



December 4, 2020

To

Dr. Harsh Vardhan
Union Minister for Health and Family Welfare
Ministry of Health and Family Welfare, Government of India,
Room No. 348-A, Nirman Bhavan,
New Delhi-110011

Subject:

Community pharmacists: a valuable asset in expanding vaccination pathways

Executive summary

All around the world, community pharmacies have remained open as an essential service throughout the pandemic, ensuring access to medicines and personal protective equipment, delivering medicines to patients' homes, providing evidence-based advice to the community, producing and dispensing hand sanitisers and, in several countries, participating in screening strategies through antigen point-of-care tests. Community pharmacies and pharmacists are now at the disposal of our population and health authorities to facilitate a quick, safe and fully professional mass vaccination strategy against COVID-19, flu and other vaccine-preventable diseases. In at least 36 countries, pharmacists already play an active role in administering vaccinations, while this has been proposed or is undergoing regulatory development in a further 16 countries.

Vaccination is one of the cornerstones of any equitable and cost-effective health system across the globe and pharmacists look forward to joining efforts with other health professions in delivering vaccinations to our populations and contributing to bringing this pandemic under control.

Honourable Minister,

Vaccination is one of the most successful and cost-effective health interventions of all time, second only to clean water, according to the World Health Organization (WHO).^{1,2} In the face of the current COVID-19 pandemic and in preparation for any future pandemics, it is vital for all countries to expand their vaccination pathways in order to deliver safe and high vaccination coverage and collective immunity as quickly as possible. At the same time, to achieve equity of access to disease prevention measures, and to ensure the highest possible level of quality of life and function at all stages of life, it is both an ethical and a public health priority to expand vaccination schedules and strategies across all ages, through the diversification of vaccination pathways, especially for adults. This is clearly highlighted by the recently published WHO Immunization Agenda 2030, which was

¹ Rappuoli R, Pizza M, Del Giudice G, De Gregorio E. Vaccines, new opportunities for a new society. Proc Natl Acad Sci USA [Internet]. 2014 Aug;111(34):12288-93. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/25136130> (accessed 16 November 2020)

² Andre F, Booy R, Bock H, Clemens J, Datta S, John T, et al. Vaccination greatly reduces disease, disability, death and inequity worldwide. Bull World Health Organ [Internet]. 2008;86(2):140-6. Available from: <https://www.who.int/bulletin/volumes/86/2/07-040089.pdf> (accessed 16 November 2020)



unanimously adopted by all member states in August 2020.³ This letter seeks to set out the situation we face globally, but the ways in which pharmacists, and those based in all our communities, can provide a workforce able to help in environments equipped to deliver the immunisations we need.

A healthy population is essential for the growth of our global economies, and vaccinations is a fundamental part of public health initiatives if countries are to reach their full potential. In addition to the increasing numbers of COVID-19 cases and deaths around the world, the pandemic has produced incalculable economic losses and unemployment, unsafe working conditions as well as serious harm to education, productivity and social well-being. Strict preventive measures that involved limitations to individual freedoms and prolonged lockdowns have been necessary in many parts of the world, but they are unsustainable as long-term strategies.

In recent weeks, new vaccines against SARS-CoV-2 have been shown to be highly effective, offering a much-awaited light at the end of the tunnel and hope for a return to normality in the near future. It is now imperative to ensure their regulatory approval is as smooth as possible and to implement mass immunisation strategies to protect healthcare workers, older adults, and persons with non-communicable diseases and other risk factors. Thereafter, the rest of the population as soon as enough vaccines are available.

Also important is the need to protect the population against other vaccine-preventable respiratory diseases such as seasonal influenza, pneumococcal pneumonia, other pneumococcal infections and pertussis. Not only can these diseases produce severe co-infections with COVID-19, but they place additional burdens on already over-stretched health systems. A guidance document by the WHO European Regional Office issued earlier this year states that flu and pneumococcal vaccination should be prioritised for vulnerable populations.⁴ Another document jointly issued by the WHO and UNICEF states that countries with existing adult vaccination programmes should maintain them to help ensure that available healthcare resources can be focused on managing the pandemic.⁵

Dr Katherine O'Brien, WHO Director of Immunization, Vaccines and Biologicals, recently stated that the majority of countries have seen either a partial or major disruption to immunisation programmes as a result of COVID-19, and highlighted a 50% reduction of vaccine coverage globally.⁶ Furthermore, although nurses are playing an outstanding role in providing essential care to patients during the pandemic, nursing capacity in most regions may be insufficient to deliver mass vaccinations to billions of people. This is shown in the table below, which assumes an initial target to vaccinate 24% of the overall population, including healthcare workers ($\approx 1\%$), adults over 65 years of age ($\approx 8\%$) and other high-risk adults with comorbidities ($\approx 15\%$)⁷:

³ World Health Organization (2020). Immunization Agenda 2030: A global strategy to leave no one behind. Available from : https://www.who.int/immunization/IA2030_draft_4_WHA.pdf?ua=1 (accessed 16 November 2020)

⁴ World Health Organization, Regional Office for Europe (2020). Guidance on routine immunization services during COVID-19 pandemic in the WHO European Region, 20 March 2020. World Health Organization: <https://apps.who.int/iris/bitstream/handle/10665/334123/WHO-EURO-2020-1059-40805-55114-eng.pdf> (accessed 16 November 2020)

⁵ World Health Organization & United Nations Children's Fund (UNICEF). (2020). Immunization in the context of COVID-19 pandemic: frequently asked questions (FAQ), 16 April 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/331818> (accessed 16 November 2020)

⁶ At an event organised by the Global Health Centre and the UN Foundation, hosted as an introduction to the resumed 73rd World Health Assembly, 5 November 2020. Recording available at <https://www.graduateinstitute.ch/WHA73>. (accessed 16 November 2020)

⁷ Ortiz, J (2020). A life-course and inclusive approach to vaccination strategies. Presentation at the FIP Virtual Congress 2020. Recording available at <https://virtual2020.fip.org/programme-session/the-value-of-vaccines-for-society-and-special-populations-vaccination-in-practice-a-training-course-for-pharmacists-part-1-pd5/> (accessed 16 November 2020)



WHO region	Nurse density per 10,000 population	2017 population	Nurse vaccinators (nurse density x population x 43%)	COVID-19 target population (24% of total)	Doses/month	Monthly doses / vaccinator
African	7	1,049,632,572	311,426	251,911,817	125,955,909	404
Americas	26	1,002,939,882	1,108,349	240,705,572	120,352,786	109
Eastern Mediterranean	19	710,982,392	577,815	170,635,774	85,317,887	148
Europe	67	925,655,080	2,646,911	222,157,219	111,078,610	42
South-East Asia	16	1,999,005,203	1,409,698	479,761,249	239,880,624	170
Western Pacific	35	1,896,410,185	2,845,943	455,138,444	227,569,222	80

Assumptions: 43% of nurses provide vaccination services, 2-dose vaccination series, 4-month campaign. Nurse density data: <https://www.who.int/hrh/statistics/hwfstats/en/>. Population data: <http://ghdx.healthdata.org/record/ihme-data/qbd-2017-population-estimates-1950-2017>. Nurse vaccinators data: https://www.icn.ch/sites/default/files/inline-files/IMMUNISATION_Report%20%28002%29.pdf

A viable and quick solution

Community pharmacies are readily accessible and often a person's first point of contact with the health system. Not only are they staffed with a highly-skilled workforce, pharmacists are also trusted, pharmacies provide safe and convenient health facilities embedded at the heart of communities with appropriate infrastructure and logistics to ensure the adequate storage and distribution of medicines, including those that require strict cold-chain management. Pharmacies offer an essential public service and can be a key partner in primary health care and disease prevention strategies, in full coordination with health systems and other health professions.

In addition, community pharmacies are increasingly involved in vaccination promotion and delivery. According to 2020 data from the International Pharmaceutical Federation (FIP) — the global organisation of 146 national pharmacist professional and regulatory bodies, in official relations with the WHO since 1948 — in at least 86 countries, pharmacies play a variety of roles in vaccination advocacy, awareness and advice, and in at least 36 countries they play an active role in administering vaccinations, while this has been proposed or is undergoing development in a further 16.⁸ One of the key levers for increasing vaccination rates across the life-course is to increase convenience of safe access⁹ and it is not difficult to see the significant role pharmacy can play in this.

In recent weeks, several more countries have authorised pharmacists to administer vaccines in preparation for immunisation campaigns against COVID-19 or have expanded pharmacists' authority to vaccinate against influenza with no need for a medical prescription, which increases vaccination coverage rates. The legal requirement for a medical prescription for a preventative intervention that is not based on a diagnosis but rather

⁸ International Pharmaceutical Federation (FIP): An overview of pharmacy's impact on immunisation coverage. A global survey (2020). Available from <https://www.fip.org/file/4751> (accessed 16 November 2020)

⁹ Philip R, Attwell K, Breuer T, Di Pasquale A, Lopalco PL. (2018). Life-course immunization as a gateway to health. *Expert Rev Vaccines*. 2018 Apr;17(10):851-64. Available from: <https://www.tandfonline.com/doi/full/10.1080/14760584.2018.1527690> (accessed 16 November 2020)



on the verification of eligibility criteria adds an administrative burden to the process that compromises the success of vaccination strategies with no clinical rationale.

These recent developments are important contributions to robust and effective vaccination strategies. Nevertheless, the introduction of pharmacy-based vaccination at country level is often preceded by pilot projects with limited population samples and small groups of pharmacies. While these pilots are valuable and entirely justified in normal circumstances, they often take several months or years, including the education and training of pharmacists, as well as the collection, analysis and publication of data from the pilots. These timelines are incompatible with the urgency of population-level immunity imposed by the current pandemic. As such, and given the body of international evidence and experiences in countries where pharmacists have safely and efficiently vaccinated for years or even decades, we strongly recommend that local pilots be focused on pharmacy workforce education and training and, therefore, shortened in order to enable an accelerated pathway to full implementation.

Implementation of a pharmacist public vaccination programme requires enabling legislation, education and training programmes, certification, quality assurance (standards of care), documentation and oversight. This may seem like a large task list, but the key task for a Ministry of Health is to enact the enabling legislation to allow pharmacists to prescribe and administer vaccines. Once in place, the pharmacy regulator in your country can collaborate with FIP and our Regulators' Forum to implement the important regulatory oversight to ensure quality of care and patient safety. The Regulators' Forum is a vast regulatory resource of vaccination practice requirements currently in place in FIP member countries. If the enabling legislation is already in place, FIP can assist in the implementation spectrum of developing training programmes, certification, quality assurance, documentation and oversight, and access to established, quality training programmes from FIP partners.

For further information on pharmacists' contributions to improving vaccination coverage worldwide, we invite you to read the following documents:

1. International Pharmaceutical Federation (FIP): [Call to action to expand the role of community pharmacies in vaccination, including against covid-19 and future pandemics](#) (2020)
2. International Pharmaceutical Federation (FIP): [An overview of pharmacy's impact on immunisation coverage. A global survey](#) (2020)
3. International Pharmaceutical Federation (FIP): [Give it a shot: Expanding vaccination coverage through pharmacists](#) (2020)

All around the world, community pharmacies have remained open as an essential service throughout the pandemic, ensuring access to medicines and personal protective equipment, delivering medicines to patients' homes, providing evidence-based advice to the community, producing and dispensing hand sanitisers and, in several countries, participating in screening strategies through antigen point-of-care tests. Community pharmacies and pharmacists are now at the disposal of our population and health authorities to facilitate a quick, safe and fully professional mass vaccination strategy against COVID-19, flu and other vaccine-preventable diseases.

We are well aware of the ultra-cold supply chain and storage requirements of some of the recently announced mRNA vaccines against COVID-19. While recognising that this may represent a challenge, especially in some parts of the world, such vaccines can be kept in dry ice inside normal refrigerators for several days. While this will imply a speedy and well-coordinated logistical effort, it is not reasonable to think that mass vaccination with such vaccines can be restricted to major hospital facilities with ultra-cold freezers. Solutions must be put in place



for other vaccination providers to play a role in both urban and rural areas, and both in high-income and lower-income countries. And pharmacies can and should certainly be part of the solution.

In summary, vaccination is one of the cornerstones of any equitable and cost-effective health system across the globe and we look forward to joining efforts with other health professions in delivering vaccinations to our populations and contributing to bringing this pandemic under control. It will be a pleasure to progress this proposal with you and your team and agree on the multiple ways in which community pharmacies can contribute to the efficiency and sustainability of our healthcare system.

With kind regards,

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