

Global Atlas on Adult Vaccination (GAAV)

This summary table offers a high-level overview of seven key indicators examined in the GAAV. As the GAAV centers on national-level research and does not account for subnational (provincial, state, or territorial) practices, the table is not intended for direct cross-country comparison. Rather, it serves as a snapshot of the status of older adult vaccination across the ten interim countries included in the assessment.

Policies

Principles or actions formally adopted by governments to guide decision-making and implementation—such as integrating vaccination into national ageing and health strategies.



Criteria is fully met

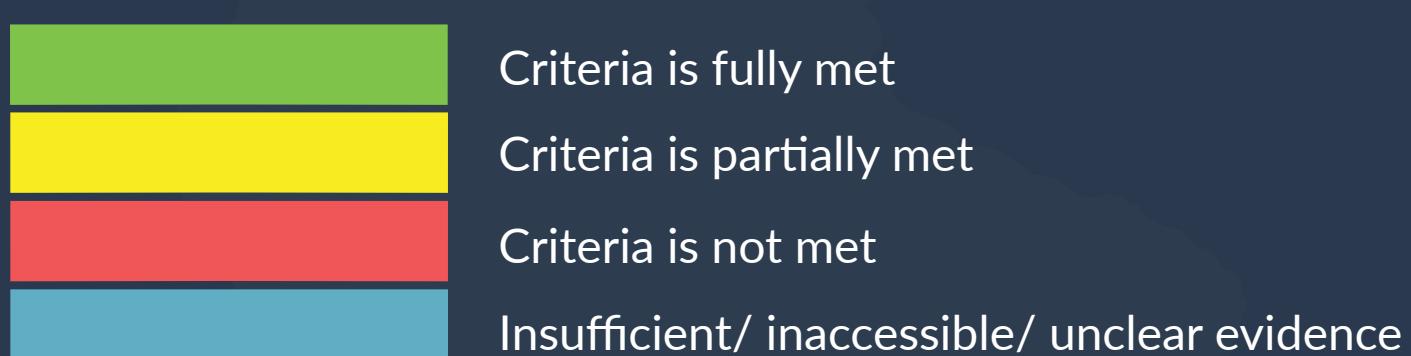
Criteria is partially met

Criteria is not met

Insufficient/ inaccessible/ unclear evidence

Funding

Within scope, inclusion criteria for funding vaccines include government and national-led initiatives, per jurisdiction, that fully or partially fund vaccination according to NIP recommendations.



Program

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Criteria is fully met

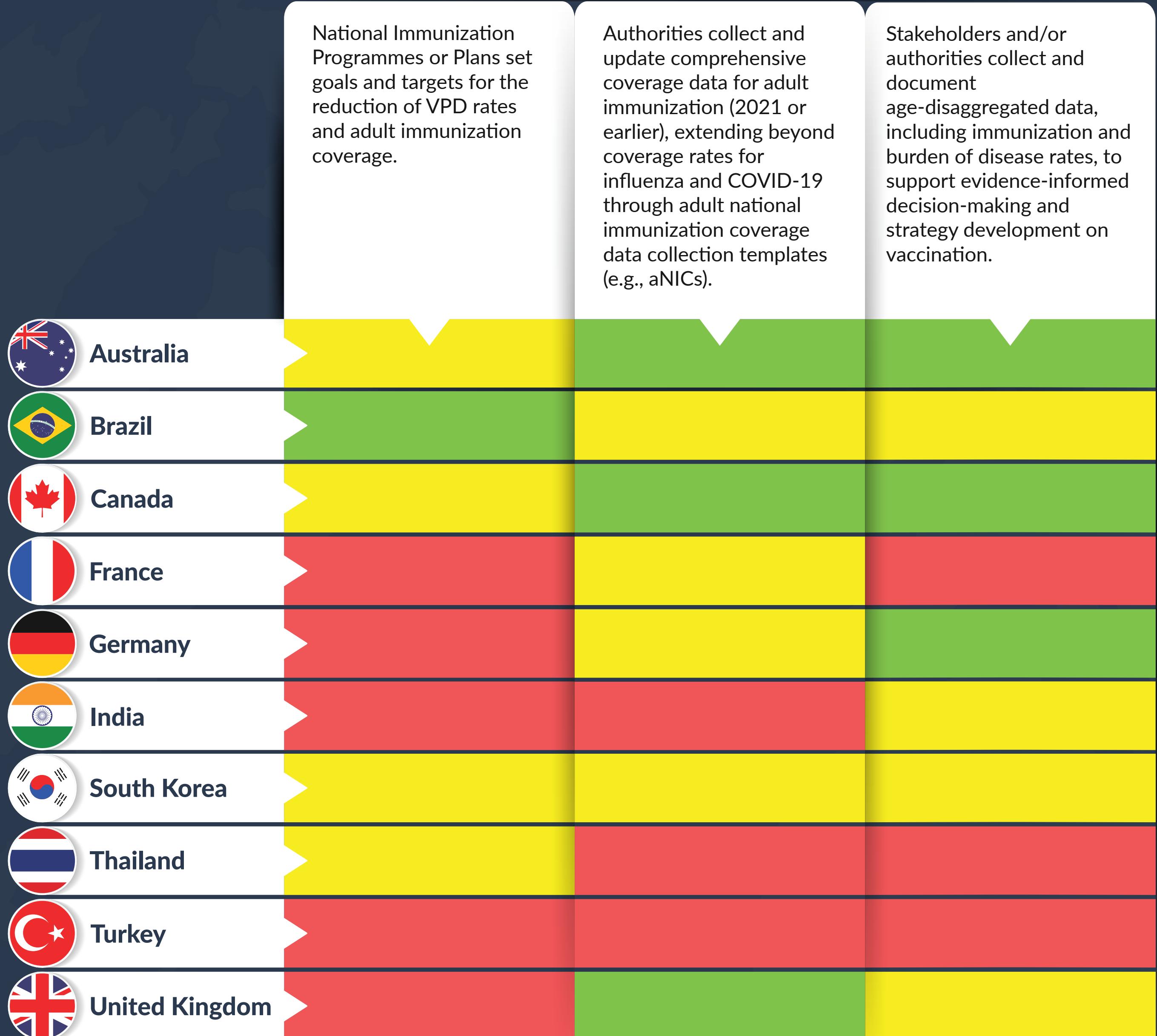
Criteria is partially met

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Insufficient/ inaccessible/ unclear evidence

Performance

The extent to which a country achieves its vaccination goals for older adults, measured by immunization coverage, data quality, and progress toward reducing vaccine-preventable diseases.



Criteria is fully met

Criteria is partially met

Criteria is not met

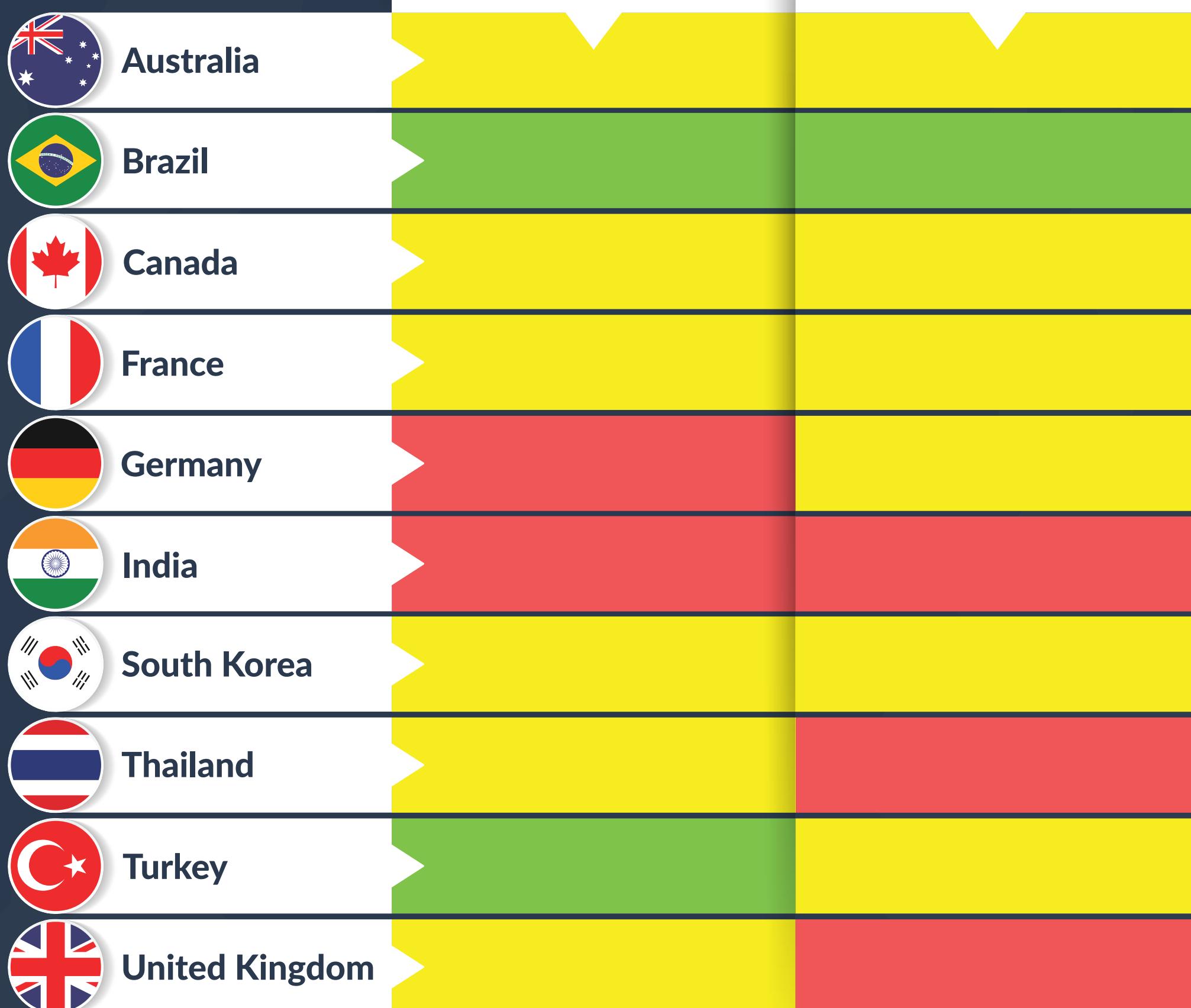
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Equity

At-risk populations are defined as older adults and those with underlying chronic conditions, including those with various lung diseases, heart diseases, and those that are immunocompromised.

The NIP provides a specific focus on sub-groups of older adult populations at high risk of infectious diseases (e.g., those with cardiovascular diseases, diabetes, and other non-communicable diseases).

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.



Criteria is fully met

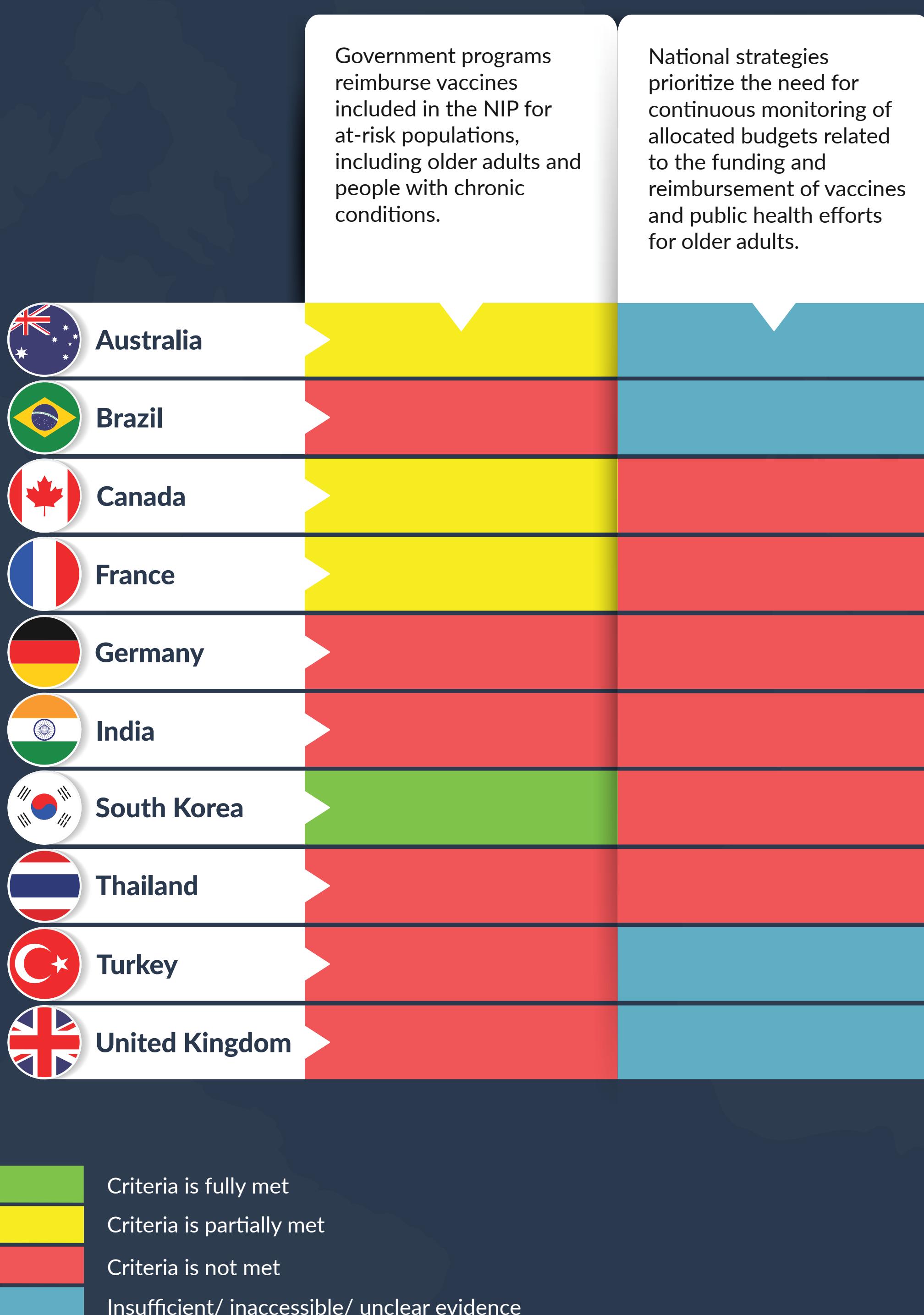
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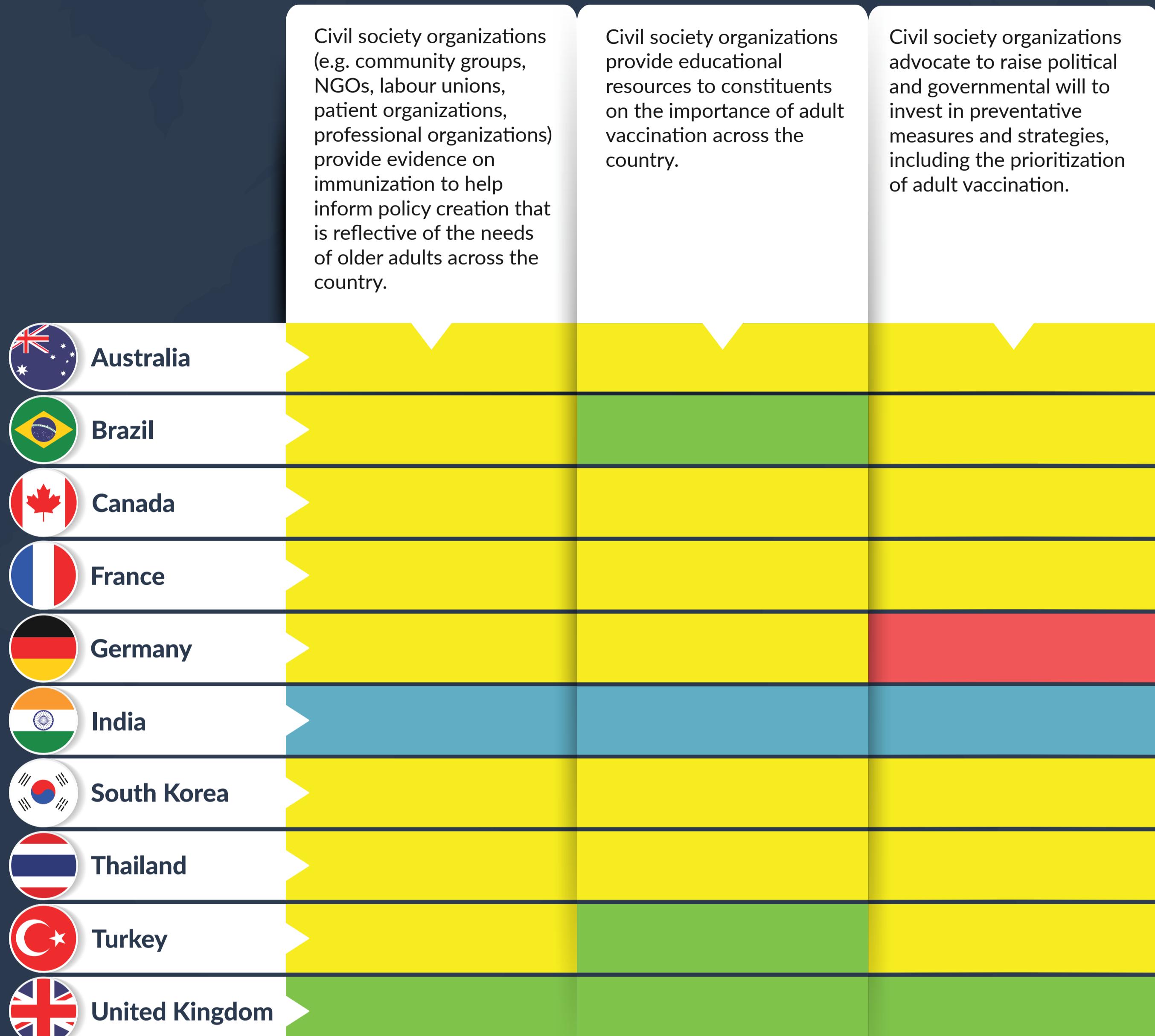
Long-term care settings

Long-term care (LTC) is defined differently, from country to country, but can be broadly described as a wide range of health and social support services. These programmes are both community- and residential-based (also known as nursing homes in some countries) and serve residents with varying levels of independence. Additionally, these services can be both privately and publicly funded.



Civil Society Organizations (CSOs)

A civil society organization (CSO), including patient and advocacy organizations, or non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national, or international level. Civil society has a unique and considerable responsibility to convey accurate, up-to-date information on preventative actions that support healthy ageing and a good quality of life.



- Criteria is fully met
- Criteria is partially met
- Criteria is not met
- Insufficient/ inaccessible/ unclear evidence

The GAAV findings were collected via environmental scans, with a focus on immunization against the following vaccine-preventable diseases: COVID-19, influenza, diphtheria, pneumococcal pneumonia, respiratory syncytial virus, and shingles. Prior to research, indicators of vaccination policy were grouped into several categories relevant to vaccination policy and distribution. Each indicator received one of four possible grades—criteria include fully/partially/not met, or the findings were insufficient/inaccessible/unclear if the criteria has been met. Research was nationally based, meaning that while some countries have provincial, territorial, or state-based programs, the report cards only recognize national or country-wide initiatives.