

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

## Vietnam Key Takeaways



# Healthy Ageing & the Role of Life-Course Immunisation

27 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.<sup>1</sup> Asia is also projected to house 62% of the elderly population, which makes the region the oldest in the world.<sup>2</sup>

The United Nations has proclaimed 2021-2030 to be the Decade of Healthy Ageing,<sup>3</sup> 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,<sup>4</sup> 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.<sup>5</sup>

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',<sup>5</sup> 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 are being organised across Southeast Asia. The roundtable for Vietnam was held on 27 July 2021, with multi-stakeholders from various sectors, including healthcare industry and academia. The attendees aligned on progressive policy activities and devised a national roadmap to improve awareness, access, and uptake of life-course immunisation in Vietnam.

**Chatham House Rules were 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 a contributor to these highlights.**

**We thank all roundtable participants for their valuable contribution.**

## **Life-course immunisation landscape in Vietnam**

Vietnam is one of the fastest ageing populations in Asia with the share of adults aged 65 and above projected to nearly double from 7.9% to 14.1% over the next 15 years.<sup>6</sup> By 2050, 20.5% or one out of every five people is expected to be aged 65 and above.<sup>6</sup> As people age, the immune system becomes less effective, contributing to the greater susceptibility of older people to some infections and diseases. Take for example, influenza, which is more common among older people and results in death more often.

While Vietnam recommends and has piloted a programme providing free influenza vaccines for health care workers, accompanied by educational materials, population-wide adult immunisation policies have yet to be established.<sup>7</sup> The country's Expanded Programme on Immunisation (EPI) currently focuses on infants and immunisation rates for influenza remain significantly low at just 1% of the overall population<sup>8,9</sup>.

However, in its efforts to improve the feasibility of a potential influenza immunisation programme, Vietnam has established production capabilities for the vaccine. Since 2019, locally produced influenza vaccines have been licensed for use in Vietnam following a 10-year effort in collaboration between Vietnamese manufacturers, PATH, the United States and Vietnam governments and the World Health Organisation.<sup>10</sup>

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With the assistance of the World Health Organization and PATH, Vietnam has also developed its National Immunisation Information System (NIIS), a digitised immunisation database to track immunisation records as well as vaccine stocks and distribution in support of its EPI.<sup>11</sup> With the NIIS, relevant stakeholders can send automated SMS reminders for vaccinations, access patient vaccination records and perform population-wide tracking and analysis.

The local government will continue to play an important role in driving a successful national immunisation program and introducing policies aimed at enabling healthy ageing. Currently, healthy ageing initiatives are guided by the National Action Programme on Older People 2012-2020, the Ordinance on Elderly People 2000 and the Law on the Elderly 2009.<sup>12,13</sup> Through such policies, older adults are entitled to social protection and healthcare benefits such as the automatic enrolment into a public health insurance scheme, priority queues for health check-ups and pensions. Beyond this, more needs to be done by policy makers to establish an adult immunisation schedule, provide financing and empower non-governmental and grassroots organisations to heighten awareness and increase public education around adult vaccines. Furthermore, expanding authorisation of vaccine administration to physicians and nurses can help to support uptake of life-course immunisation at the national level.

## **What are the barriers to life-course immunisation uptake in Vietnam?**

Efforts are being made to improve the feasibility of a potential influenza immunisation programme in Vietnam. However, as highlighted by the EU-ABC, KPMG, Sanofi and WPPF report, the level of awareness and willingness to receive adult vaccinations continues to be low. In a study comparing college students in the United States and Vietnam, people in Vietnam were found to have significantly lower levels of awareness about flu risk, higher levels of negative attitudes toward flu vaccination, lower levels of knowledge about the flu and vaccination and lower levels of self-efficacy than those in the United States.<sup>14</sup> The increased vaccine

hesitancy could be attributed to the media's reporting of Adverse Events Following Immunisations (AEFIs), where the media was found to be the most trusted source of vaccine information, ranking above staff in hospitals and vaccination clinics.<sup>15</sup>

Additionally, as vaccines are primarily administered by physicians, the country's low physician to population ratio of 0.8 per 1,000 persons hinder the accessibility to vaccines.<sup>16</sup> Also given Vietnam's size, diverse regions and geography, vaccines are not easily accessible to everyone. Immunisations for older adults are only accessible at approximately 2,000 fee-based facilities, including both public and private facilities, countrywide. As adult immunisations are not covered under the EPI, they are also financed entirely out-of-pocket, costing between VND 120 thousand to 180 thousand (USD 5.2-7.8) per dose.<sup>12</sup>

Delivery and financing barriers are further compounded by the lack of research into vaccine-preventable diseases on older adults, with limited information on the burden of vaccine-preventable diseases on the overall health and economic systems in Vietnam. Furthermore, the inconsistency of vaccine advocacy has been a major hindrance to promoting life-course vaccination. For example, only a small proportion of healthcare providers (HCPs) push for adult influenza vaccines, and in Vietnam, the immunisation rates for influenza remain significantly low at just 7% among physicians.<sup>8,9</sup> Thus, implying that they have neither the willingness nor authority to advocate such programmes.<sup>17</sup>

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

## **Value of life-course immunisation**

There is currently no National Adult Immunisation Schedule (NAIS) in Vietnam, and the importance of routine vaccination options beyond childhood are not well-understood by adult populations. Many have the misconception that crucial vaccines are only given at birth or to children. Additionally,

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the general population do not fully understand – and are faced with uncertainties about – the efficacy of vaccination or its components.

## Advocacy, awareness, information

The lack of awareness and increasing vaccine hesitancy, which has resulted in misinformation about vaccine preventable diseases and vaccines itself are key barriers to life-course immunisation uptake in Vietnam.

## Data collection

While Vietnam has developed the NIIS to track vaccination records, as of 2020, the NIIS covers less than a quarter of the country's population, and additional work is required to onboard older adults onto the database.<sup>18</sup> The surveillance infrastructure for immunisation needs to be improved to track coverage rates and coordinate vaccination action. Until efforts are ramped up, there is a lack of data to quantify impact and to inform policy development.

## Supply and access

Older people with chronic diseases are dependent on recommendations from their doctors. The problem however is that sometimes, when recommendations are given, the vaccine may not necessarily be available at the clinic the person visits due to limited supply.

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

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

- 1. Establish adult immunisation schedule and provide financing:** As Vietnam grows into an ageing population, an adult immunisation schedule is crucial in adopting a preventive healthcare strategy. Equally crucial is the financial support given by the government for vaccines in the schedule, helping to drive the uptake of vaccines among older adults.
- 2. Increase public education around adult vaccines:** As vaccines have been traditionally addressed towards

infants, a shift in consumer mindset is required to promote vaccine uptake by older adults. For example, policymakers can collaborate with health care professionals, clinical associations and non-governmental organisations to produce and disseminate vaccine educational materials across offline and online channels to reach older adults. A public consultation hotline or a messaging chatbot can also be set up to address vaccine-related queries.

### 3. Expand authorisation of vaccine administration:

To reduce any potential friction faced by older adults in accessing vaccination services, policymakers can consider expanding the authorisation of vaccine administration to pharmacists or nurses. Such an initiative would require the additional training for such professions and reduce the load placed on physicians and bring vaccination centres closer to the individual. In addition, policymakers can establish guidelines for remote administration to reach bed-bound adults.

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

## Government-led policies

### 1. Policies to expand authorisation of immunisation administration (national).

With different priorities and resources at primary care clinics, one way to put a focus on immunisation is to utilise different touchpoints, such as nursing homes and pharmacies, where nurses and pharmacists respectively can administer vaccination. These healthcare providers will also be specially trained to address issues and provide information around healthy ageing and the role of life-course immunisation, subsequently helping to dispel misconceptions and hesitancy about vaccines.

### 2. Increase supply of vaccines and maximising immunisation convenience (national).

To ensure that health care facilities do not experience stockouts in their vaccine supply, policymakers should

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continue to invest and scale-up its vaccine production capacity. While making up for the shortfall, policymakers should negotiate long-term contracts with vaccine manufacturers to ensure an adequate and sustainable supply of vaccines. Furthermore, investment in predictive analytics capabilities and training of analytics personnel can help governments gain better clarity around expected vaccine demand. In fact, vaccine management analytics have been given a boost because of supply issues with COVID-19 vaccines. Similar models can be used for other key vaccines, such as that for influenza.

### 3. Improve the national surveillance infrastructure and data collection systems (national).

Multi-stakeholder collaboration is necessary to reach a state where information is properly and accurately captured by HCPs and stored in a central location to create a national immunisation registry that can be easily accessed by relevant stakeholders. This way, governments can regularly monitor, track and convey information about current epidemics, allowing older adults as well as HCPs to stay updated on current developments to make better-informed vaccination decisions. As immunisation is one of the most important public health prevention tools, such surveillance mechanism is critical to evaluate and continuously improve the collective efforts. Vietnam currently monitors AEFIs through passive surveillance i.e., these events are reported voluntarily. However, this should be expanded to monitor the safety of vaccines through population-based safety investigation using linked data, and collaborating with all stakeholders to develop a consistent and robust national approach to serious and/or severe AEFI. This involves creating standardised clinical protocols and facilitating uniform AEFI clinical follow-up through a national clinical database, which will help promote confidence in any national immunisations programmes like the influenza immunisation program.

### 4. Maximise immunisation convenience (local).

Making sure that people who want to be vaccinated can do so at their convenience is critical. The importance

of this was demonstrated in a study conducted in Thailand, where distance to the nearest vaccination centre was found to be the strongest predictor of uptake. Policymakers could therefore expand the adult immunisation provider network, to allow people with more convenience in terms of access points where they can get vaccinated.

### Corporate-led initiatives

**Create insurance products to cover vaccine-related costs.** Health insurers can offer specific insurance products to cover the cost of vaccinations. This would provide a greater level of assurance to those who are considering to take up vaccinations but are concerned about the cost implications around it.

### Citizen-led initiatives

**Grassroots efforts to encourage vaccine confidence.** Non-governmental and grassroots organisations could share relevant narratives around the effectiveness and safety of vaccines, while simultaneously highlighting the burden of vaccine preventable diseases to families. This could be done via social media or word-of-mouth to reach a wider population. Such positive word-of-mouth is an important way that grassroots efforts can support policymakers in their marketing efforts. Furthermore, non-governmental or grassroots organisations can partner with the government to create simple digital health solutions that streamline the vaccine access process for elderly adults. This could be in the form of providing the elderly with assistance in booking their vaccine appointments, scheduling timely phone calls to remind the elderly that they are due for their annual vaccine appointments and providing easy access to resources on vaccine-related information for the elderly.

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## Attendees

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- Brett Marshall – Zuellig Pharma
- Assoc. Prof. Bui Vu Huy – University of Medicine Hanoi
- Chris Hardesty – KPMG Asia-Pacific Healthcare & Life Sciences Director (Moderator)
- Chris Humphrey – EU-ASEAN Business Council Executive Director (Moderator)
- Dr Hien Le – PATH Vietnam
- John Jackson – Western Pacific Pharmaceutical Forum President
- Dr Lam Minh Yen – Oxford University of Clinical Research Unit
- Ngoc Anh (Julia) Tran – Abbott Laboratories
- Dr Nguyen Hai Thuong – PATH Vietnam
- Assoc. Prof. Pham Le An – Family Medicine Association
- Thanh Binh – Former Head of Advocacy, EuroCham Vietnam
- Nguyen The Tin – Vietnam Pharmaceutical Association

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