

Criteria: Policies		
Indicators	Description	Status
Immunization ¹ for older adults is included in national aged care strategies.	<p>Immunization for older adults is included in the national aged care plan.¹</p> <p>The 2nd National Plan on the Elderly (2002-2021) (revised) includes discussions of adult vaccination under its strategy on the social safeguards of older people and includes vaccine recommendations in the appendix.</p>	
<p>The National Immunization Programme/Plan (NIP) specifies older adults in vaccination schedules.</p> <ul style="list-style-type: none"> ✓ COVID-19 (Age: 65+) ✗ Influenza (Age: 65+) ✗ DTap (Age: 18+) ✓ Pneumococcal pneumonia (Age: 18+) ✗ Respiratory syncytial virus (RSV) (Age: N/A) ✓ Shingles (Age: 65) 	<p>There is no formal adult immunization schedule.² No vaccines targeted at older adults are outlined in Thailand's Expanded Program on Immunization.³</p> <p>Priority COVID-19 vaccination is given to people 60+ and high-risk populations, such as patients with chronic diseases.⁴ Influenza and DTap vaccinations are recommended for people 19 and over, annually and every ten years respectively. However, there is no specific recommendation targeting older adults.⁵</p> <p>One dose of the herpes zoster vaccine is recommended for adults 60 and older.⁵</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.	<p>NITAG minutes and members in Thailand are not publicly available. However, Thailand's NITAG meetings include external experts, such as WHO consultants and industry stakeholders, which may consist of people with experts on gerontology/geriatrics, on occasion.⁶</p> <p>While it is not currently implemented, Thailand appears to be working towards achieving a life course approach to vaccination. Thailand's National Regulatory Authority and vaccine production capacity work in tandem towards expanding a life course approach to immunization, with emphasis on adult immunization.⁷</p>	

¹Within 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.	Adult influenza vaccine subsidies are available for high-risk groups, including older adults. ² Specifically, free influenza vaccinations are provided annually to people 65+ and people with chronic illness. ⁷	
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.	Thailand citizens have comprehensive health services funded by public health insurance schemes. Health spending accounts for 3.7% of Thailand's GDP (495,400,000,000 USD) (approximately 18,329,800,000 USD). ⁸ Vaccination and prevention health spending are not highlighted. 8.67% of public health expenditures are paid for by the users/public, without reimbursement. ⁹	

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.	Information regarding adult immunization is generally easy to access for the public, however, educational materials are limited. ^{10,11} Thailand's National Immunisation Program conducts annual influenza vaccination campaigns. Moreover, Thailand's largest-ever immunization campaign concerns vaccination against COVID-19. ¹¹	
Vaccination administrators are expanded to include other healthcare workers and professionals, such as pharmacists, nurses and support workers through easily accessed sites. <ul style="list-style-type: none"> ⊗ Community health workers ⊗ Medical/Pharmacy and/or nursing students *with supervision ⊗ Midwives ⊗ Nurses ⊗ Paramedics ⊗ Physicians ⊗ Physician assistants ⊗ Pharmacists ⊗ Pharmacy technicians ⊗ Support workers 	Nurses and physicians can administer vaccinations. Information on whether other health professionals can administer vaccines in Thailand is unclear/not easily accessible. ¹²⁻¹⁵	

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).	Older healthcare professionals show higher vaccine literacy than non-healthcare professionals. ^{16,17} Online vaccination training curriculums targeted at improving vaccination practices are available in Thailand. Individuals who complete the curriculum show higher immunization knowledge scores but display no significant difference in administrative skills. ¹⁸	
Clear administrative guidelines, including eligibility criteria and protocols, are defined for each vaccine.	Thailand's Expanded Program on Immunization outlines clear eligibility and priority populations. ³ These populations include people 65+ and people with chronic medical conditions. ¹⁹	

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.	Thailand's Ministry of Public Health, Division of Vaccine Preventable Diseases outlines new vaccine prioritization for different target populations. Older adults (with no age eligibility cut-off) are highlighted as a target population for the herpes zoster vaccine. No target coverage is stated. ¹⁹	
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., aNICs).	There is no centralized system for vaccine monitoring or record-keeping. ² Some vaccination monitoring occurs through the Health Data Center. Childhood vaccine coverage and monitoring is comprehensive, but adult vaccination coverage data is not. ⁹	
Collection and documentation of age-disaggregated data, including immunization and burden of disease rates, support evidence-informed decision-making and strategy development on vaccination.	Age-disaggregated data is not easily accessible. Strategies for vaccine policy development and decision-making suggest a knowledge of the need for adult vaccination, but there is a lack of evidence to support decision-making. ^{3,9,20,21}	

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).	The NIP does not acknowledge high-risk sub-groups of the older adult population. ³	
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.	Research supports the need for “substantial financial and human resource investments” to increase vaccine security for adults in Thailand. This research also notes a lack of transparency in government-led initiatives, which could explain the lack of emphasis on vaccine equity. ²²	

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.	Thailand’s NIP does not include discussion of older adults in long-term care. ²³	
Adult immunization is included in national long-term care strategies (if present).	Thailand does not have a formal national long-term care policy. Funding has been dedicated to a National Community-Based Long-Term Care Program for Older Persons. ²⁴ Adult immunization is not outlined in Thailand’s National Community-Based Long-Term Care Program for Older Persons. ²³	

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.	Thailand's National Health Security Act was enacted in 2002. Five CSO representatives were recruited to help develop this act and its execution. This act outlines nine target populations, one of which being older adults, and another being people with chronic conditions. The Act grants funds for health promotion and disease prevention efforts, including vaccination budgets.	
Civil society organizations provide educational resources to constituents on the importance of adult vaccination across the country.	As of 2019, one of these projects was Enhancing the Quality of Life before Aging/of Elderly People with Good Physical and Mental Health. ²⁵ At the time of publication, it is unclear if this project is on-going. Other projects/CSO initiatives are difficult to find.	
Civil society organizations advocate to raise political and governmental will to invest in preventative measures and strategies, including the prioritization of adult vaccination.	There is a moderate number of institutions involved in advocacy, research, and education work concerning older adult vaccination efforts. ²⁶⁻²⁸ Institutions advocating for adult vaccination efforts include hospitals, such as Bangkok Hospital, and academic institutions in Thailand.	

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

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