

A vaccine manifesto: those most at risk must come first everywhere

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Older people are disproportionately affected by COVID-19. The risk of serious illness and death from the virus rises substantially with age, with deaths among older people making up an estimated 73 per cent of mortality globally.¹ But the broader economic and social impacts of the pandemic also present critical challenges for older women and men, and affect their wellbeing, dignity and voice.² This is especially true for those who have experienced a lifetime of poverty, exclusion and inequality, the accumulated impact of which puts them at greater risk. In many places, ageist responses to the pandemic have further exacerbated these risks and led to violations of older people's rights – including their right to life.³

Vaccination offers a beacon of hope. But this hope will only be fulfilled when those most at risk are vaccinated

Vaccination is one of the most effective ways to reduce deaths and severe illness from COVID-19. In Europe, vaccine rollout has contributed to a year on year reduction in COVID-19 deaths among people aged 65 and over, from 30,359 the week of 18 January 2021, to 6,615 for week of January 3 2022,⁴ while data from the US shows older people who are unvaccinated are 49 times more likely to be hospitalised.⁵

All COVID-19 vaccines approved by the World Health Organization (WHO) have proven to be safe and effective, and there are enough doses of vaccines globally to drive down transmission and save lives, if they go to the people who need them most. This will, in turn, reduce pressure on health and care systems, support global economic recovery and ensure those most at risk can participate in community and

family life on an equal basis with others and without fear.

The WHO Strategic Advisory Group of Experts on Immunization (WHO SAGE) **COVID-19 vaccination values framework** and the **Roadmap for prioritizing COVID-19 vaccines in contexts of limited supply** both call for the prioritisation of health workers and older people in vaccine rollout. They emphasise that opening-up vaccine eligibility to the whole population without first achieving the desired coverage among older age groups and other high-priority groups will reduce the impact that could be secured with the initial limited vaccine supply.

"The number of doses administered globally so far would have been enough to cover all health workers and older people if they had been distributed equitably. We could have been in a much better situation".

**Dr Tedros Adhanom Ghebreyesus,
WHO Director-General, May 2021**

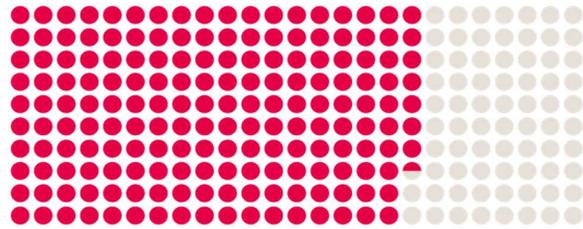


Older people in low- and middle-income countries face multiple barriers to realising their right to vaccines

Seventy percent of older people globally live in low- and middle-income countries (LMICs). However, while 67.53 per cent of people in high income countries had been vaccinated with one dose by January 26 2022, only 11.18 per cent of people (1 in 9) in low income countries had received their first COVID-19 vaccine.⁶

Some richer countries are now administering 'booster' doses to populations that have already received a full course of vaccination before many of those most at risk in LMICs receive their first dose. Even if such 'booster' doses are targeted to those over the age of 60 in rich countries, it does not justify using limited supply that could otherwise be targeted to those at highest risk in LMICs, especially given the infectiousness of the new variants and the growing evidence that whatever advantage boosters provide does not outweigh the benefit of using those doses to protect billions of people who remain unvaccinated.⁷

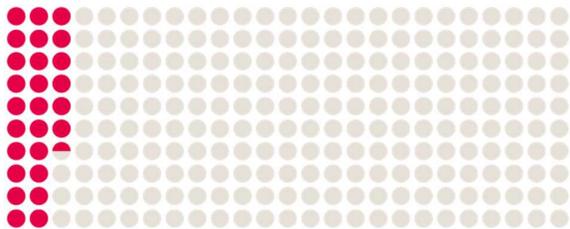
**High income countries:
More than 2 in 3 people, or**



67.53%

Have been vaccinated with at least one dose as of January 26, 2022

**Low income countries:
1 in 9 people, or**



11.18%

Have been vaccinated with at least one dose as of January 26, 2022

Source: WHO in UNDP Data Figures Platform



Even where vaccines are being rolled out in LMICs and older people are prioritised on paper, in practice they face multiple barriers to getting vaccinated.

Barriers include weak and under-resourced health systems; poor availability of health services and facilities; limited understanding of the needs of older people within immunisation systems traditionally focused on maternal and child health; physical access and cost barriers; vaccine ageism, including a failure to prioritise older people in rollout as one of the groups most at risk; and a lack of access to trusted and reliable information on COVID-19 and vaccines to support older people to make an informed choice about vaccination.

Hesitancy among older people is also an issue in some contexts, whether due to a lack of confidence or trust in the health system or the government, questions about vaccine safety or efficacy, personal beliefs, or other reasons. These challenges may be compounded for older people in humanitarian situations.

Older people living in poverty and those who are socially and geographically isolated or excluded are most at risk of being left behind in vaccine rollout. This includes older women, older people with a disability or care and support need, older people from minority ethnic or religious groups, migrants, refugees and internally displaced persons, those living in informal settlements, and the homeless.

WHO SAGE defines **equity in COVID-19 vaccine distribution** at the global and national level as:

Global:

- Ensuring that vaccine allocation takes into account the special epidemic risks and needs of all countries; particularly low- and middle-income countries.
- Ensuring that all countries commit to meeting the needs of people living in countries that cannot secure vaccines for their populations on their own.

National

- Ensuring vaccine prioritisation within countries takes into account the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic.
- Developing the immunisation delivery systems and infrastructure required to ensure COVID-19 vaccine access to priority populations and taking proactive action to ensure equal access to everyone who qualifies under a priority group, particularly socially disadvantaged populations.

To end the pandemic in all countries and uphold the rights of those most at risk we must:

1. Achieve global vaccine equity

HelpAge is a member of the **People's Vaccine Alliance** and we support their calls for COVID-19 vaccines, tests and treatments, to be available for all as a global common good.

Governments of rich countries and pharmaceutical corporations must:

- Urgently agree and implement a global roadmap to deliver the WHO goal of fully vaccinating 70% of people by mid-2022.
- Maximise the production of safe and effective vaccines and other COVID-19 products by suspending relevant intellectual property rules and ensuring the mandatory pooling of all COVID-19 related knowledge, data and technologies so that any nation can produce or buy sufficient and affordable doses of vaccines, treatments and tests.
- Invest public funding now in a rapid and massive increase in vaccine manufacturing as well as research and development (R&D) capacity to build a global distributed network capable of and governed to deliver affordable vaccines as global public goods to all nations.
- Ensure COVID-19 vaccines, treatments and tests are sold to governments and institutions at a price as close to the true cost as possible, provided free of charge to everyone, everywhere, and allocated according to need.
- Scale-up global financial support for upgrading and expanding public health systems and achieving universal health coverage (UHC) to respond not only to emergencies but also to protect and save lives every day.

For more information see: **A Five Step Plan for A People's Vaccine.**



Fabeha Monir/Age International

"A COVID-19 vaccine must be seen as a global public good, a people's vaccine".

UN Secretary General, June 2020

118 countries are currently 'off track' to meet the target of vaccinating 70 per cent of their population by mid-2022.

Despite an estimated 52.2 million older people living in **sub-Saharan Africa**, available WHO data shows less than five per cent of older people were fully vaccinated in many countries in the sub-region by the end of December 2021. In the **Democratic Republic of Congo**, less than one per cent of their 4.3 million older people were fully vaccinated.

While **high income countries** have to increase their health care spending by 0.8% on average to cover cost of vaccinating 70 per cent of the population, **low-income countries** have to increase their health care spending by 56.6% on average to cover the cost of vaccinating 70 per cent of the population.

Sources: Our World In Data, Accessed Jan 25 2022; World Health Organization (WHO), Officially reported COVID-19 vaccination data. Accessed Jan 25 2022; UNDP Global COVID-19 vaccine equity dashboard.

2. Ensure those most at risk come first in vaccine rollout everywhere

National governments and vaccine partners in all countries must:

- End vaccine ageism and prioritise those most at risk, including older people, in vaccine rollout, both on paper and in practice, in line with WHO SAGE and COVAX guidance.
- Meaningfully engage all groups of older people and those working with them in the design, delivery, monitoring and evaluation of national vaccination strategies.
- Collect, analyse, report and use age, sex, disability and location disaggregated data on the number of vaccines administered, so that progress against national vaccination strategies is transparent and can be monitored by all stakeholders, including older people.



Peter Caton/Age International



Fabeha Monir/Age International

WHO data from December and November 2021 show that in **Ghana, Indonesia and Mozambique**, older people were less likely to be fully vaccinated than people aged 59 and under.

In the **Philippines**, despite older people being prioritised on paper, millions are being left behind, remaining completely unvaccinated or only partly vaccinated against COVID-19, with many more doses being given to groups who have a lower vaccine priority. In April 2021, the President of the Philippines said “Let’s prioritise those who, once they get a vaccine, there’s a chance that he would live, and live productively. Most of the senior citizens are no longer that productive”.

Sources: World Health Organization (WHO), Officially reported COVID-19 vaccination data. Accessed Jan 25 2022; Peter Lloyd Sherlock, Global platform for COVID-19 and older people in LMICs. Jan 18 2022.

3. Address the barriers older people face in accessing vaccines

National and local governments, service providers and partners must:

- Ensure those responsible for delivering vaccines at all levels have the resources, information and tools needed to protect and promote older people's right to vaccines and understand that vaccine equity means prioritising older people in rollout as one of the groups most at risk.
- Work with civil society organisations, private sector and communities to understand older people's needs and the diverse barriers they face in accessing vaccines. Tailor strategies to address these, ensuring all older people are reached and that no one is left behind.
- Ensure **Risk Communication and Community Engagement (RCCE)** strategies actively engage, inform and empower all groups of older people and their communities, and deliver trusted and reliable information on COVID-19 and vaccines so that they can make an informed choice about vaccination.
- Listen to, understand and act on drivers of vaccine acceptance and uptake among older people, managing misinformation and myths that contribute to vaccine hesitancy, and tailoring responses to the information and communication needs of different groups – including those who are most at risk of being left behind.
- Adopt strategies to support older people's timely access to vaccines, such as providing transport, mobile vaccination, and 'Pre-listing' populations – mapping and screening those most at risk, and scheduling appointments for vaccination in advance.
- Invest in and accelerate progress towards Universal Health Coverage (UHC) fit for an ageing world, recognising that UHC, founded upon a strong primary health care system, is essential to reaching those most at risk with vaccines, to ending the pandemic, and to building resilient and equitable societies that respond effectively in times of crisis.



Ben Small/HelpAge International

3,658 older people surveyed in HelpAge's COVID-19 rapid needs assessments in 12 low- and middle-income countries during 2020 said they prefer to receive information by: radio 50%, television 43%, word of mouth 26% and loudspeaker 26%. Only 6% said they prefer to receive information through the internet.

COVID-19 rapid needs assessment carried out by HelpAge and partners in **12 low- and middle-income countries** during 2020, found that over a third (37%) of 3,658 older people surveyed said they faced difficulty in accessing health services and one fifth (21%) faced barriers in accessing COVID-19 information.

In **eastern Ukraine**, a survey of 4,493 older people carried out by HelpAge International with support from USAID in October 2021, found that 80 per cent of older people were not vaccinated. Of those unvaccinated, 90 per cent reported an unwillingness to receive the vaccine. Their main reasons for this included a lack of confidence in the vaccine quality and fear of medical complications and side effects.

In **India**, 42 per cent of 5,000 older people surveyed in June 2021 expressed unawareness of the existence of a COVID-19 vaccine. The survey showed that internet access, digital illiteracy and language barriers were preventing them from accessing information and registering themselves for vaccination on the digital registration app.

Sources: HelpAge COVID-19 RNAs; HelpAge Ukraine; HelpAge India, 'COVID-19 and the Elderly', www.helpageindia.org/wp-content/uploads/2021/07/TheSilent-Tormentor-Covid-19-the-Elderly-A-HelpAge-India-Report-2021.pdf

