaccinations covered as part of their insurance plan will remove the financial burden faced by the elderly.

Citizen-led initiatives

Communicating the value of life-course vaccinations. The inclusion of the importance of different vaccines, such as pneumococcal, tetanus and influenza, within the messaging for healthy ageing will provide a more comprehensive and holistic set of information for the elderly population. Additionally, as there are many different vaccines, packaging them up will reduce any confusion.

Attendees

- Ada Wong – Sanofi Asia Public Affairs Lead
- Dr Adelina Cheong – Sanofi
- Aidi Affendi Kusim – Sanofi
- Brett Marshall – Zuellig Pharma
- Chai Sen Tyng – Universiti Putra Malaysia
- Chris Hardesty – KPMG Asia-Pacific Healthcare & Life Sciences Director (Moderator)
- Chris Humphrey – EU-ASEAN Business Council Executive Director (Moderator)
- Doreen Tan – Sanofi
- Jack Shen Lim – Tigas Pharma
- John Jackson – Western Pacific Pharmaceutical Forum President
- Dr Khor Swee Kheng – United Nations University
- Dr Nathan Vytialingam – Malaysian Healthy Ageing Society
- Assoc. Prof. Ir. Dr Siti Anom Ahmad – Malaysian Research Institute on Ageing, Universiti Putra Malaysia
- Prof. Dr Tan Maw Pin – Universiti Malaya
- Prof. Datuk Dr Zulkifli Ismail – Asia Pacific Paediatric Association

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