

Criteria: Policies		
Indicators	Description	Status
Immunization <sup>1</sup> for older adults is included in national aged care strategies.	Immunization for older adults is not included in national aged care plans, including the Long-Term Care Insurance Act and the Welfare of Senior Citizens Act. <sup>1</sup>	
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> <li>✓ COVID-19 (Age: 65+)</li> <li>✓ Influenza (Age: 65+ )</li> <li>✗ DTap (Age: 18+)</li> <li>✓ Pneumococcal pneumonia (Age: 18+)</li> <li>✗ Respiratory syncytial virus (RSV) (Age: N/A)</li> <li>✓ Shingles (Age: 65)</li> </ul>	<p>The COVID-19 vaccine is recommended for people 50+. It is unclear if the specialized dose for older adults has been continued beyond 2022.<sup>2</sup></p> <p>Influenza vaccination is recommended for all adults aged 19 years and over, with people 50+ and those with underlying conditions being very strongly recommended to be vaccinated annually.<sup>3</sup></p> <p>Pneumococcal vaccination is recommended for people 65+, and people under 65 years of age with underlying diseases.</p> <p>Shingles vaccinations are included in the NIP for people 50-64 with a “recommendation reserved” meaning there is a lack of evidence for the recommendation. The vaccine is recommended for people 65+, with efforts to reduce morbidity rather than mortality.</p>	
National advisory committees on immunization (e.g., NITAGs) include expertise on ageing, geriatrics, internal medicine and/or adult vaccination, and a life course approach to immunization is included within decision-making processes and recommendations, with reference to key performance indicators and immunization rate targets specific to older adults.	The Korea Advisory Committee on Immunization Practices (KACIP) (also sometimes referred to as the Korea Expert Committee on Immunization Practices) does not include a geriatrician or ageing expert, however, in South Korea community members wishing to attend an advisory meeting can complete a written application. In theory, this could mean that the group may receive insights on ageing issues from members of the public. <sup>4,5</sup>	

<sup>1</sup>Within scope, inclusion criteria for vaccine-preventable diseases as part of the knowledge repository of the GAAV include funding, under the NIP and across all provinces, territories, and states, for all of the following vaccines: influenza, pneumococcal pneumonia, COVID-19, respiratory syncytial virus (RSV), pertussis, and shingles.

Criteria: Funding		
Indicators	Description	Status
Vaccination is funded under the NIP and administered through the government program for at-risk populations, including older adults and people with chronic conditions.	COVID-19, influenza, and pneumococcal vaccinations are free at public health centres for people 65+. It is unclear if shingles vaccinations are financially covered for vulnerable populations. <sup>6,7</sup>	
National strategies prioritize the need for continuous monitoring of allocated budgets related to the funding and reimbursement of vaccines and public health efforts for older adults.	<p>The vaccination budget for essential vaccinations has expanded over 10 years from 105.2 billion Korean won (KRW) to 357.6 billion KRW in 2023.<sup>8</sup></p> <p>Many of these budget changes can be attributed to strategies and policies to manage COVID-19 during the pandemic. Still, none of these efforts are explicitly targeted to increasing older adult vaccination rates.<sup>9</sup></p>	

Criteria: Program		
Indicators	Description	Status
Easily accessible information (web pages, brochures, television/radio ads, social media) on adult immunization and health communication campaigns are targeted at older and at-risk adults to support a life course approach to immunization.	Governments bolster advocacy and educational campaigns targeted at older adults. These campaigns come in a variety of formats, including the NIP, computerized registration program, web pages, vaccination notices, infographic material, posters, press releases, a leaflet, and video public health messaging. <sup>10</sup>	
<p>Vaccination administrators are expanded to include other healthcare workers and professionals, such as pharmacists, nurses and support workers through easily accessed sites.</p> <ul style="list-style-type: none"> <li>❓ Community health workers</li> <li>✓ Medical and/or nursing students</li> <li>✗ Midwives</li> <li>✓ Nurses</li> <li>✗ Paramedics</li> <li>✓ Physicians</li> <li>✗ Physician assistants</li> <li>✓ Pharmacists</li> <li>✗ Pharmacy technicians</li> <li>❓ Support workers</li> </ul>	The immunization program in South Korea remains largely traditional, with vaccination administration eligibility rights possessed by physicians, nurses, and medical/nursing students. It is unclear if community health workers or support workers have any vaccine administrative authority beyond the pandemic. <sup>11-14</sup>	

Criteria: Program		
Indicators	Description	Status
Healthcare professionals are well-trained, informed, and upskilled on the benefits and administration of vaccines for older adults (e.g., specialized education on adult vaccination is included in medical curriculum, continuous education is available to healthcare professionals).	The state of education and upskilling for vaccine administrators for older adults in South Korea is unclear.	
Clear administrative guidelines, including eligibility criteria and protocols, are defined for each vaccine.	Vaccination eligibility for older adults and high-risk populations is clear. Protocols for the different vaccines are, however, difficult to identify. <sup>3</sup>	

Criteria: Performance		
Indicators	Description	Status
Goals and targets for reduction of VPD rates and adult immunization coverage are set out as part of the National Immunization Programme or Plan.	<p>Broadly, the goal of the NIP is to reduce VPD incidence and lower the disease burden in South Korea.<sup>15</sup> Target populations are defined by KACIP, with a focus on identifying chronic diseases and high-risk populations.<sup>16</sup></p> <p>The WHO's Strategic Framework for the South-East Asia Regional Vaccine Action Plan 2022-2030 aims to provide baseline data as indicators to facilitate the development of country-specific targets for 2026 and 2030.<sup>17</sup> As it stands, Korea's vaccination targets are unclear.</p>	
Coverage data for adult immunization is comprehensive, updated (2021 or earlier) and extends beyond coverage rates for influenza and COVID-19 through adult national immunization coverage data collection templates (e.g., <a href="#">aNICs</a> ).	<p>The Republic of Korea's system collects nationally representative data of childhood and adolescent vaccination rates.<sup>18</sup></p> <p>However, given the lower adult vaccination registration rate amongst people not targeted by the NIP, data and registration uptake are difficult to track.<sup>18</sup> As it stands, immunization rates (as of 2022) are available for influenza and pneumococcal vaccinations for people 65+.<sup>15</sup></p>	
Collection and documentation of age-disaggregated data, including immunization and burden of disease rates, support evidence-informed decision-making and strategy development on vaccination.	<p>Age-segregated data is available for COVID-19, influenza, and pneumonia. Data is disaggregated by age group, sex, region, education and income.<sup>15,19</sup> Burden of disease rates are difficult to identify.</p> <p>This data is used to improve vaccination uptake and targeting of older adults in vaccination efforts.<sup>15,16,18</sup></p>	

Criteria: Equity		
Indicators	Description	Status
The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., cardiovascular diseases, diabetes, and other non-communicable diseases).	There is a disconnect between The Korean Society of Infectious Diseases recommendations for older adults and the NIP, which is not being applied to patients with chronic diseases and underlying diseases (i.e. receiving stronger doses or receiving vaccinations earlier in the life course). <sup>15</sup>	
Vaccine administrative pathways acknowledge and accommodate equity-based barriers, driven by the social determinants of health, to older adult sub-group populations, such as refugees, Indigenous populations, and older adults residing in rural settings.	While public health campaigns and vaccination reminders help target a variety of adults, there are no specific vaccination programs for equity-deserving sub-populations in Korea.	

Criteria: Long-Term Care Settings		
Indicators	Description	Status
The NIP explicitly acknowledges older residents (65+) in long-term care settings as at-risk, or high-risk populations.	COVID-19, Influenza, shingles, and pneumococcal vaccines are free and recommended for people with chronic condition(s), and/or those who live in institutional care facilities. <sup>5-9</sup>	
Adult immunization is included in national long-term care strategies (if present).	It is unclear if a national long-term care strategy exists. <sup>28,29</sup>	

Criteria: Civil Society Organizations		
Indicators	Description	Status
Civil society organizations (e.g. community groups, NGOs, labour unions, patient organizations, professional organizations) provide evidence on immunization to help inform policy creation that is reflective of the needs of older adults across the country.	There are limited advocacy efforts on behalf of non-government organizations. In 2007, the Korean Society of Infectious Diseases (KSID) published a guideline on adult immunization available in Korean, English, Russian, Mongolian, Vietnamese, Japanese and Chinese. KSID also published a series of leaflets targeted at certain at-risk groups.	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.		
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.		

Legend	
Criteria is fully met	
Criteria is partially met	
Criteria is not met	
Insufficient/ inaccessible/unclear evidence.	

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