

EU Virtual Roundtable Day On Influenza

How to improve vaccine supply, forecasting and demand predictability and collectively engage for higher influenza vaccination coverage of EU citizens

21 September 2021

Introduction

On 21 September 2021, a **EU Virtual Roundtable Day on Influenza Vaccination** was organised by Sanofi Pasteur, hosted by a Member of the European Parliament, Dolors Montserrat (EPP, ES), and moderated by Tamsin Rose, Senior Fellow at Friends of Europe.

Seasonal influenza poses a significant but often under-recognised challenge to European Union health systems. Compared to other infectious diseases, influenza has one of the highest impacts in terms of mortality and incidence.

The disease is estimated to cause up to 70,000 deaths in the EU every year, particularly among older adults and other at-risk groups. Despite existing WHO and EU Council recommendations to reach 75% influenza vaccination coverage for at-risk population, only a limited number of EU countries has reached this target so far.

In light of the significant impact of COVID-19 on the health systems, the EU institutions and Member State authorities have pointed out that simultaneous outbreaks of seasonal influenza and COVID-19 would place a considerable strain on health systems. Throughout 2020 there has been an increased demand for influenza vaccines as health authorities sought to keep people at risk of influenza complications, out of the hospitals and community practices.

Against this background, the COVID-19 pandemic has sparked a renewed political debate on influenza vaccination. The Roundtable Day gathered key EU and national stakeholders who have been active in the field of influenza vaccination such as civil society groups, patient organisations, medical and public health organisations, as well as policymakers to provide recommendations at both EU and national level on what actions are needed to:

1. Develop a long-term vision for influenza vaccination preparedness, to ensure that manufacturing capacities will be able to accommodate the need for more influenza vaccine supplies by national authorities in the coming years;
2. Join forces to secure and maintain strong political and population engagement towards influenza vaccination in Europe.

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Roundtable 1: Developing a long-term vision for influenza vaccination preparedness

The first roundtable discussion focused on the influenza vaccines manufacturing capacities and forecasting, with the view to best ensure appropriate access to seasonal influenza vaccines for the next seasons. The experts, among which civil society organisations, policymakers and the industry, presented their views on how to overcome the main challenges related to supplying influenza vaccines, and what factors should be taken into account when supply forecasting. It was also debated how lessons learnt from the COVID-19 pandemic can contribute to strengthening vaccines industrial capabilities for Europe.

Opening remarks



Dolors Montserrat, Member of the European Parliament, expressed her delight in being the host of the event and thanked the panellist for joining the discussion to share their expertise not only on best practices and challenges in forecasting influenza vaccine production capacities, but also on how to ensure that the set 75% target for influenza vaccination

coverage in the EU is reached.

Speaking about the importance of maintaining up-to-date pandemic influenza preparedness plans, she listed several aspects that should be considered to protect those most at-risk, including provisions for sustainable vaccine supply national influenza immunisation programmes.

Despite the WHO's recommendations to achieve a 75% threshold of vaccination coverage, only a limited number of countries have reached this target. Ms Montserrat referred to a [heatmap](#) on influenza vaccination, which maps out different vaccination coverage rates and settings across Europe.

With the next seasonal influenza around the corner and potential future pandemics lurking, the MEP underlined the need for a long-term vision for influenza preparedness to ensure that in the future years the supply will meet the demands.

Setting the scene:

Overview of the main challenges related to manufacturing and supplying influenza vaccines

A video presenting the process of vaccine

manufacturing was presented to the audience, following which **Mr. Henri Lanfry (Sanofi Pasteur, Head of Val de Reuil Industrial site)** shared his views on the main challenges related to manufacturing and supplying influenza vaccines.



Please click on the image to watch the video

Mr. Henri Lanfry said that it takes one year to manufacture a high-quality influenza vaccine, given the numerous quality controls – which has a certain impact on industrial flexibility. He presented the full flu vaccines manufacturing cycle in the Northern Hemisphere, stressing out that once the vaccine production cycle has started, increasing industrial capacity is barely feasible. To ensure vaccines are delivered in enough quantity, demand visibility from Member States is needed by December of the year before the vaccination campaign to facilitate industrial planning and help anticipate potential capacity constraints.



The important challenges in relation to the packaging

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were also mentioned: [diverse national labelling and packaging requirements as to the type of information to be put on the package, and on the leaflet due to the EU's linguistic diversity are impacting supply flexibility and therefore supply security.](#)



The key is to anticipate Member States' requirements. Only when demand information is provided at early stages, the vaccines can be delivered on time for citizens.



The current influenza EU vaccination coverage rate for the recommended population is approximately 50%. From the industry's point of view, to reach the WHO 75% target, new manufacturing facilities would be needed to meet the demand. [As it takes up to 5 years \(or more\) to build and approve new vaccine facilities, not only early yearly demand visibility is needed, but also clear, long-term guidance from the EU as to the projection of the EU vaccine needs.](#)

To conclude, Mr. Lanfry reconfirmed Sanofi Pasteur's commitment to developing and manufacturing high-quality vaccines. Bearing in mind that vaccines are not manufactured overnight, a long-term industrial preparedness plan from the EU is needed to maintain and/or increase vaccination coverage rates among the EU population, and subsequently prepare for future influenza pandemics.

Panel discussion: Identifying adequate interpandemic measures supporting seasonal influenza industrial and delivery capabilities as a cornerstone of pandemic preparedness

The panel discussion started with statements made by Mr. Mariano Votta (Director, Active Citizenship Network) on the outcomes from the civic survey of Italian regions in influenza vaccines supply and Ingrid Keller (Acting Head of Unit, Health Security, DG SANTE, European Commission), who presented the lessons learnt from COVID-19 pandemic response to strengthen vaccines industrial capacities for Europe.

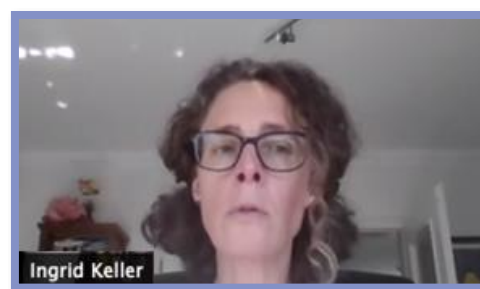
Mr. Votta presented the main findings of the [ACN's civic survey on the supply of flu vaccine doses](#), together with its three concrete recommendations, to:

1. Guarantee the elderly and other vulnerable target groups have equal access to influenza vaccination through the application of a principle of solidarity among regions, accompanied by transparency.
2. Make available, including through the channel of pharmacists, vaccines for the entire population. Pharmacists have an important role in influenza vaccination campaigns.
3. Address the regions to act jointly as to the purchase of vaccines, and the cities to jointly start the flu vaccination campaign. To present an example of region collaboration, Mr. Votta said that this year, seven Italian regions agreed to use the new negotiations tool made available by public administrations, allowing them to negotiate tenders in a faster and fully electronic way.



Mr. Votta concluded by reminding that the recommendations show concretely how civic organisations can play a major role in the harmonisation of policies.

Ms. Ingrid Keller recalled the objectives of the [EU Vaccines Strategy](#), including the need to ensure quality, safety and effectiveness of vaccines, as well as to secure swift and equitable access to vaccines for Member States and their populations, while leading the global solidarity effort.



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The audience was also informed that the Commission is working closely with healthcare professionals through a [Coalition of Vaccination](#). Set up in 2019, on the basis of a [Council Recommendation on strengthened cooperation against vaccine-preventable diseases](#), it consists of European health professionals' (HCPs) and students' associations and is considered a key partner in the Commission's communication efforts on vaccination.

Ms. Keller further mentioned that the Commission will aim to address physical obstacles to vaccination through one of the EU4Health programme's action grants: EU Immunisation Initiative.

[In moving forward with the approach to infectious diseases, including influenza, clear, targeted, and positive communication around vaccination, as well as cooperation between the policymakers and HCPs, is essential.](#)

Drawing from the COVID-19 lessons, a larger policy framework is needed to build a stronger EU health security framework, make EU agencies stronger and more operational, and, through the new European Health Emergency Preparedness and Response Authority (HERA), provide a permanent structure for global health surveillance, flexible manufacturing capacities and vaccine development. Referring to the importance of the HERA Incubator as an important point when discussing policies addressing vaccination, Ms. Keller outlined its core mission, including the need to strengthen health security coordination –during the crisis, as well as during the preparedness phase. [It is key to address vulnerabilities and strategic dependencies related to the development, production, procurement, stockpiling and distribution of medical countermeasures.](#)

Ms. Ingrid Keller agreed with Mr. Lanfry on the existing challenges related to national labelling and packaging requirements and informed the audience that currently the European Commission is exploring how to address them through the implementation of the Pharmaceutical Strategy for Europe.

Panel discussion and Q&A

The discussion started with **Mr. Votta** answering a question on the measures needed to reduce discrepancies within a country as to access to vaccines. Highlighting that the issue of inequality is a

long-lasting debate, he presented three potential solutions: solidarity amongst the regions (short-term), identification of benefits coming from investment in prevention policies (medium-term) and the re-evaluation of healthcare competencies between the regions and the national government (long-term).



Ms. Keller provided insights on the EU actions to help address the issues related to vaccine manufacturing, distribution systems and industrial capacity. HERA could address many of these aspects, including vaccine preparedness. During the panel discussion, Monique Dereque-Pois (Director General, European Healthcare Distribution Association, GIRP) outlined that, from a distribution perspective, as of this season, dual distribution of vaccines will take place – COVID-19 and influenza vaccines – and that strong collaboration and coordination of all stakeholders are crucial. The smooth roll-out of vaccines should be ensured. She echoed the calls made by Mr. Lanfry as to the need to have clear visibility information from national governments.

Ms. Keller stressed that HERA and the Pharmaceutical Strategy will examine ways to enhance vaccine surveillance and data analysis. Moreover, new opportunities that can contribute to enhancing healthcare systems will be explored, such as artificial intelligence.

Answering an audience question on whether an EU vaccine stockpile would support the EU in securing the right quantity of influenza vaccines, **Mr. Lanfry** mentioned that [the lack of harmonisation across the EU as to labelling and packaging is the main barrier for the creation of such a stockpile, together with national programmes specificities.](#)

Concluding the event, panellists were invited to propose a key measure that could contribute to improving influenza vaccine demand predictability to secure optimal population access to influenza vaccines

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and strengthen EU Member States pandemic preparedness.

Whilst **Mr. Lanfry** recalled the need to ensure the timely visibility from national governments and the need for the harmonisation approach to the packaging, **Mr. Votta** outlined the importance to invest and increase awareness among the population on the value of influenza vaccines, taking into consideration each relevant actor (general practitioners, nurses, industry, national and local institutions, advocacy groups, etc.).

Roundtable 2: Joining forces for strong political and population engagement

The second roundtable discussion consisted of experts representing the following organisations: European Union Geriatric Medicine Society (EUGMS), International Federation on Ageing (IFA), Coalition of Organisations Patients with Chronic Diseases (COPAC) as well as of the European Public Health Association (EPHA). Invited stakeholders spoke about how seniors, scientific, patient and healthcare professional organisations can join forces to secure and maintain strong political and population engagement towards influenza vaccination in Europe.

Welcome & Introduction

MEP Sara Cerdas (S&D, PT) opened the second round of discussions and spoke about the need to empower citizens in making healthier choices.



One of the lessons learnt from the pandemic is that vaccines work and save lives. Being aware of the fragility of European healthcare systems, MEP Cerdas outlined that through a collective approach, it is possible to strengthen them. This includes joint communication about the importance of vaccination, for the seriousness of protecting themselves and their loved ones. She expressed her belief that, through a collective approach, and better communication, the burden of the disease can be reduced.

Setting the scene: Senior civil society organizations' role & enablers to foster strong political and population engagement on influenza vaccination

He concluded by informing the audience about the EU Flu Day taking place in October and invited other organisations to join the initiative.

Ms. Keller concluded that the shelf life of influenza vaccines would pose challenges to stockpile creation. A tool that could contribute to ensuring vaccine access in the scope of HERA for pandemic response is joint procurement – something that the European Commission is exploring at the moment.

Dr. Jane Barratt (Secretary-General, International Federation on Ageing) presented the reality of the current vaccine situation, spoke about the reflections on the main barriers to influenza and the importance of messages in partnership in the vaccines debate.

Dr. Barratt started by outlining that the COVID-19 pandemic put extraordinary pressure on healthcare systems and, at the same time, provided opportunities for policy change to improve the understanding and the delivery of influenza vaccination. In this regard, Dr. Barratt stated that the Member States must examine the current philosophy and operationalisation of healthcare systems and move it from an illness model to health prevention and promotion is needed.



Several real barriers to influenza were listed: the lack of specifically targeted messages, the lack of recognition of HCPs as the trusted resources, and inadequate registers and data collection. Dr. Barratt further outlined that, as older people are a

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heterogeneous population, there is no need to create public health messages that speak only to this part of the population. Different variations of older people across the life course should be understood.

Another barrier mentioned were inconsistent policies and guidelines. An example presented was the development of public health messages around adult vaccinations, which are the same in most countries. This presents an assumption of the same level of health literacy, while the messages should be targeted to the person, to the disease.



Let's not think that older people are frail, vulnerable and without voice. Older people are resilient. Their remarkable courage has been shown throughout this pandemic and before and they can be the champions of change.



Dr. Jane Barratt also mentioned that civil society organisations (CSO) do not promote and prioritise immunisation because of a lack of skills, expertise and resources. In this regard, governments should invest in CSO activities to improve immunisation.

To conclude, Dr. Jane Barratt stated that, as the next influenza season approaches, an environment must be created to remove barriers and allow for an inter-sectoral and interdisciplinary approach.

Panel discussion: What role for public health, civil and medical societies to sustain EU citizens willingness to be vaccinated in a post-pandemic world?

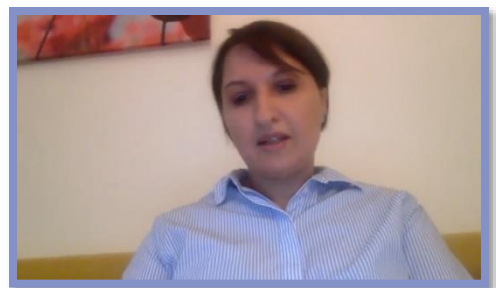
The panel discussion started with a presentation by **Prof. Gaëtan Gavazzi (European Geriatric Medicine Society)**, who spoke about what is needed to equip and strengthen healthcare providers' engagement on influenza immunisation practices.

Acquisition of knowledge and capacities at the educational level were listed by Prof. Gavazzi as the main barriers that should be addressed, pointing out that in France only three hours are assigned to educate on the importance of vaccination. If an

adequate organisational environment would be created, with access to influenza vaccines being ensured, an estimated number of 98% of HCPs could contribute to promoting vaccination amongst their patients.



Referring to the high coverage of COVID-19 amongst the French population, he stressed political willingness as the strongest factor in increasing vaccination coverage. This includes having the capacity to create surveillance systems about the influenza disease on national and regional levels, ensuring proper infrastructures to organise the administration of vaccination – to be done by various HCPs, including pharmacists, nurses, general practitioners (GPs). The pandemic gave the opportunity to change the current healthcare system and change the mindset about infectious diseases, including influenza.



Ms. Luminita Valcea (Coalition of Organisations patients with chronic diseases, COPAC) outlined the important role of patient organisations in increasing awareness about the influenza vaccination and promoting trustworthy sources about the vaccines, as well as advocating for ensuring access to vaccinations.

She spoke about the Romanian experience and best practices aiming to increase understanding of vaccination amongst the patients, including the launch of a guide on the importance of vaccination of

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chronic disease patients, the organisation of several trainings for media journalists and online campaigns. Together with that, recommendations for physicians on the importance of vaccination of patients with an immune deficiency were developed.

Ms. Valcea stressed that patients should receive trustworthy, targeted information on influenza vaccination and the pandemic created an opportunity to discuss vaccination, but the problem is: with Covid-19, other diseases are not discussed.

In her final remarks, Ms. Valcea stated that there is a need to address misinformation about vaccination, for the Member States to ensure reimbursement of vaccines for the adult population as well as risk groups, as well as adequate vaccine stocks.



Dr. Ricardo Mexia (President of the Infectious diseases control section, the European Public Health Association, EUPHA) presented his views on the value of public health, civil and medical societies collaboration in improving education and fostering policy engagement on influenza vaccination.

The EU is known for its heterogeneity, with some nations being known as vaccine-hesitant, as well as some having a significant amount of trust in vaccines. There is room for improvement for health professionals, who tend to have lower vaccination rates than the general population. In this regard, [Dr. Mexia outlined the need to address the issue by targeting this population in order to improve protection for both HCPs and their patients.](#)

Bearing in mind little exposure to influenza over the last season, surveillance will play a key role in managing the next influenza season. There are various tools through which organisations can communicate better and more broadly to their members and general population: through internal member communication, through using social media or through engagement

with other traditional media.

Recommendations for action: Panel discussion & Q&A Session

The session started with panellists addressing a question on the structural absence of nurses in vaccination of programmes and projects, despite the evidence showcasing the benefits of investing in this aspect.

[Dr. Mexia stressed the need to involve all HCPs – not through mandatory vaccination, but through education about the risks that they face and the existing risk for the patient.](#) The concerns about why HCPs do not want to vaccinate should be addressed as well. It should be promoted that, through vaccination, not only they protect themselves, but also the patient (lower transmission). It may be that training on this point at the educational level, including for nurses, should be extended. He concluded that in Portugal, vaccination programmes are run through nurses under the public health doctors' surveillance.

Prof. Gavazzi agreed that mandatory vaccination is not an option and added that an environment where the vaccination is promoted collectively, is needed. He suggested [considering organisation of peer interviews to motivate other HCPs to receive COVID-19 and influenza vaccines.](#)

Dr. Barratt stressed that [social determinants as to vaccine hesitancy also should be taken into account, cultural barriers, as well as mobility and transportation issues.](#) The vaccination patient pathway should also be re-evaluated to support the patient in accessing the vaccine. Dr. Barratt underlined the importance of cross-sector, cross-discipline agenda to address practical barriers before dealing with more structural barriers.

[To improve vaccination coverage to reach 75%, it may be time to propose a model tailored to country-level vaccination campaigns, through which, thanks to multi-sector and multi-discipline approach, every population group may be reached.](#)

Dr. Barrat informed the audience that the average percentage against healthcare expenditure for health promotion and prevention is less than 9%, and for immunisation is less than 0.5% in most countries. [As such, Member States must increase investments in the prevention area to ensure that their population](#)

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[grows older and healthy.](#)

Dr. Mexia added another aspect to the discussion: scenarios where the demand does not meet the supply and vice versa. Vaccines should be addressed on a more extended timeline, to ensure that all delivered doses are used (which requires promotion) and there are enough doses for those who need them.

Access remains a considerable barrier, as often appointments available in primary care settings are not adjusted of work schedules of the general population. New approaches are needed, for example centres open after hours.

Another question tabled by the audience related to whether or not communication should be studied by HCPs.

Dr. Mexia mentioned that communication is an essential key skill in healthcare settings. Communication skills are needed to build relations with the population. However, [additional training is also needed and includes trainings on how to communicate to the patient \(bilateral speaking\), media \(public speaking\), and social media.](#) **Dr. Barratt** outlined the importance of communication format, and the channel formats being adapted to specific populations. **Prof. Gavazzi** added that [a shift in medical education from technical aspects to a more humanistic approach \(incl. communication\) is needed, given the difficulty of doctors in communicating the messages in a concise and precise way.](#) **Ms. Valcea** concluded that communication is a two-way channel and patients should feel empowered to ask their doctors about vaccinations.

[It was agreed that healthcare settings should feature a communication professional, who would be able to continuously train HCPs on how to structure messages around vaccination.](#) Communication in healthcare is about empathy, understanding the patient and being able to listen, use appropriate language and technology, which differs from skills needed to be able to communicate appropriately through media. Media trainings could also contribute to raising awareness about influenza vaccines, through the education of health journalists.

Concluding the panel, **Ms. Rose** gave the floor to each speaker to present the main recommendations for a significant change at a policy level they would like to convey.

Dr. Ricardo Mexia answered that the technical approach from the political one needs to be separated. During the pandemic, there was a mix of these two settings: policymakers involved in technical debates, and scientists tried to engage in policy debates. It was stressed that decisions regarding public health should be taken with the support of data.

Ms. Jane Barratt answered by presenting three policies as recommendations:

- Prioritising immunisation as part of an extended prevention strategy and making it part of the universal health coverage – through increased investment;
- Reducing barriers and systematic review of effective public health messages to targeted groups;
- Developing strategies to reach those who are most marginalised, who may not be able to have access to vaccination due to busy working schedules or transportation difficulties.

Prof. Gaëtan Gavazzi answered that at an EU-wide model gathering all stakeholders is needed. The EU should recommend the Member States, when preparing influenza campaigns, [organise multistakeholder committees at national levels to lead the vaccination policy. The committee should include representatives of medical societies, civil society organisations, health economists, and patients.](#)

Ms. Luminita Valcea concluded that there is a [need to ensure influenza vaccines are reimbursed in all countries in the EU and the administration of vaccines is well-organised.](#)

Recommendations on how to improve influenza vaccines supply, forecasting and demand predictability

Seasonal influenza poses a significant but often under-recognised challenge to European health systems. Compared to other infectious diseases, influenza has one of the highest impacts in terms of mortality and incidence: it is estimated to cause up to 70,000 deaths in the EU/EEA each year.¹

Due to the COVID-19 pandemic, and taking into account the recent cases of Flurona, a condition of being infected with COVID-19 and influenza viruses at the same time, the demand for influenza vaccines has been increasing. To secure adequate doses for the European citizens, and protect them against influenza and serious complications, it is crucial to better anticipate the demand for future seasonal influenza vaccines and take appropriate measures to prepare for pandemic influenza vaccines industrial and delivery capabilities.

In light of the above, the following recommendations are proposed

To EU policymakers

1. **Secure EU autonomy and support appropriate seasonal influenza industrial capacities and delivery capabilities as a cornerstone of pandemic preparedness by:**
 - **Providing long-term guidance on the projection of EU vaccine needs to industry, to ensure optimum interpandemic capacity to meet the vaccine needs of citizens.** This is a particularly urgent action considering it can take up to 5 years to build and approve new industrial facilities.²
 - **Addressing vulnerabilities and strategic dependencies related to the development, production, procurement, stockpiling and distribution of medical countermeasures, such as vaccines, through the new European Health Emergency Response and Preparedness Authority (HERA).**³
2. **Streamline regulatory requirements as one of the objectives of the EU Pharmaceutical Strategy pursued by the European Commission (EC) in order to increase both flexibility and security of vaccines supply to European countries and to facilitate access for the European-citizens through:**
 - **Harmonisation of the packaging and labelling requirements across EU countries,**
 - o **For instance,** the adoption of e-patient leaflets for injectable products, such as priority vaccines administered by health care professionals.
 - **Streamlining vaccine batch release processes beyond the EU,**
 - o For instance, reliance mechanisms between the EU and main exporting (to the EU) and importing (from the EU) country health authorities could address the current repetition of testing and subsequent vaccine supply and access delays.

¹ ECDC, Factsheet about seasonal influenza. Available at: <https://www.ecdc.europa.eu/en/seasonal-influenza/facts/factsheet>

² [Gavi's long-term \(5-years\) investment strategy](#) shall be considered as best practice by the European Commission when developing long-term guidance for the EU vaccine projections.

³ HERA aims to, amongst others, steer investments and actions in enhancing Europe's preparedness and readiness against cross-border health threats.

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To Member States

3. Anticipate and **secure accurate indications of vaccine annual demand** to then reinforce the dialogue between governments and industry:
 - All EU country **demands should be communicated one year in advance (before December)** to help achieve security of vaccine supply and timely delivery (private pre-orders booked and tenders awarded).
 - Routine earlier annual indications would enable appropriate industrial planning and anticipate potential capacity constraints for the upcoming influenza season to best meet citizen needs.
4. Develop long-term projections for vaccine demand, according to the WHO and / or country-specific vaccine targets to illustrate to **industry the long-term demand visibility**, along with national budget allocation to:
 - Inform decisions of industry investments for the EU that serve both **influenza seasonal** and **pandemic vaccines** needs.
 - Help overcome the limitation of vaccine supply due to industrial infrastructure gaps.

Recommendations on how to collectively engage for higher influenza vaccination coverage of EU citizens

Civil, public health and medical societies, together with healthcare professionals and policymakers, play a crucial role in educating and empowering at-risk populations about the need and value of being vaccinated, as well as act as the bridge between communities and policymakers to prioritise prevention and reiterate the need for influenza vaccination. To unlock the potential of political and population engagement, the following recommendations are proposed

To EU policymakers

1. **Promote targeted evidence-based communications** on influenza vaccination and cooperation between the policymakers, the industry and health care professionals.
2. **Encourage** Member States to increase investments in vaccination programs within a strengthened national immunization programme as a strategic pillar of their national pandemic preparedness plan with special attention to improved infrastructures and capabilities, and reimbursement.

This investment is key to improving and expanding access to vaccination across the life course yet with a particular focus on those at high-risk including older people and those with underlying chronic conditions. but not limited to simplified pathways for adults.

3. Guide and support Member States in establishing **multistakeholder committees at national levels to strengthen the implementation, including public health awareness campaigns, of national influenza immunization plans.** The committees may
 - include representatives from civil society representing key stakeholder groups including health care professionals of medical societies, civil society organisations (CSOs), health economists, and patients' associations.
 - collectively address the challenges associated with vaccine confidence, the heterogeneity of ageing populations, and varying levels of health literacy.

To Member States

4. Consider moving healthcare systems from an **illness model to a health prevention and promotion approach**, with vaccination as a central component of universal health coverage, and a clear national pandemic preparedness plan such as:
 - immunisation is prioritised as part of an **extended prevention strategy with a strengthened surveillance system** both at national and regional levels, and **vaccination infrastructures** that can support **timely uptake of influenza or other vaccines.**
 - reimbursement for influenza vaccines is ensured to the recommended population coverage.
 - situational **barriers to vaccination are addressed** through collaboration with CSOs that may include complex and / or inaccessible vaccination pathways, inflexible health care settings that limit vaccination of the general population.
 - the professions qualified to vaccinate are expanded.
5. Invest in educational **campaigns and trainings** about the value of vaccines and the risks from infectious diseases such as influenza, with the involvement of professional associations. This may include various strategies such

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as peer interviews to inform and motivate colleagues; **trainings on how to communicate about infectious diseases and notably influenza to patients**, as well as to the media; and advocate for **joint promotion of influenza vaccination amongst patients**.